

AGENCY NAME: TRANSITIONAL ASSISTANCE DEPARTMENT

DESCRIPTION OF SERVICES: THE TRANSITIONAL ASSISTANCE DEPARTMENT (TAD) SERVES FAMILIES WITHIN THE COUNTY OF SAN BERNARDINO BY PROVIDING ECONOMIC, EMPLOYMENT, HEALTH CARE, AND NUTRITIONAL SUPPORT THROUGH THE FOLLOWING PROGRAMS:

- CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS),
- CALFRESH,
- MEDI-CAL
- CHILD CARE, AND
- WELFARE-TO-WORK (WTW).

CUSTOMERS MAY APPLY FOR SERVICES ONLINE AT: WWW.C4YOURSELF.COM

POINT OF ENTRY: FRONT OF OFFICE (MAIN ENTRANCE).

ADDRESS/ES: 19 PUBLIC OFFICE AVAILABLE THROUGHOUT THE COUNTY OF SAN BERNARDINO. PLEASE VISIT [HTTP://HS.SBCOUNTY.GOV/TAD/PAGES](http://HS.SBCOUNTY.GOV/TAD/PAGES) for office addresses.

PHONE NUMBER: 1-877-410-8829 (Customer Service Center)

AGENCY POINT OF CONTACT NAME/PHONE NUMBER/EMAIL:

EMAIL TO SEND REFERRAL: N/A

REQUIRED DOCUMENTS (IF APPLICABLE): CUSTOMERS REQUIRING SERVICES, AND/OR SCHEDULED FOR AN APPOINTMENT SHOULD BE ENCOURAGED TO PROVIDE THE FOLLOWING DOCUMENTATION UPON ARRIVAL:

- GOVERNMENT ISSUED IDENTIFICATION (ID)
 - SOCIAL SECURITY CARDS FOR ALL APPLICANTS,
 - BIRTH CERTIFICATES FOR ALL APPLICANTS OR VERIFICATION OF CITIZENSHIP, AND
 - VERIFICATION OF INCOME.
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