C4Yourself®

Access to Benefits. Simplified.

External Users Guide

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Revision History

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Terms and Definitions

The table below offers meanings for some of the unusual words you may see in the C4Yourself on-line e-Application and/or this Guide.

Term	Meaning
AU or Assistance Unit	The Assistance Unit is the group of people who are eligible to get Cash Aid. When your Cash Aid is approved, you will get a notice telling you which people on your application are eligible to get Cash Aid.
Authorized Representative	A person, chosen by you, who can take care of your CalFresh and/or Medi-Cal business for you.
C-IV	Pronounced (See-Four) this is the abbreviation for Consortium IV. Consortium IV is one of the three Statewide Automated Welfare Systems in California.
CBO or Community Based Organization:	A CBO is a public or private nonprofit group or organization that provides humanitarian, educational, or spiritual assistance or support to the community.
DMC or Drug Medi-Cal Minor Consent	DMC Services are Medi-Cal's substance use disorder services. Minor Consent SUD services are primarily outpatient drug-free counseling services. Each county welfare office chooses from a limited menu of services it can offer minors between 12 and 21 years of age. A narcotic treatment program is available to youth age 18 to 21 years. Pregnant or postpartum females may get SUD services that are related to health during pregnancy or the postpartum period.
e-App or e-Application	This stands for an electronic application. An e-Application is one that is submitted through a computer rather than by completing a paper application.
EBT or Electronic	An EBT card is a type of debit card that is used to issue nutrition benefits

Term	Meaning
Benefit Transfer Card	and cash aid. CalFresh recipients can use their EBT Card to purchase food at participating retailers. CalWORKs recipients can use their EBT Card to purchase any item at participating retailers or make a cash withdrawal from a participating ATM. You can only get your cash benefits at ATMs and point-of-sale devices in locations that are authorized to accept your CalFresh benefits. You can see a list of ATMs where you can withdraw your cash benefits by going to the EBT client Website at www.ebt.ca.gov or from your local county Social Services Agency.
Gross Income	Gross Income means the amount of your income before any deductions, such as, taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.
Fraud and Perjury	Fraud and Perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, nutrition services, and Medi-Cal/34-County CMSP. If you lie about facts or **on purpose** do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud. Perjury means that you lied when you swore under oath to give true, correct, and complete facts.
Head of Household	The Head of Household is the person you pick as the person the county will communicate with about CalFresh. This is usually the person whose name will be on the Notices of Action and EBT account.
Income	Income means **ANY** money that you get or expect to get, such as: • Earnings (including self-employment and housing or utilities in exchange for work) {Sometimes referred to as Modified Adjusted Gross Income/MAGI} • Welfare (from any county and/or state) • Child/Spousal Support • Supplement Security Income/State Supplementary Program

Term	Meaning
	(SSI/SSP)
	• Cash Assistance Program for Immigrants
	• Unemployment Insurance Benefits (UIB)
	• State Disability Insurance (SDI), Workers Compensation, or other disability payments
	• Veterans Benefits (VA)
	• Strike funds
	• Payments from Roomers and/or Boarders
	• School grants and loans
	• Interest on bank accounts
	• Cash Gifts and/or Winnings, and other cash payments
IRT or Income Reporting Threshold	Under the rules for CalWORKs, you are required to report only certain changes in your income or family circumstances between mandatory Status Reports. One such report is required when your family's total income exceeds the Income Reporting Threshold (IRT). The IRT is the greater of 130 percent of the Federal Poverty Level (FPL) of the number of persons whose needs are included in the determination of the cash aid amount _or_ the level at which the AU becomes financially ineligible. The County will tell you more about the IRT and you family's IRT amount.
Liquid Resources	Liquid Resources means any money other than income, such as: • Cash on hand • Un-cashed checks • Money in bank/credit union accounts • Saving certificates
Minor Consent Services	Under the California Family Code, certain limited medical services, including substance use disorder (SUD) treatment, can be provided to youths without their parent's or guardian's permission. A youth may apply for service on his/her own, without consideration of his/her parents' or guardians' income and resources. State and Federal laws and regulation protect the privacy and identity of the youth applying for Minor Consent

Term	Meaning
	services. This means that health care providers as well as the county are prohibited from contacting the parents or guardian of these youth Minor Consent services includes services related to: • Sexual assault • Drug and alcohol abuse for children 12 years of age or older • Pregnancy • Family Planning • Venereal diseases for children 12 years of age or older • Prevention of and treatment for sexually transmitted diseases for children 12 years of age or older • Mental health care for children 12 years of age or older who are in danger of the following: o In danger of causing serious physical or mental harm to self or others o An alleged victim of incest or child abuse • Drug Medi-Cal Minor Consent Minor Consent eligibility is for a 30-day period. The minor must reapply in person at the county welfare office to continue to get more Minor Consent services. **Applying for Minor Consent is NOT available through C4Yourself**. To apply, contact a local office to schedule an interview.
Postpartum Period	The postpartum period is a period of 60 days beginning on the last day of pregnancy.
Reapply or Reapplication	To reapply is to apply for a program is to submit an application for a program within 30 days of being discontinued from or denied for that program.
Renew or Renewal	A renewal is an annual re-evaluation or redetermination of your eligibility. Usually in the 11th month of aid you will be asked to fill out another application so the county can see if your family's eligibility will continue or "renewed" for the next year. This term is usually used for Cash Aid. See

Term	Meaning
	also: Recertification
Recertification	Recertification is the same as Renewal but this is used by the CalFresh program.
Statement of Facts	The Statement of Facts (also called a SAWS2) is a generic application form used for CalWORKs, CalFresh, and Medi-Cal. When the information gathered through C4Yourself is sent to the county. A Case Manager reviews the information and if appropriate links it to a case number in the C-IV System. When all the needed information is gathered and verified, the C-IV system will create a SAWS 2 form. This form can be printed and physically signed by the applicant(s) or it can be signed electronically then printed. Either way, the signature is provided under penalty of perjury. (See: Fraud and Perjury)
SUD or Substance Use Disorder	Substance –related disorders are sicknesses of intoxication, dependence, abuse and withdrawal caused by various substances, both legal and illegal. These substances include: • Alcohol • Amphetamines • Caffeine • Inhalants • Nicotine • Prescription medications • Opioids, such as morphine or heroin • Marijuana • Cocaine • Hallucinogens • Phencyclidine (PCP)
You, Anyone, Everyone	Throughout the C4Yourself on-line e-Application or this Guide, the words, *You*, *Anyone* and/or *Everyone*, mean any and all people who live in your

Term	Meaning
	home.

Public Assistance Programs

The table below explains the public assistance programs that are listed in the C4Yourself on-line e-Application. For more information about any of these programs, you can contact your county's Social Services Agency.

Program Acronym	Program Name	Program Description
AAP	Adoption Assistance Program	The Adoption Assistance Program is available to encourage the adoption of special needs children and remove the financial burden of adoption.
APS	Adult Protective Services	Each County has an Adult Protective Services agency to help adults age 65 and older and dependent adults (18-64 who are disabled), when these adults are unable to meet their own need, or are victims of abuse, neglect or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes and hotels or hospitals and health clinics when the abuser is not at staff member. (The Licensing & Certification program of the California Department of Health Services handles cases of abuse by a member of a hospital or health clinic.) County APS staff evaluates abuse cases and arranges for services such as advocacy, counseling, money management, out-of-home placement, or conservatorship.
CalWORKs	California Work Opportunity and Responsibility to Kids	CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program is operated locally by all 58 California county welfare department. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may

Program Acronym	Program Name	Program Description
		be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses. The amount of a family's monthly assistance payment depends on a number of factors, including the number of people who are eligible and the special needs of any of those family members. The income of the family is considered in calculating the amount of cash aid the family receives.
CAPI	Cash Assistance Program for Immigrants	The Cash Assistance Program for Immigrants program is a 100 percent state-funded program designed to provide monthly cash benefits to aged, blind, and disabled non-citizens who are ineligible for SSI/SSP solely due to their immigrant status
CC	Child Care	Families that get CalWORKs may also be eligible for Child Care services, such as help paying child care costs.
CFET	CalFresh Employment and Training	The CalFresh Employment and Training program is California's employment and training program for CalFresh applicants and recipients.
CL	Cal-Learn	The Cal-Learn program helps pregnant and parenting teens to attend and graduate from high school or its equivalent.
CF	CalFresh	The CalFresh Program can add to your food budget to put healthy and nutritious food on the table.
CHDP	Child Health and Disability	The Child Health and Disability Prevention Program is a preventive program that delivers periodic health screenings

Program Acronym	Program Name	Program Description
	Prevention	and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health screenings are provided by; enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.
CPS	Child Protective Services	Child Protective Services is the system of intervention of child abuse and neglect in California. The CPS goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop a plan as quickly as possible.
DIV	Diversion	Diversion services can help applicants who need some assistance, but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.
ES	Expedited Services	Expedited Services is not a public assistance program. It is a CalFresh application process may let you get CalFresh benefits within 3 days of turning in your application. To be eligible for Expedited Service you must be eligible for CalFresh AND have: • Rent or mortgage and utility costs that are more than your liquid resources and this month's income (before deductions), OR

Program Acronym	Program Name	Program Description
		• No more than $100 liquid resources and less than $150 income (before deductions) for the month, or • No more than $100 liquid resources and at least one member who is a migrant or seasonal farm worker
FC	Foster Care	The Foster Care program provides cash payments and related Medi-Cal benefits for children in out-of-home placements.
GA/GR	General Assistance/General Relief	The General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs. Each county's GA/GR program is established and funded (100 percent) by its own Board of Supervisors. As the state is not involved in this program, benefits, payment levels, and eligibility requirements will vary among each of California's 58 counties.
HA-P	Homeless Assistance- Perm	Homeless Assistance – Permanent is a once in a life-time (with a few exceptions) cash benefit that may be available to help you get into a permanent housing situation or pay up to two months of past due rent to prevent eviction. The amount you can get is limited.
HA-T	Homeless Assistance-Temp	Homeless Assistance –Temporary s a cash benefit that may be available for up to 16 days in a row to meet temporary shelter need while you are looking for a permanent place to live. You may be eligible for Homeless Assistance-temporary if you: • Have no place to live or have received a Pay Rent or Quit notice from your landlord

Program Acronym	Program Name	Program Description
		• Do not have more than $100 in resources • Are eligible to or appear to be eligible to CalWORKs • Are actively looking for a permanent place to live
IHSS	In Home Supportive Services	The In Home Supportive Services program will help pay for services provided to you so that you can remain safely in your own home. To be eligible you must be over 65 years of age, or disabled, or blind. Disabled children may also be eligible to IHSS.
IN	Immediate Need	Immediate Need in not a program but a CalWORKs payment method that, if you qualify and it looks like you will be eligible to CalWORKs, would let you to get up to $200 to help you until the application process is finished.
IV-D	IV-D Child Support	If the family includes a child aided by CalWORKs whose parent is not living with the caretaker, the County will automatically notify the local Child Support Agency (LCSA). The LCSA will provide all necessary child support services, including establishing paternity, establishing and enforcing a support obligation and collecting support payments. If the child's paternity has not been previously established, the adult caretaker is required to help the local child support agency do so. This may mean participating in an interview and submitting the child to blood testing if the alleged parent, once contacted, refuses to acknowledge paternity.
KG	Kin-GAP	The Kin-GAP program offers funding to children who leave the juvenile court system to live with a relative legal guardian
LIHP	Low Income	LIHP is a Health Care program that is available to adults

Program Acronym	Program Name	Program Description
	Health Program	between 19 and 64 years of age, who • Are not eligible for Medi-Cal or for the Children's Health Insurance Program • Are not pregnant • Are within their county's income limits • Meet county residency requirements, and • Meet federal citizenship and immigration verification requirements.
Linkages	Linkages Adult Services	Linkages is available to frail seniors and adults with disabilities aged 60 and older who are at risk of being placed in a skilled nursing facility or other institutional setting. Linkages care managers provide case management services as well as information and assistance services that connect clients with available community resources to assist them to remain safely at home and independent in the community.
MC	Medi-Cal	Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes. You can apply for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status. If you are found (or determined) eligible, you can get Medi-Cal as long as you continue to meet the eligibility requirements.
MSSP	Multipurpose Senior Services Program	MSSP is a program that provides social and health care management for frail elderly people who are eligible for placement in a nursing facility but who wish to remain in the community.

