

# NO WAITING IN LINE

## Apply for CalFresh, Medi-Cal and/or CalWORKs

The **minimum** information  
required to submit an application  
is:

- Name
- Address
- Signature

### Mail or Fax

- Mail to: **PO Box 939044**  
**San Diego, CA 92193**
- Submit applications and  
Documents
- Fax to: **619-236-9167**



### On the Phone or In Person

- Call **2-1-1**
  - Request general information
- At your local Family Resource  
Center



### Online

- At [BenefitsCal.com](http://BenefitsCal.com)
  - Check the status of your  
benefits, submit  
documents, reports and  
renewals
- To Apply for CalFresh Only:  
[GetCalFresh.org](http://GetCalFresh.org)



SCAN ME



SCAN ME

## Need to Turn in Documents?

Use Your Computer, Mobile Phone or Tablet

Go to: [SanDiegoCounty.gov](http://SanDiegoCounty.gov)

Enter **LaterDocs** in the search field  
Then follow the prompts



SCAN ME

## Need Questions Answered?



### EBT Hotline - 1-877-328-9677

EBT Account Balance, Report Lost/Stolen Card,  
Request Replacement Card, Check Transaction History

## Access Customer Service Center

Monday thru Friday—7:00 AM—5:00 PM

Check the Status of Your Application, Benefit, and  
Request Information

Toll Free: 1-866-262-9881

TDD (Hearing Impaired): 7-1-1

