





## Do any of these apply to you?

If you don't qualify by income, see if you qualify through special classification. [Check all that apply.](#)

- I currently receive monthly cash assistance for myself or my dependents from:
  - TANF (Temporary Assistance for Needy Families)/ CalWORKs
  - SSI/SSP (Supplemental Security Income/ State Supplemental Program)
  - General Assistance
- 
- 
- 




---



---



---



---



---



---



---



---



---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>