Program Acronym	Program Name	Program Description
PCSP	Personal Care Services Program	PCSP is a Medi-Cal program available to people with full-scope Medi-Cal who fit into one of the following categories: • An adult child who receives care services from a parent • An adult who doesn't have a spouse to provide services, or • A child who doesn't have a parent to provide services Disabled people can get up to 283 hours of service per month under PCSP.
RCA	Refugee Cash Assistance	Needy refugees without children who are not eligible for any other cash aid may be eligible for 8 months of Refugee Cash Assistance. These individuals may also be eligible to receive employment and other social services during the same 8-month period.
SSI/SSP	Supplemental Security Income/ State Supplementary Payment	SSI is a federal cash assistance program for the needy blind, disabled and aged. SSP is a California program that augments SSI. If you get SSI/SSP, you automatically get Medi-Cal Benefits. The Social Security Administration manages both SSI and SSP in California.
WtW	Welfare-to-Work	Welfare-to-Work helps family members get the skills needed to get a job. The County will determine if a family must participate in Welfare-to-Work activities as part of getting CalWORKs. Families may also volunteer to participate.

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About the C4Yourself on-line e-Application

C4Yourself®[1] is a website that allows you to submit applications for public assistance benefits such as cash aid, food and nutrition services, and medical services. If you live in one of the following counties, you may apply for benefits using C4Yourself.

C-IV Counties

Alpine	Lassen	San Benito
Amador	Madera	San Bernardino
Butte	Marin	San Joaquin
Calaveras	Mariposa	Shasta
Del Norte	Mendocino	Sierra
El Dorado	Merced	Siskiyou
Glenn	Modoc	Stanislaus
Humboldt	Mono	Sutter
Imperial	Monterey	Tehama
Inyo	Napa	Trinity
Kern	Nevada	Tuolumne
Kings	Plumas	Yuba
Lake	Riverside	

The C4Yourself on-line e-Application does not determine eligibility to benefits or issue benefits. It is a way for you to give the county the information it will need to determine if you are eligible and how much assistance you can get. A representative of the county, a Case Manager, will look at all the information you give, to see if you are eligible. The more information you can give in the e-Application; the better.

After your application is approved, you can also complete annual renewals of your application for benefits as well as manage your case information through the C4Yourself website.

Do I need to have a Computer?

The C4Yourself on-line e-Application is an internet-based application, so access to a computer with internet access is needed. If you do not have a computer, you may be able to use one at of one the following locations:

- A neighbor's or friend's house
- A public library

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[1] C4Yourself is a registered trademark of the Statewide Automated Welfare System Consortium IV Joint Powers Authority and may not be used or reproduced without the express written permission of the Statewide Automated Welfare System Consortium IV Joint Powers Authority. Reg. No. 3,549,680 / 12/23/2008.

- A Community Based Organization
- A county Social Services Agency

Some counties have C4Yourself Kiosks like the one pictured below available at various locations throughout the county. These kiosks include a computer, a printer/scanner, and internet access.

C4Yourself Kiosk Locations

County	Locations
Merced	215 Wardrobe Avenue Merced, CA
Merced	George Washington Carver Center 21475 Reynolds Ave. Dos Palos, CA
Merced	San Joaquin Drug 9215 E. Hwy 140 Planada, CA
Merced	Castle Family Healthcare Center 3065 W. Hospital Road Atwater, CA
San Bernardino	400 N. Pepper Ave. Colton, CA
San Bernardino	400 N. Pepper Ave. Colton, CA
San Bernardino	1627 E. Holt Blvd. Ontario, CA
San Bernardino	15010 Palmdale Road Victorville, CA
San Bernardino	2050 N. Massachusetts San Bernardino, CA

C4Yourself Mobile Application

As of November 2012, you will be able to use the C4Yourself on-line e-Application pages from any smartphone.

Anything that you can do in C4Yourself from a computer you can do from your smartphone.

The Application Process

The rules for applying for cash aid, food and nutrition services, and/or medical services are a little different from program to program, but they all start by asking for certain information in writing. The C4Yourself on-line e-Application gathers most of the information you will need to give.   After you send your application to the county, a Case Manager will review the information you gave and decide if more information is needed. The more information you can give through C4Yourself the better.

After sending your application to the county, you may be scheduled for an interview. This interview may take place of over the phone, in person at a county welfare office or in your home.

During the interview, the Case Manager will go over the application and ask you more questions to complete the application process. State and/or Federal laws and regulations require the county to ask these questions.

During the interview, the Case Manager will need to see certain documents. **Even if you don't have all the documents, be sure to go to your interview anyway**—the county may help you get the documents, or tell you another way to show proof of your information.

Checklist of things you will need to provide

	Type of Proof Needed	Proof you can use
☐	**Identification**	You will need to prove who you are. You can use a birth certificate, driver's license, school or work identification, voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief.
☐	**Residence**	You will need to give proof that you live in California. You can use your driver's license, vehicle registration, voter registration card, proof your children are registered in school in California or that you work in California. If you have no address, be prepared to tell the county where you are staying.
☐	**Social Security**	You will need to provide Social Security numbers (SSN) for everyone in your household who has one. If someone doesn't have an SSN, you will need to give proof that he/she or you have applied for one. You do not have to provide SSNs for people who are not applying because of their immigrant status.

	Type of Proof Needed	Proof you can use
☐	**Income**	If you have income, you will need to prove how much income you have, where it comes from, and when you get it. For money you earn from a job, you can use the following: • Current pay stub • Letter from employer on company letterhead • W-2 Form • Wage tax Receipt • Most recent State or Federal Tax return • Self-Employment bookkeeping records Bring a copy of your benefit check or an official letter describing what you get and when you get it.
☐	**Liquid Resources**	If you have any kind of bank or credit union account, you will need to prove the current balance. You can you a bankbook or latest bank statement.
☐	**Expenses**	Your expenses may be considered when the county figures the amount of CalFresh benefits you might get. To have your expenses considered you will need to give proof of them. Bring rent or mortgage receipts, utilities bills, receipts for child or adult care, proof of court-ordered child support paid. You can also bring proof of medical expenses in the 3 months before you apply (if you want those expenses covered by Medi-Cal).

About this Guide

The purpose of the C4Yourself External User Guide is to be an easy-to-use tutorial and reference source for *any person* using the C4Yourself on-line e-Application

This Guide provides many pictures of the pages you may see as you move through the application with explanations that should help you understand what you are seeing, but not every step is pictured. The pages that you see and the questions you will be asked depend on the types of public assistance you are asking for and the information you enter.

The Table of Contents provides a link to the subject. Place your mouse pointer over a subject in the Table of Contents, then use the CTRL key on your keyboard and click on the subject with your mouse and you will be moved to the correct page.

Sample Case information

Through this Guide, we will use a made-up family of a mother and her young daughter. They live in a made-up town in San Bernardino County.

All information used in this Guide is made-up to help show you what the pages will look like when you move through the application. The flow of the pages you see will depend on your family situation and your answers to the questions asked. For instance if you say you have a motor vehicle, the **Motor Vehicle** page will automatically come up as you go through the Property section of the application. If you say no one in your household has been in the military or is the spouse, parent, or child of a person who served in the military, the **Military Service** page will not automatically come up.

Sample Family

Mom (Seymour Yourself) is a Navy veteran who works part time, has some health insurance, is buying a home, has a car and utility expenses, etc. Bea's father is absent from the family but he

provides child support and health insurance for Bea. Seymour needs help paying the bills, buying food, and paying medical bills.

Tips for Using C4Yourself

You can move around in the C4Yourself on-line application by clicking on certain parts of the page with your mouse. Below, we explain of some of the ways you can:

- Display C4Yourself in English or Spanish
- Move around in C4Yourself
- Find out where you are in the application process
- Enter and submit information to the county welfare department

Bars, Links, Buttons and more

The Header

The C4Yourself header is used on every page.

Language Selection

You can use the Language selection on the **Header** to change the language on the C4Yourself pages and the language of your application documents. Currently, C4Yourself supports English and Spanish. If you would like to complete your application in Spanish, make this change before you start your application. Just click the blue **Cambiar idioma** button, and the page will be shown in Spanish. Click the button again and the page changes back to English.

If you would like any language other than English or Spanish, choose the language from the Language selection drop-down by clicking the small arrow at the right, click on the language you want and the blue **Cambiar idioma** button.

