



## County of San Diego HHSA Access Customer Service Center Community Based Organization Line



### Access Customer Service Center Community Based Organization Toll Free Line

The County of San Diego's Access Customer Service Center offers a specialized toll-free line for use by Community Based Organizations (CBOs) within the San Diego County region. The CBO line has live agents to help when you need it! With your Personal Identification Number (PIN) you will have access to our knowledgeable eligibility staff. We know you assist our county residents in accessing public assistance – so your call is a priority to us!

#### Getting Started:

- Your organization must be a registered and nationally recognized non-profit organization.
- Your organization must be based in San Diego County.
- Your organization must provide assistance to San Diego County residents in applying for and/or retaining public assistance programs, such as CalWORKs, CalFresh or Medi-Cal.
- San Diego County abides by strict confidentiality rules, regulations and laws. As such, your PIN alone does not allow the County to release information. All necessary authorization and/or release forms must be submitted in order to receive case information.

It is easy to apply, just complete and sign the application below and San Diego County will respond to your request within three business days.

### Services Available

- Obtain general information
- Submit verifications via fax
- Request copies of Notices of Actions (NOAs)
- Inquire on outstanding verifications to complete the eligibility determination
- Request a replacement Semi-Annual Report (SAR 7)
- Check on case and eligibility status for CalWORKS, CalFresh, and Medi-Cal cases
- Confirm if verifications have been received
- And much more...

Contact us toll free at 1-855-588-0188

Live agents are available 8:00 AM - 5:00 PM

Rick Wanne, Director  
Self-Sufficiency Services

Yenissa Salgado, Chief  
Self-Sufficiency Services  
Yenissa.Salgado@sdcounty.ca.gov

# Access Customer Service Center Community Based Organization (CBO) Line New Request and Update Form



## SECTION 1: Please complete the following questionnaire

You must answer ALL questions. *Please note that all answers are subject to verification.*

	Please check one YES      NO
1. Are you a registered/nationally recognized non-profit organization?	<input type="checkbox"/> <input type="checkbox"/>
2. Is your organization locally based in San Diego County?	<input type="checkbox"/> <input type="checkbox"/>
3. Do you provide assistance to San Diego County residents in applying for and/or retaining public assistance programs, such as CalWORKs, CalFresh or Medi-Cal?	<input type="checkbox"/> <input type="checkbox"/>

*Please note that approval for the requested PIN is done solely by the County of San Diego Health and Human Services Agency. Access may be revoked at the discretion of the Agency.*

## SECTION 2: Please provide the following user information (Required)

Request Type (New, Change, Delete)			
Request Date			
Name of Organization		EIN	
Requestor Name			
Job Title			
Email Address			
Phone Number			
Address			
Location (Optional)			
Website (Optional)			

## SECTION 3: Certification

By submitting this form, I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form to [Pubassist.HHSA@sdcounty.ca.gov](mailto:Pubassist.HHSA@sdcounty.ca.gov)