You will get the following pop-up message.
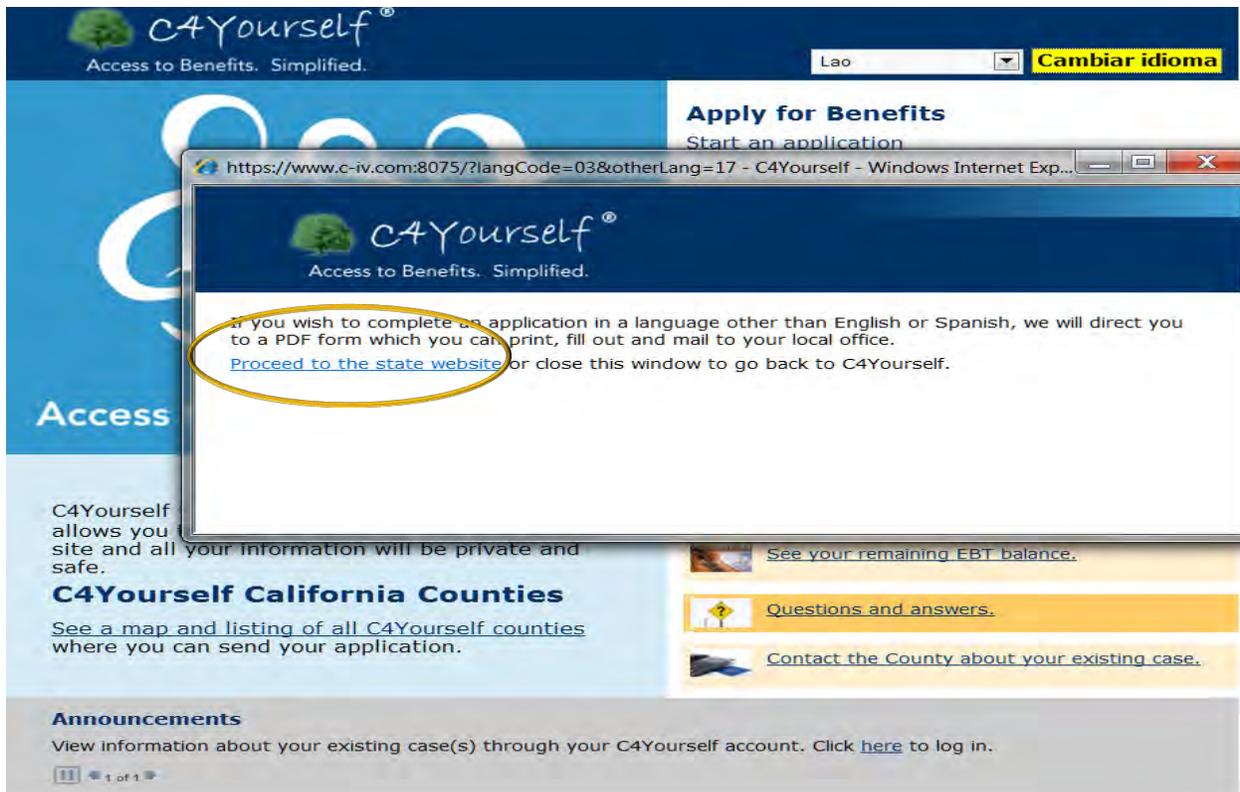
After clicking the Proceed to the state website link text you will be redirected to the California Department of Social Services (CDSS) website, and to a listing of state forms available in the language you selected. Because not all of the application forms are available in all languages, you may also call your county to get assistance.
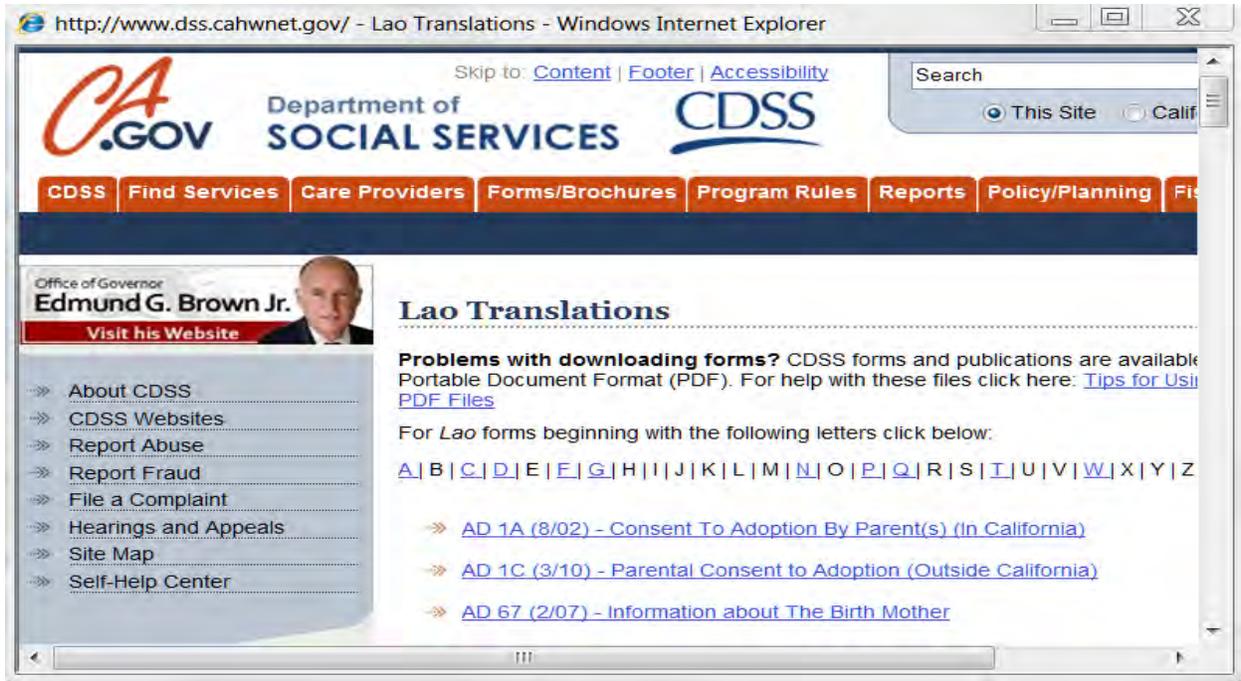
The Global Navigation Bar

The tabs on the **Global Navigation Bar** tell you what kind of questions you will be asked. You don't have to answer all of the questions before you submit your application, but in most cases, you will have to answer them in order to get benefits. The more complete your application is, the faster your Case Manager will be able to process it.

The Progress Bar

This bar tells you how close you are to finishing the application.

Link Text

Link text is underlined and blue. Clicking this text will take you to another web page. This is also called a hyperlink. An example of link text is shown as Food & Nutrition on the **C4Yourself Home** page.

Required information

You'll see some questions or entry fields with a star * - next to them. This means the information is required and you must give the information before you can go on to the next page.

Selection boxes

Check this ☐ box next to the item you want to select.

Check this ⦿ button next to the item you want to select.

Buttons

Next

The **Next** button takes you to the next page.

Back

The **Back** button takes you to the page before the one you are on now.

Exit

The **Exit** button ends your application. If you created a user name and password, all your information will be saved.

Remove

The **Remove** button removes the person or information from your application.

Edit

The **Edit** button takes you to a person's information so you can make changes.

Send Application

The **Send Application** button sends your application to the county. If you click this button, it will show you a list of county offices that accept e-Applications in your area based on the distance from your home address. You can select the office closest to your home or one close to your work if its more convenient.

Home My C4Yourself | Help

The **Home/My C4Yourself/Help** bar allows you to move to different pages.

Clicking the **Home** link will take you back to the **C4Yourself Home** page.

The **My C4Yourself** link will take you back to your personal **My C4Yourself Home** page.

The **Help** link opens a pop-up window showing information to help you understand the questions on the page.
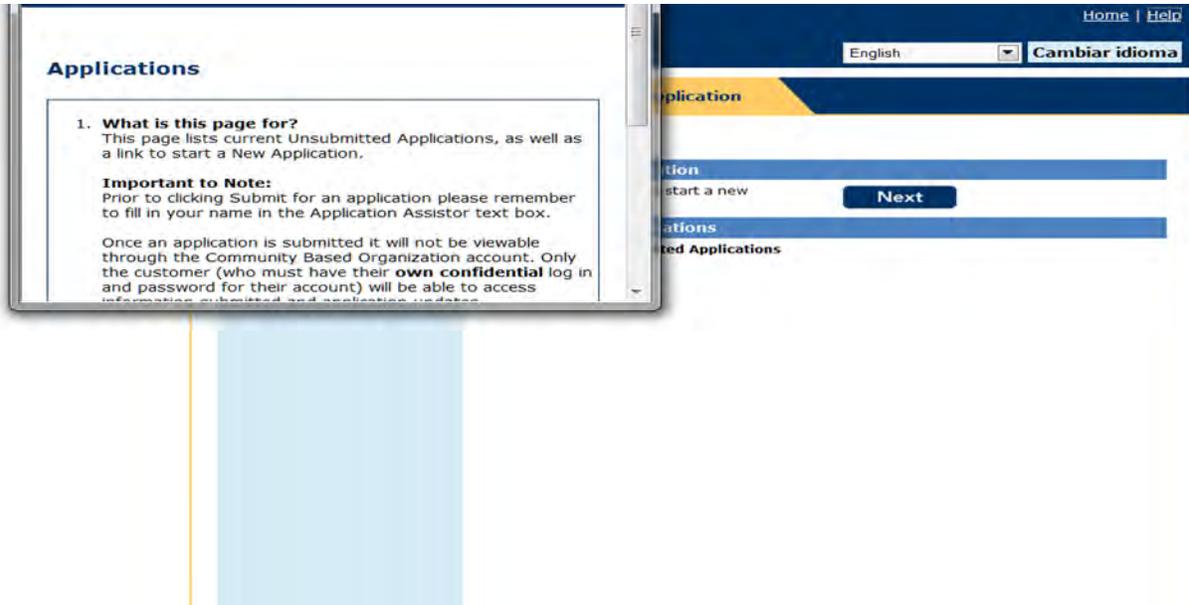
Time Out message

If you have the C4Yourself application open but you have not done anything for 60 minutes you will get "Timed-out" meaning you must log back in. The save application process only works if you have gotten past the **Start Application** page. Any information you have entered up to and including the **Start Application** page will not be saved. You will need to start again.

This is an important security measure required by Federal law to protect you.

VeriSign Logo

This symbol, on the bottom of the **C4Yourself Home** page, ensures that all the information you enter is safely being entered on a secured website. **IF YOU DO NOT SEE THIS SYMBOL, EXIT THE SITE USING THE RED X IN THE UPPER RIGHT CORNER OF THE SCREEN.**
Click the following hyperlink to be taken to the secured C4Yourself website located at:

https://www.c4yourself.com/c4yourself/

INPORTANT NOTE: Once you have gotten to the actual Application input pages (**Programs** page and beyond) the VeriSign symbol does not appear again until you are asked to sign and submit the application (see picture below).

Entering dollar amounts

It is not necessary to enter the $ symbol when entering dollar amounts. Just enter the numbers like 105,000. You will get an error message if you include the $ symbol.

C4Yourself Home page

The **C4Yourself Home** page provides a starting point for exploring many options for getting information about the types of public assistance available and how and where to apply for those benefits.

On the **C4Yourself Home** page, you can:

1. Read about the public assistance programs available through C4Yourself by clicking on the program type.

2. Link to the **Login** page. Each link text will take you to a specific page after you log in. For instance, clicking the View Forms link text will take you to the **Login** page, and then when you log in, the **My Forms** page appears.

3. Read about the different buttons and icons used by C4Yourself and the answers to questions other users of C4Yourself have asked. This is a great place to get answers to questions like:

   - Can I work and still receive help?

- How long will it take to find out if I am eligible?
- What is the Medi-Cal Program?

4. Check to see if you live in a county that uses the C4Yourself on-line application by clicking the See a map and listing of all C4Yourself counties link text. The **California Counties** page shows a map of California.

If you live in a Non-C4Yourself county, you can click the name of your county to be taken to the *e-benefits California* website (http://www.benefitscal.com).

This website has a drop-down list of all the counties in California. Select your county and click

 to be taken to your county's e-Application site.

What Types of Assistance can I Apply for through C4Yourself?

To learn about each program click the program's link text on the **C4Yourself Home** page.

In addition to these three major types of assistance programs that use the C4Yourself e-Application system, the Disaster CalFresh program may also be available.

Disaster CalFresh

When a disaster is declared in a C-IV county, Disaster CalFresh is made available through the C4Yourself on-line application. This program is available to meet the needs of disaster victims within a 30-day period following a natural disaster such as a flood, fire, earthquake, or any other natural disaster. D-CalFresh provides a month's worth of benefits on an Electronic Benefit Transfer (EBT) card that can be used to buy food at authorized retail stores. The link to apply for D-CalFresh is only turned on when all of the following actions occur:

- A Presidential Declaration for Individual Assistance has been declared in the affected area,
- Commercial channels for food distribution have been disrupted and those commercial channels have been restored, and
- The State of California has been approved to operate a D-CalFresh program.

When the D-CalFresh program is active in your County by the Federal government and the State of California, a new link text appears on the **C4YourselfHome** page.

Am I Eligible?

The **Am I Eligible?** page helps you find out if you MIGHT be eligible based on minimal information. Currently, **Am I Eligible?** is used for Food & Nutrition programs only.

1.   Click the Food & Nutrition link text on the **C4Yourself Home** page.

2. Click the **Am I Eligible?** link text.

3. Enter the required information and click [Next]

The **Am I Eligible** page appears with a response. The response may be an estimate of what you may get or it may say that we can't determine if you are eligible without more details. Either way you are encouraged to continue the application process.

or

To make an application on-line you will need to create a User Account. Click [Next].

Why Create a User Account?

A User Account is needed to allow you to do the following:

- Start an on-line application

- Save the information you've entered

- Re-open a saved application that you've started, but not finished

- Submit the application to your county electronically

- Check messages left for you by your county Case Manager

- View a To Do list of things you must do to complete the application process like, send in verifications

- Link to your active case even if you didn't apply electronically through C4Yourself

- Check your current Benefits

Create a C4Yourself User Account

1. On the **C4Yourself Home** page, click the Create an Account link text.

2. On the **C4Yourself Login** page, click the register a new account here link text.

3. On the **Create User Account** page, enter all the information requested.

The **County** drop-down will always list all the counties in California. If you select a non-C-IV county, an error message will appear at the top of the page. What caused the error?

- Did you pick the right county but, it isn't a C-IV county? If you do live in a non-C-IV county, click the **Go to my county application** website link text. The **e-benefits California** page appears

- Did you pick the wrong county? To fix the error:

  a. Select the correct county

  b. Re-enter your Password, twice

  c. Click **Next** . The **My Application** page appears.

The User Name and Password are case sensitive. Make sure your User Name, Password, and secret questions & answers are easy for you to remember!

You can think of the **My Applications** page as your personal C4Yourself Home page. Notice there is a new **Navigation Bar** that allows you to move through other pages that are specific to you.

Login

Once you have created your account you can return to it anytime you want, 24 hours-a-day, 7 days-a-week. Any of the link texts under **Apply for Benefits** or **My C4Yourself** on the **C4Yourself Home** page will take you to the **Login** page.

1. Enter your **User Name**

2. Enter your **Password**

3. Click [Next]. The **My Applications** page appears.

I forgot my Login information

The secret questions and answers are needed to re-set your Login information. If you need to reset your password and do not remember your secret questions & answers, you will need to create a new C4Yourself account and then link the new account to your old account using the **My Things To Do** tab on your **MyC4Yourself** page.

1. Click Forgot your Password? link text.

2. Enter your **User Name** and click [Next] . The **Secret Questions** page appears.

3. Enter the answers to your secret questions and click [Next] .

If the answers are not correct, a message appears.

4. Click [Back]. **T**he Login page appears.

5. Click register a new account here link text on the **Login** page.

6. Enter the required information on the **Create User Account** page and click [Next]. The **My Applications** page appears. If you had started an application but not finished it, you will need to start again.

Call Me & Live Chat

C4Yourself has a function that allows you to ask a Case Manager to call you or to chat live with a Case Manager. You will not see the links to these functions until you register an account with a C-IV county that supports these functions. Currently the **Call Me** and **Live Chat** (also known as **Click to Chat**) functions are *only available some C-IV Counties.*

Call Me and Live Chat Availability

COUNTY	CALL ME	LIVE CHAT	HOURS	DAYS
San Bernardino	✔	✔	7:30 am – 5:30 pm (PST)	Monday to Friday (except County Holidays)
Kern	✔	✔	8 am – 5 pm	Monday to Friday (except County Holidays)
Stanislaus		✔		
Shasta				
Riverside				

If you can see one or both of the options on the C4Yourself Header, the function is available in your county.

Call Me

To ask a Case Manager to call you back

1. Click the **Call Me** link text

2. Enter your name and full phone number, including area code in the pop-up window.

3. Click the **Call Me** button.
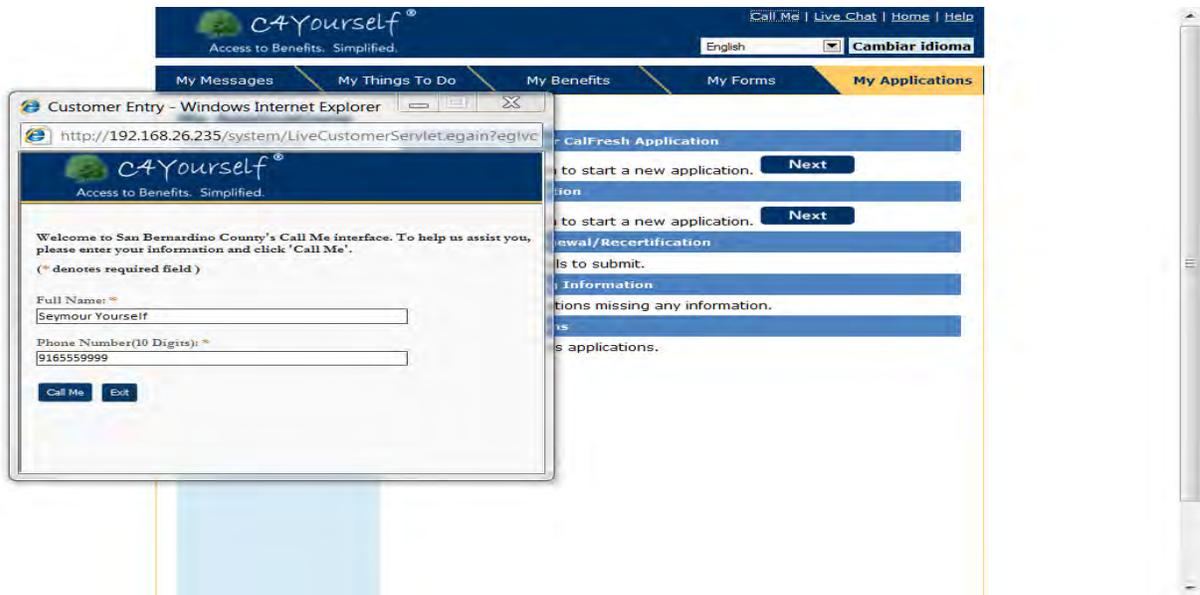
The pop-up will change to:
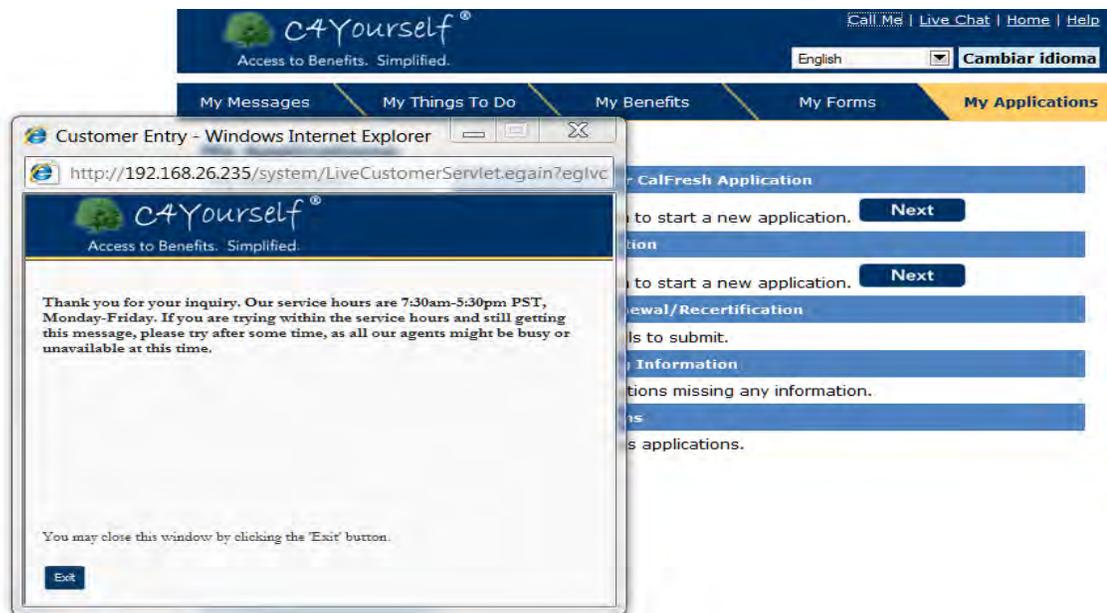
Live Chat

During specified hours, C4Yourself offers the option of "Chatting" live with a Case Manager. Currently this option is only available in the following counties:

1. Click the **Live Chat** link text

2. Enter your name and full phone number (numbers only), including area code, and an answer to *How can we help you?* in the pop-up window.

3. Click the **Start Chat** button.
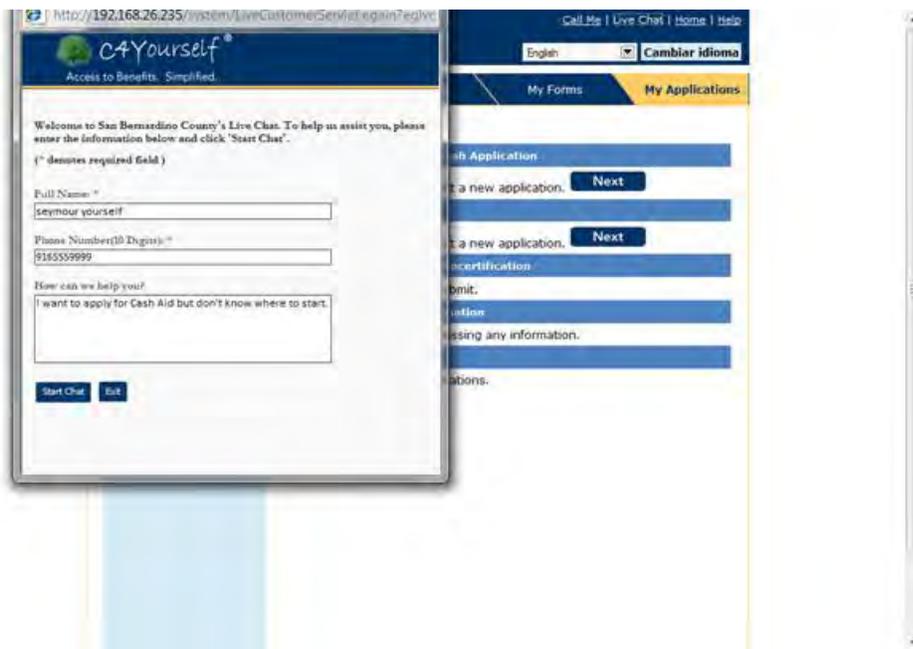
4. A dialog box appears. This box shows:

- Your message with your name and the time you sent your message
- A response with either:
  o   An agent will be with you shortly, or
  o   The name of the Agent (Case Manager) assigned to Chat with you
- A dialog box in which you and the Agent will type your comments.

5. Enter your question or comment in the dialog box and click **Send**. Each time you or the Agent types a comment and clicks the **Send** button, the other person will see the Comment with the time stamp listed above the dialog box. If you are familiar with "Texting" or "Instant Messaging", this is the same thing.

6. Click the **End** button when you are finished and the **Live Chat** pop-up will close.
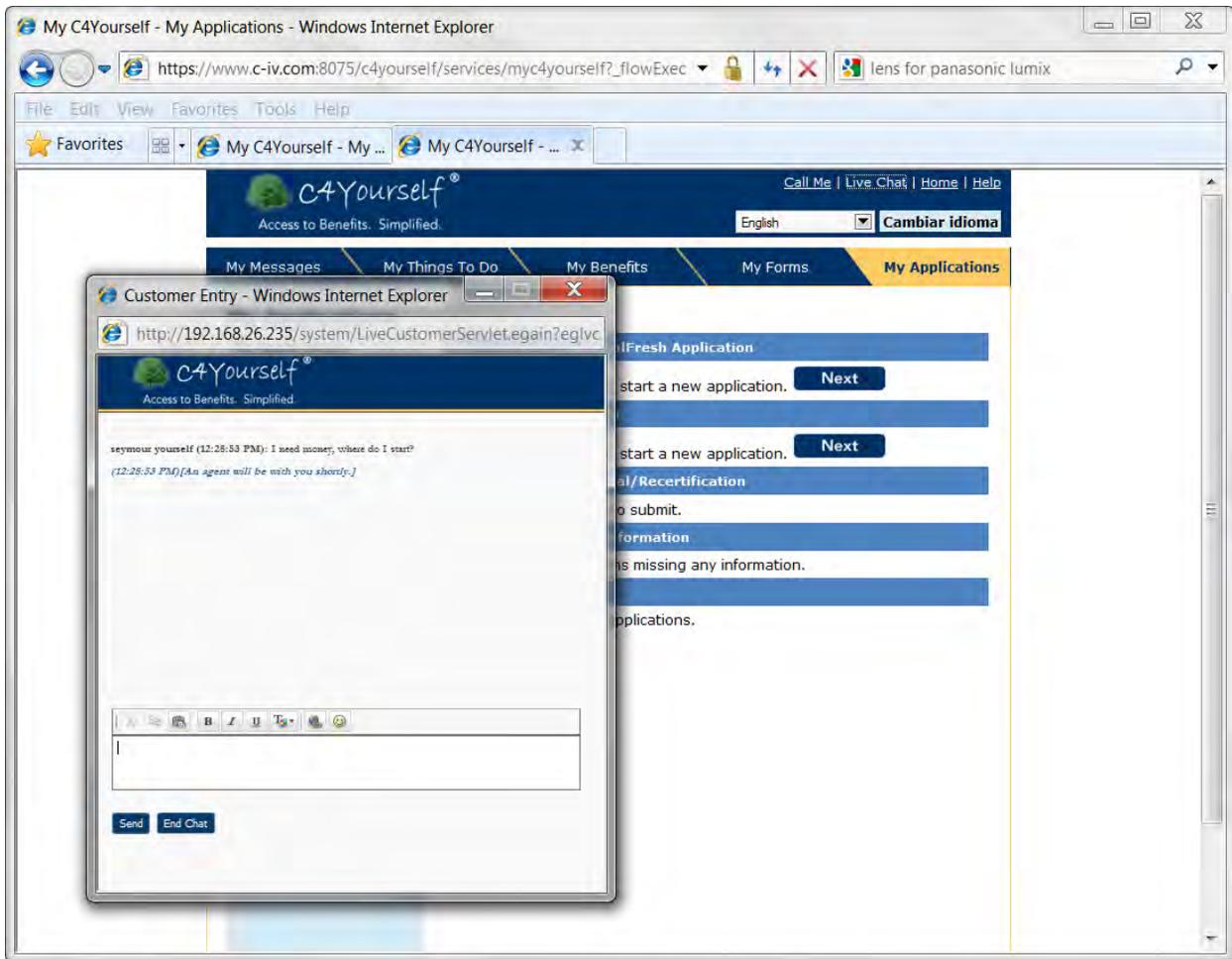
My C4Yourself

The page you see next when you log in will depend on the link text that you chose from the **My C4Yourself** section on the **C4Yourself Home** page.

Create an Account

Create an Account is the most common way of starting.

1. Click the **Create an Account** link text. The **My Applications** page appears.

2. Click the **Next** button under **Start a New Application.**
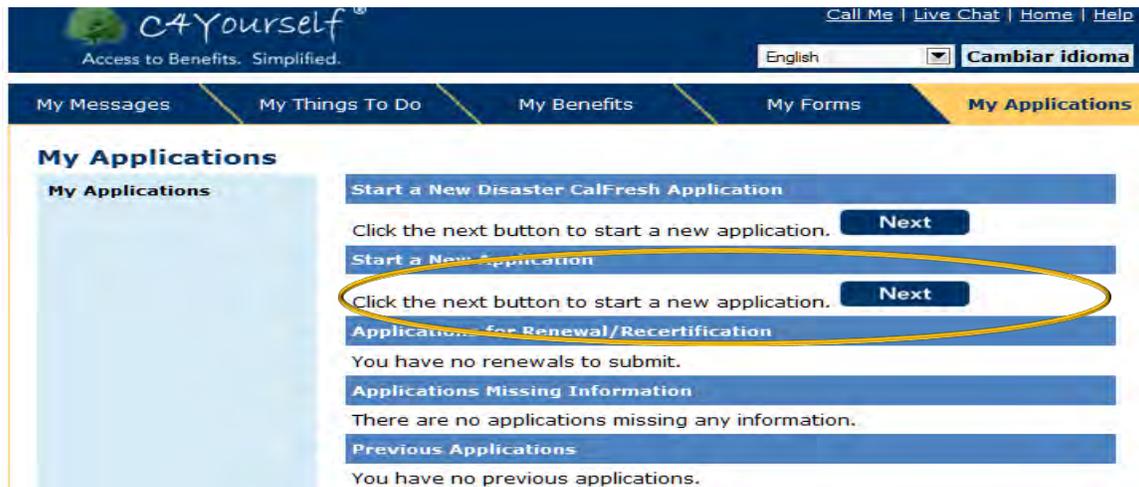
3. The **Let's Get Started** page appears.
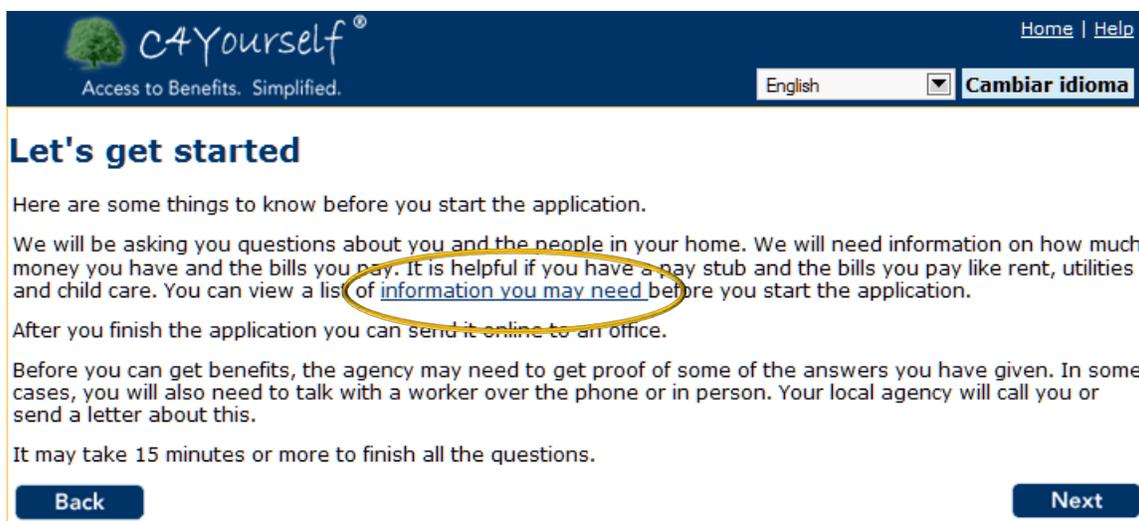
We recommend you gather certain information before you start the application and keep it available. Giving the county proof of some of your information is part of the application process. A list of the most common types of verifications you may need to give can be found by clicking the information you may need link text. The **Verifications** page appears.
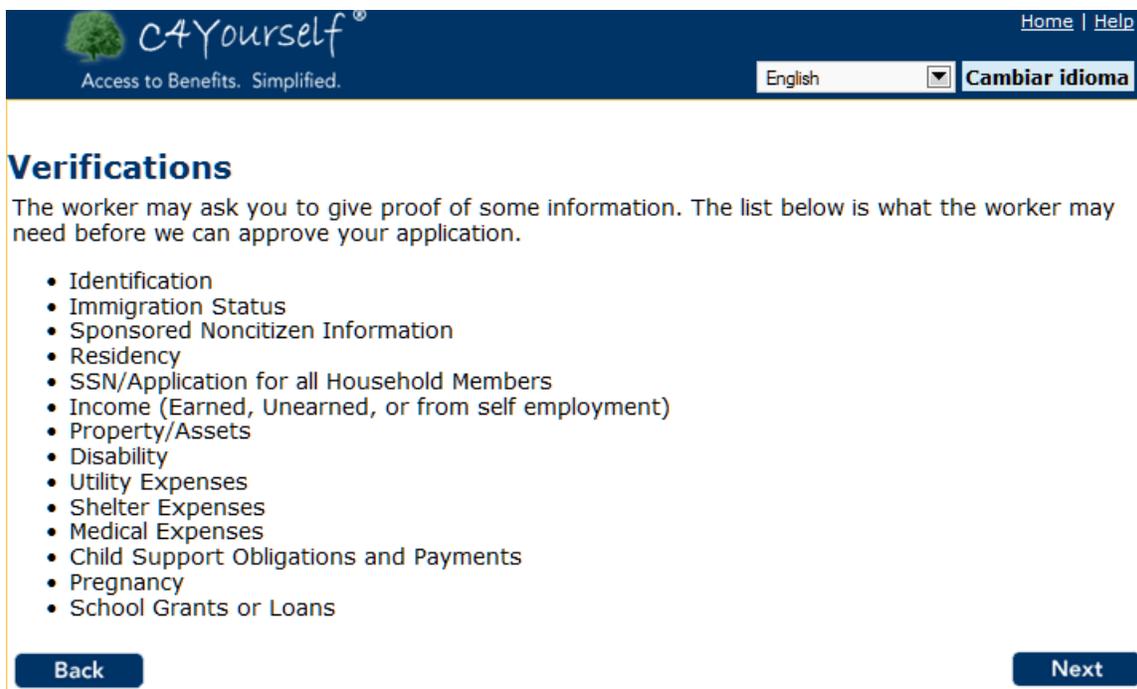
It may be helpful to print this list for future use. If the computer you are using is connected to a printer, you can print this page by following these steps.

1. Make sure the computer you are using is connected to a printer with paper.

2. Click the Ctrl key + P, the Print screen appears.
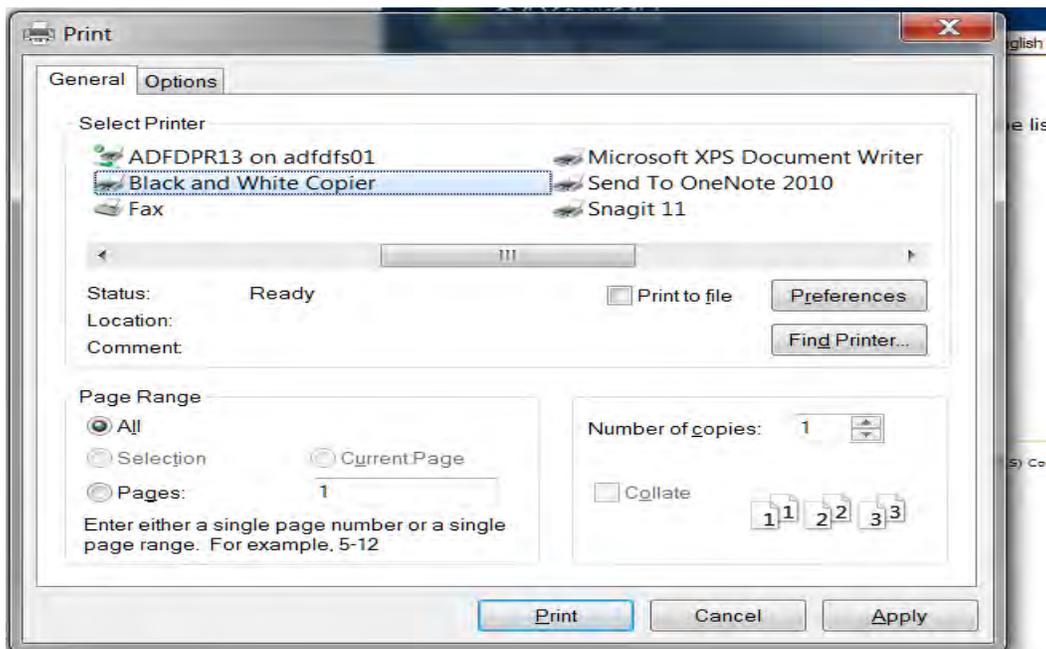
> IMPORTANT NOTE: This print process is part of the computer's settings not part of the C4Yourself on-line e-Application. If there is a problem printing, check the computer's print settings. This process can be used to print any page in the C4Yourself on-line e-Application.

3. Click the **Print** button. The page will print.

4. Click **Back** on the **Verifications** page. The **Let's get started** page appears.

5. Click **Next** The **Instructions** page appears. These are the same instructions explained in the *Tips for Using C4Yourself* section of this Guide.

6. Click **Next** The **Programs** page appears.

Starting an C4Yourself e-Application

Because our sample family of two needs cash, food and medical help, they will apply for CalWORKs (CW), CalFresh (CF), and Medical (MC). Therefore, we will answer all the questions that apply to the programs we selected.

Remember this is a sample case used to show some of the common parts of the e-Application. The pages you see will depend on your family's situation and your answers. The more information you can give the better.

Select Programs

The **Programs** page allows you to choose which programs you want to apply for.

1. Click the check box for each program you want to apply for.

2. Click **[Next]** The **Your Information** page appears.

Your Information

The **Your Information** page is where you start to give information about yourself. Questions with a star (*) require answers so that the county can track the e-Application back to you to finish the application process.

1. Read the instructions and enter your information as completely as possible.

Your Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.

Please give us information about yourself. You must give us at least your name and address. If you can not answer a question you can skip it.

You must answer questions marked with *.

*CW/CF/MC	First Name:	Semour
CW/CF/MC	Middle Name:	
*CW/CF/MC	Last Name:	Yourself
CW/CF/MC	Suffix Name:	Select One
CW/CF/MC	What is the best way to contact you?	Email
	Physical Address	
CF	Are you homeless?	No
*CW/CF/MC	Address Line 1:	
CW/CF/MC	Address Line 2:	
*CW/CF/MC	City:	
	State:	California
*CW/CF/MC	Zip Code:	
*CW/CF/MC	County:	Select One
CW/CF/MC	Is your mailing address the same as your physical address?	Yes
CW/CF/MC	Contact Number:	___ - ___ - ___ Ext: ___
CW/CF/MC	Email:	
MC	Are you applying for benefits on behalf of someone else?	Select One
MC	Are you applying for health coverage at this time?	Select One
CW/CF/MC	Do you have a disability and need help applying?	Select One
MC	☐ I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault.	

> *IMPORTANT NOTE: See the Terms and Definitions section for an explanation of Minor Consent Services.*

2. Click **Next** The **Select Address** page appears.

3. Click the button beside the correct address.

4. Click **Next** The **Tell us more** page appears.

5. Read the instructions and enter your information as completely as possible.

6. Click **Next** The **Background Information** page appears.

1. Read the instructions and enter your information as completely as possible.

2. Click **Next**. The next page of **Citizenship Information** appears.

Citizenship Information

The **Citizenship Information** page gathers information about an applicant's citizenship/immigration status.

1. Read the instructions and enter your information as completely as possible.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

0%

Citizenship Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us additional information about yourself. If you can not answer a question you can skip it.

MC	What is your citizenship status?	U.S. Citizen/National
MC	Are you sponsored?	No
MC	Document Type:	Select One
MC	First Name as it appears on the document:	
MC	Middle Name as it appears on the document:	
MC	Last Name as it appears on the document:	
MC	Suffix as it appears on the document:	Select One
MC	Alien Number:	
MC	Naturalization Number:	
MC	Citizenship Certificate Number:	
MC	Does this person have satisfactory immigration status?	Yes
CW/CF/MC	Has this person changed citizenship/immigration status in the last 12 months?	Yes

Back   Next

2. Click **Next**. The next page of **Your Information** appears

Your Information

The **Your Information** page gathers information about the urgency of your needs. For instance, if you have an age or health related hardship, if you have an eviction notice or are unable to pay your housing costs, or you have no food in the house, you may be able to get some cash or nutrition benefits issued to you before the entire application process is finished.

Immediate Need

CalWORKs has a process called *Immediate Need* that, if you qualify and it looks like you will be eligible to CalWORKs, would let you to get up to $200 to help you until the application process is finished.

Expedited Services

CalFresh has a similar process called *Expedited Services* that, if you qualify, would let you get CalFresh benefits within 3 days of turning in your application. To be eligible for Expedited Service you must be eligible for CalFresh AND have:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income (before deductions), OR

- No more than $100 liquid resources and less than $150 income (before deductions) for the month, OR

- No more than $100 liquid resources and at least one member is a migrant or seasonal farm worker.

1. Read the instructions and enter the information as completely as possible.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

0%

Your Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
OK. You are almost finished with this section.

CW/CF/MC	How much is your rent/mortgage this month?	
CF	How much are your utilities this month, if separate from your rent/mortgage?	
CW/CF/MC	How much money do you have? This includes money in a bank account, in your home, or any other place.	
CW/CF/MC	Do you have any of these hardships? You can select more than one:	☐ You are 65 years old/or older and do not have someone to represent you ☐ You have a disability and your household members have no income ☐ You live in a remote area ☐ It is hard for you to get a ride or there is not any other type of transportation near you ☐ You are sick or care for another household member ☐ The weather is/or has been bad for a long time
CW/CF/MC	Would you like to have a person who speaks your first language help when you visit the office at no cost?	Select One ▾
CW/CF/MC	Do you think you will need help during your interview because you have a physical or mental condition? We can help you with this.	Select One ▾
CW	Do you have an eviction notice or a notice to pay rent or leave?	Select One ▾
CW	Have your utilities been shut off or do you have a shut-off notice?	Select One ▾
CW	Will your food run out in 3 days or less?	Select One ▾
CW	Do you need essential clothing, such as diapers or clothing needed for cold weather?	Select One ▾
CW	Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	Select One ▾
MC	Enter the projected annual household income.	
CF	Would you prefer an in-person interview for CalFresh?	Select One ▾

Back   Next

2. Click **Next** **The Information about the people living in your home** page appears.

Notice that the **Navigation** and **Progress Bars** have changed to show the progress you've made through the application process.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

15%

Information about the people living in your home

Thank you for the information about you. Now tell us about the people living in your home.

Is anyone else in your home?   Yes   No

Back   Next

Click **Yes** or **No** depending on your situation. If you click **Yes**, the **Information about the people living in your home** page appears. If you click **No**, the **Job Information** page appears.

Since our sample family is a mother and child, we'll follow the Yes path and add information about the child.

1. Read the instructions and enter your information as completely as possible.

2. Click **Next**. The next page of **Tell us more** page appears.

3. Read the instructions and enter your information as completely as possible.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

15%

Information about the people living in your home

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
You must answer questions marked with *.

*CW/CF/MC	First Name:	Bea
CW/CF/MC	Middle Name:	
*CW/CF/MC	Last Name:	Yourself
CW/CF/MC	Suffix Name:	Select One
*CW/CF/MC	What is the living situation of this person?	In the Home
CW/CF/MC	How are you related to this person?	Parent (Biological/Adoptive)
CF	Do you buy and prepare food with this person?	Yes
MC	Is this person applying for health coverage at this time?	Yes
CW/CF/MC	Is this person's address the same as the primary applicant's address?	Yes
CW/CF/MC	Contact Number:	- - Ext:
CW/CF/MC	E-Mail:	

Back   **Next**

4. Click **Next**. The **Tell Us More** page appears.

1. Read the instructions and enter your information as completely as possible.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

15%

Tell us more

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us additional information about this person. If you can not answer a question you can skip it.

CW/CF/MC	Is this person a male or female?	Female
CW/CF/MC	Maiden Name:	
CW/CF/MC	Date of Birth:	February 17 2014
MC	Does this person have a Social Security Number?	Yes
CW/CF/MC	Social Security Number:	321 - 32 - 1321
CW/CF/MC	Marital Status:	Never Married
CW/CF/MC	Is this person any of these? You can select more than one:	☐ Elderly (60 and older) ☐ Without money for food ☐ Disabled, Blind, Pregnant ☐ Migrant/Seasonal Farmworker
	Does this person have a physical, mental, emotional or developmental disability that causes limitation in activities (such as bathing, dressing, daily chores)?	No
MC	Is there a child or disabled person in the household who needs care from another household member?	No

Back   **Next**

2. Click **Next**. The **Background Information** page appears.

1. Read the instructions and enter your information as completely as possible.

15%

Background Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
OK. You are almost finished with this section.

CW/CF/MC	What is this person's preferred language?	English
CW/CF	What city was this person born in?	Fontana
CW/CF	What state was this person born in?	California
CW/CF	What country was this person born in?	United States
CW/CF/MC	Is this person Hispanic or Latino?	No

CW/CF/MC	Please give us this person's race or ethnic origin:	☐ American Indian or Alaskan Native
		☐ Black or African American
		☐ Asian (If checked, please select one or more of the following)
		  ☐ Filipino ☐ Chinese
		  ☐ Japanese ☐ Cambodian
		  ☐ Korean ☐ Vietnamese
		  ☐ Asian Indian ☐ Laotian
		  ☐ Other Asian (specify)
		☐ Hispanic (Latino or Spanish origin) (If checked, please select one or more of the following)
		  ☐ Cuban ☐ Mexican
		  ☐ Other Hispanic ☐ Puerto Rican
		☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)
		  ☐ Native Hawaiian ☐ Guamanian
		  ☐ Samoan
		  ☐ Other (specify)
		☑ White
		☐ Unknown

Back   **Next**

2. Click **Next**. The **Citizenship Information** page appears.

	Start Application	People	Job	Income	Expenses	Property	Other	Send Application

0%

Citizenship Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us additional information about yourself. If you can not answer a question you can skip it.

MC	What is your citizenship status?	U.S. Citizen/National
MC	Are you sponsored?	No
MC	Document Type:	Select One
MC	First Name as it appears on the document:	
MC	Middle Name as it appears on the document:	
MC	Last Name as it appears on the document:	
MC	Suffix as it appears on the document:	Select One
MC	Alien Number:	
MC	Naturalization Number:	
MC	Citizenship Certificate Number:	
MC	Does this person have satisfactory immigration status?	Yes
CW/CF/MC	Has this person changed citizenship/immigration status in the last 12 months?	Yes

Back   Next

3. Click **Next**. The **Tell us more about the child** page appears.

1. Read the instructions and enter your information as completely as possible.

	Start Application	People	Job	Income	Expenses	Property	Other	Send Application

15%

Tell us more about this child

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
If you can not answer a question you can skip it.

CW/CF	Is this child currently living in your home and receiving foster care services?	Select One
MC	Is this child 18-21 and claimed as a dependant for tax purposes?	Select One
MC	Is Bea's other biological or adoptive parent deceased?	Select One
MC	Is Bea's other biological or adoptive parent out of the home?	Select One

Back   Next

2. Click **Next** The **This is who you have told us about so far** page appears.

3. Click [No] or [Next], if the information is complete. The **Job Information** page appears.

4. If you have more people in your home, click [Yes], and repeat this process for each person.

Summary pages let you check the information you just gave. You can edit, and/or remove incorrect information. Clicking [Edit], takes you back to the **Information about the people living in your home** page with the information you entered so you can change it. Clicking [Remove] takes you back to a blank **Information about the people living in your home** page, so you can start over with this page.

Tax Information

The Tax Information page gathers information about the primary tax filer in the home, and anyone they claim on their taxes.

1. Read the instructions and enter your information as completely as possible.

Tax Information

Please select the people and fill in the information below. **You can only select one person at a time.**

Semour Yourself	Bea Yourself	

MC	Primary Tax Filer:	Yes
MC	Filing Year:	2015
MC	Is this person expected to be required to file taxes for the given year?	Yes
MC	Is this person planning to file taxes for the current year?	Yes
MC	What is this person's expected filing status for the benefit year?	Head of Household

Back   Next

2. Click **Next** The **Tax Information** page appears Click **No** or **Next**, if the information is complete. The **Job Information** page appears.

3. If you have more people in your home, click **Yes**, and repeat this process for each person. Summary pages let you check the information you just gave. You can edit, and/or remove incorrect information. Clicking **Edit**, takes you back to the **Tax Information** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Tax Information** page, so you can start over with this page.

Job Information

The Job Information pages gather information about the work history of the people in your home. Your answers to the questions on the **Job Information** page set-up the pages you will be asked to complete next. Our answers are based on our made-up family.

Job Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

CW/CF/MC	Is anyone 14 years of age or older going to school, college, or in training?	No
CW/CF/MC	Has anyone quit or not accepted work or training in the last 60 days?	No
CW/CF	Is anyone on strike?	No
CW/CF	Is anyone working, planning to work in the next two months or is self employed?	Yes

Back   Next

1. Read the instructions and enter your information as completely as possible.

2. Click **Next**   The **Job and Job History** page appears.

3. Read the instructions and enter your information as completely as possible.

Job and Job History

You told us that there are people in your home who have been working, self-employed, or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people.

Select a person and fill in their information. **You can select more than one person.**

Person	Current or past employment	
Seymour Yourself ☑	Work or Training:	Work
	Self employed:	No
	Start date:	January 05 2008
	End date:	Month Day Year
	Employer name:	First Jobs Inc.
	Job title:	Analyst
	Number of hours of work per month:	120
	Monthly gross income (before taxes):	1100
	Tips or commission:	0
Bea Yourself ☐	Work or Training:	Select One
	Self employed:	Select One
	Start date:	Month Day Year
	End date:	Month Day Year
	Employer name:	
	Job title:	
	Number of hours of work per month:	
	Monthly gross income (before taxes):	
	Tips or commission:	

4. Click **Next** The next page is a summary of the job history information you have entered.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

30%

Job and Job History

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Current or past employment		
Seymour Yourself	Work or Training:	Work	**Remove** **Edit**
	Self employed:	No	
	End date:		
	Start date:	01/05/2008	
	Employer name:	First Jobs Inc.	
	Job title:	Analyst	
	Number of hours of work per month:	120	
	Monthly gross income (before taxes):	$1,100.00	
	Tips or commission:	$0.00	
Has anyone else in the home been working, self-employed, or in training in the past 24 months or planning to work in the next two months?			**Yes** **No**

Back   **Next**

5. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit**, takes you back to the **Job and Job History** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Job and Job History** page so you can start over with this page.

6. If you have more job information to add, click **Yes**, and repeat the process for each job for each person in your household.

7. Click **No** or **Next**, if the information is complete. The **Income Information** page appears.

Income Information

The Income Information pages gather information about the kinds of income the people in your home get. Your answers to the questions on the **Income Information** page set-up, which pages you, will see next.

1. Read the instructions and enter your information as completely as possible.

2. Select the person who gets the income, the type of income, enter the amount, and select how often you expect to get it.

3. Click **Next** The next page shows a summary of the other income information you've entered.

4. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Income from Other Sources** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Income from Other Sources** page so you can start over with this page.

5. If you have more job information to add, click **Yes**, and repeat the process for each type of income for each person in your household.

6. Click **No** or **Next**, if the information is complete. The **Expense Information** page appears.

Expense Information

The **Expense Information** page has several questions about your expenses such as, Child or Adult care, housing and utilities, medical, etc. Your answers to the questions on the **Expense Information** page set-up, which pages you, will need to complete next.

1. Read the instructions and enter your information as completely as possible.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

60%

Expense Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.

In the next few pages we will ask you about the people in your home who have expenses. Does anyone in your home pay for:

CF	Meals and room?	Select One
CW/CF/MC	Disabled adult care?	Select One
CW/CF/MC	All or part of your childcare costs?	Select One
CF/MC	Child Support?	Select One
CF/MC	Spousal Support?	Select One
CW/MC	Medical treatment?	Select One
CW/MC	Medical expenses such as a wheelchair, etc.?	Select One
CW/CF/MC	Medicare coverage?	Select One
CW/MC	Health care services?	Select One
CW/CF	Housing costs?	Select One
CF	Utility costs?	Select One
CW/CF	In home supportive services?	Select One
CW	Does anyone have a special medical condition or situation that requires any of the following? • Special diet prescribed by a doctor • Special phone or other equipment • Housework (no one in the home can do it) • Very high use of utilities • Special laundry service • Other special need	Select One
CF	Does anyone not in your household help you pay for these expenses?	Select One
CF	Are you or anyone you buy and prepare food with an elderly (60 or older) or disabled person that has any out-of-pocket medical expenses?	Select One
MC	Does anyone pay for any other tax deductible expenses?	Select One

Back   Next

2. Click **Next** . The **Child Care** page appears.

Child Care Expenses

1. Read the instructions and enter your information as completely as possible.

2. Click **Next** to see a summary of the Child Care information you've entered.

3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Child Care** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Child Care** page so you can start over with this page.

4. If you have more child care information to add, click **Yes**, and repeat the process for each person in your household.

5. Click **No** or **Next**, if the information is complete. The **Medical Treatment** page appears.

Saving an Incomplete Application

If you are unable to complete the application process in one sitting, you can save the information you have entered and come back later to finish.

1. Click [Exit]

The **Exit** page appears.

Open Saved Applications

Once you have save an e-Application, you can return to finish anytime you want.

1. On the **C4Yourself Home** page, click the Open Saved Applications link text.

The **C4Yourself Login** page appears.

2. Enter your User Name and Password.

3. Click **Next**. The **My Applications** page appears.

4. Click the **Continue** button under the Current Application section. The first page of the last section you were in appears. (Because we had last entered Child Care expense information when we exited, the first page we see when logging back in is the **Expense Information** page.)

5. Click **Next** until you reach the first page without any of your information. In our sample case that would be the **Medical Treatment** page.

Continuing an Application

Retroactive Medical Expenses

The **Medical Treatment** page allows you apply for help with bills for medical treatments received in the three months before you submit your C4Yourself application to the county. Medical treatments may include services such as:

- Pregnancy related services
- Wheelchairs
- Wheelchair repair
- Hearing aids
- Batteries for hearing aids and/or pace makers
- Eyeglasses

- Therapy
- Psychology services
- MRIs,
- Chiropractic care,
- Acupuncture care,
- Non-emergency transportation for Dr. appointments,
- Physical therapy covered in Long Term Care facilities, and
- In-home services.

A record for each person who actually received medical care is needed for each month that the person received care.

In our sample case, our application month is July 2012. Bea Yourself had a doctor visit in May and had a prescription refilled in June.

Select the person, select the month in which the medical care was received, and select **"Yes"** to show that you want to get Medi-Cal for that month.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

75%

Medical Treatment

You told us that there are people in your home who received medical/pregnancy treatment in the past three months.

Please select anyone that paid and then fill in their information. **You can select more than one person.**

Person	Months of care (3 prior months)	Medi-Cal requested for these months?
☐ Semour Yourself	Month ▾	Select One ▾
☑ Bea Yourself	March ▾	Yes ▾

Back   Next

1. Click **Next**, to see a summary of the Medical Treatment information you've entered .

Medical Treatment

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Months of care (3 prior months)	Medi-Cal requested for these months?	
Bea Yourself	March	Yes	Remove Edit
Did anyone else in the home receive medical/pregnancy treatment in the past three months?			Yes No

Back   **Next**

2. To the question, *"Did anyone else in the home receive medical/pregnancy treatment in the past three months?"* click **Yes**.

3. Repeat this process for each month the person received medical care.

Medical Treatment

Who else in your home has received medical/pregnancy treatment in the past three months? **You can only select one person at a time.**

○ Semour Yourself   ⦿ Bea Yourself

| Months of care (3 prior months) | March ▾ |
| Medi-Cal requested for these months? | Select One ▾ |

Back   **Next**

4. When you are finished adding each month for each person, Click **Next** to see a summary of the Medical Treatment information you have entered.

Medical Treatment

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Months of care (3 prior months)	Medi-Cal requested for these months?	
Bea Yourself	March	Yes	Remove Edit
Bea Yourself	February	Yes	Remove Edit
Did anyone else in the home receive medical/pregnancy treatment in the past three months?			Yes No

Back   **Next**

5. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Medical Treatment** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Medical Treatment** page so you can start over with this page.

6. If you have more medical treatment information to add, click **Yes**, and repeat the process for each person in your household and for each month that person received medical treatment.

7. Click **No** or **Next**, if the information is complete. The **Other Health Coverage** page appears.

Other Health Coverage

The **Other Health Coverage** pages gather information about health care insurance or coverage that you or your family members may have available through sources like a job, or an absent parent.

In our sample case, we'll say that Seymour has health insurance through her job but she pays $100.00 per year through payroll deduction and Bea is covered by her father's employer provided health plan.

1. Read the instructions and enter your information as completely as possible.

2. Click **Next** to see a summary of the Other Health Coverage information you have entered.

3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Other Health Coverage** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Other Health Coverage** page so you can start over with this page.

4. If you have more medical treatment information to add, click **Yes**, and repeat the process for each person in your household.

5. Click **No** or **Next** if the information is complete. The **Housing Costs** page appears.

Housing Costs

The **Housing Cost** pages gather information about your housing expenses, including rent, mortgage payments, and property taxes and insurance (when not included in the mortgage payment) or other housing costs.

In our sample case, we will say that Seymour is purchasing her home, and pays Property taxes and Insurance separately from her mortgage.

1. Read the instructions and enter your information as completely as possible.

2. Click **Next** to see a summary of the Housing Costs information you have entered.

3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Housing Costs** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Housing Costs** page so you can start over with this page.

4. If you have more housing cost information to add, click **Yes**, and repeat the process for each person in your household who pays housing costs.

5. Click **No** or **Next**, if the information is complete. The **Utility Costs** page appears.

Utility Costs

The **Utility Costs** pages gathers information about your utility expenses including, Gas, Electricity, Water, Telephone, heating or cooking fuels such as propane or wood, sewage, garbage and trash, installation of utilities, etc.

In our sample case, we'll say that Seymour pays for electricity, water, telephone, propane, sewage, garbage, and trash.

1. Read the instructions and enter your information as completely as possible.

2. Click [Next] to see a summary of the utility cost information you've entered .

3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Utility Costs** page with the information you entered so you can change it. Clicking **Remove** takes you back to an empty **Utility Costs** page so you can start over with this page.

4. If you have more utility cost information to add, click **Yes**, and repeat the process for each person in your household that pay utility costs.

5. Click **No** or **Next**, if the information is complete. The **Property Information** page appears.

Property Information

The **Property Information** page has several questions about personal property such as, a house, bank accounts, legal or accident settlements, trust funds, stocks & bonds, burial or funeral arrangements, retirement pension, life insurance, cash or un-cashed checks, etc. The answers to the questions on the Property Information page sets up which pages you will need to complete next.

In our sample case, we'll say Seymour has; a car, an interest-bearing checking account, is buying her mobile home, and has an employee deferred compensation plan. Bea has a small savings account set up by her grandparents.

1. Read the instructions and enter your information as completely as possible.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

75%

Property Information

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you about the people in your home who have property.

CW/CF/MC	Has anyone sold, spent or given away any real or personal property such as a house, bank account, money from a legal or accident settlement or anything else?	No
CW/CF/MC	Do you or anyone in the household own property? Is anyone buying property even if you don't live at that property? Optional for health care; only answer if someone applying is 65 or older or disabled. If applying for cash aid and CalFresh, you must answer the question.	Yes
CW/CF/MC	Does anyone have any of these? • Cash/Uncashed Check • Mortgages/Deeds • Retirement Plans • Money Market • Trust Fund • Checking Account • Savings Account • Certificate of Deposit • Stocks/Bonds • Other Liquid Property • Oil, Mining, or Mineral Rights • Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space • IRA or Keogh Plans • Employee deferred Compensation Plans • Life Insurance or Annuity • Life Estate Interest In Any Property Optional for health care; only answer if someone applying is 65 or older or disabled. If applying for cash aid and CalFresh, you must answer the question.	Yes
CW/CF/MC	Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?	Yes
MC	Does anyone own any personal property which costs at least $500 or which is now worth at least $500? • Boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers • Guns, tools, business, or sporting equipment, etc • Pets or livestock • Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.) • Do Not Include wedding and engagement rings or heirlooms Optional for health care; only answer if someone applying is 65 or older or disabled. If applying for cash aid and CalFresh, you must answer the question.	No
CW/MC	Does anyone own, have the use of or have their name on the registration of any motor vehicle, even if not running? Optional for health care; only answer if someone applying is 65 or older or disabled. If applying for cash aid and CalFresh, you must answer the question.	Yes

Back   Next

2. Click **Next**. The **Own Property** page appears.

3. Read the instructions then select the person who owns the property and complete the information as completely as possible.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

75%

Own Property

You told us that someone might own property or is buying property somewhere. Please tell us more about these people.

Select the person and add their information. **You can select more than one person.**

Person	Property Information	
☑ Semour Yourself	Property Used As:	☑ Home ☐ Rental of Land, Buildings, Personal Property
	Property Type:	Mobile Home
	Amount Owed:	98000
	Date expected to return to property:	Month Day Year
	Lien on Property:	No
	Address:	Edit Address
☐ Bea Yourself	Property Used As:	☐ Home ☐ Rental of Land, Buildings, Personal Property
	Property Type:	Select One
	Amount Owed:	
	Date expected to return to property:	Month Day Year
	Lien on Property:	Select One
	Address:	Edit Address

Back   Next

4. Click the **Edit Address** button. The **Address** page appears.

5. Enter the address of the property.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

75%

Address

You must answer questions marked with *.

*Address Line 1:	1 Nirvana Lane
Address Line 2:	Space 12
* City:	Utopia
*State:	California ▼
* Zip Code:	92335
County:	San Bernardino ▼

Back   **Next**

6. Click **Next** . The **Own Property** page appears with the address as you entered it.

Own Property

You told us that someone might own property or is buying property somewhere. Please tell us more about these people.

Select the person and add their information. **You can select more than one person.**

Person	Property Information	
Seymour Yourself	Property Used As:	☑ Home ☐ Rental of Land, Buildings, Personal Property
	Property Type:	Mobile Home
	Amount Owed:	98000
	Date expected to return to property:	Month Day Year
	Lien on Property:	No
	Address:	1 Nirvana Lane Space 12 Utopia, CA 92335 San Bernardino County **Edit Address**
Bea Yourself	Property Used As:	☐ Home ☐ Rental of Land, Buildings, Personal Property
	Property Type:	Select One
	Amount Owed:	
	Date expected to return to property:	Month Day Year
	Lien on Property:	Select One
	Address:	**Edit Address**

Back   **Next**

7. Click **Next** to see a summary of the property information you have entered.

8. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Own Property** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Own Property** page so you can start over with this page.

9. If you have more property information to add, click **Yes**, and repeat the process for each piece of property.

10. Click **No** or **Next**, if the information is complete. The **Other Property** page appears.

11. Read the instructions and enter your information as completely as possible. If you have it, enter the Address of the bank or company by clicking **Edit Address**. The **Address** Page appears. The **Address** page is always the same in C4Yourself.

| | Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

75%

Other Property

You told us that someone might have other property.

Please select the person and fill in the information below. **You can only select one person at a time.**

Seymour Yourself   Bea Yourself

	Type of Property	Current Value	Amount owed (if any)	Name of Bank	Account/Policy #	Address of Bank
☑	Cash/Uncashed Check	100				Edit Address
☑	Mortgages/Deeds	89000	98000	BofA	0000000001	Edit Address
☐	Retirement Plans					Edit Address
☐	Money Market					Edit Address
☐	Trust Fund					Edit Address
☑	Checking Account	-53		Yensid Bank	00000000012	Edit Address
☐	Savings Account					Edit Address
☐	Certificate of Deposit					Edit Address
☐	Stocks/Bonds					Edit Address
☐	Other Liquid Property					Edit Address
☐	Oil, Mining, or Mineral Rights					Edit Address
☑	Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space	400	0			Edit Address
☐	IRA or Keogh Plans					Edit Address
☑	Employee Deferred Compensation	1500	0	National	00000000013	Edit Address
☐	Life Insurance or Annuity					Edit Address
☐	Life Estate Interest In Any Property					Edit Address

Back   Next

12. Click **Next** to see a summary of the Other Property information you have entered.

| Start Application | People | Job | Income | Expenses | **Property** | Other | Send Application |

75%

Other Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Property Info	
Seymour Yourself	Type of Property: Checking Account Current Value: $(53.00) Amount owed (if any): Name of Bank: Yensid Bank Account/Policy #: 00000000012 Address of Bank	**Remove** **Edit**
	Type of Property: Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space Current Value: $400.00 Amount owed (if any): $0.00 Name of Bank: Account/Policy #: Address of Bank	
	Type of Property: Employee Deferred Compensation Current Value: $1,500.00 Amount owed (if any): $0.00 Name of Bank: National Account/Policy #: 0000000013 Address of Bank	
	Type of Property: Cash/Uncashed Check Current Value: $100.00 Amount owed (if any): Name of Bank: Account/Policy #: Address of Bank	
	Type of Property: Mortgages/Deeds Current Value: $89,000.00 Amount owed (if any): $98,000.00 Name of Bank: BofA Account/Policy #: 0000000001 Address of Bank	

Does anyone have any other property?   Yes   No

Back   **Next**

13. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Other Property** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Other Property** page so you can start over with this page.

14. If you have more property information to add, click **Yes**, and repeat the process for each piece or type of property.

15. Click **No** or **Next**, if the information is complete. The **Income from Property** page appears.

Income from Property

Here is an example of how the answers to questions set-up the pages we see. Because we said, Yes, to the question about expecting to get income from Property (Interest on Checking Account) the Income from Property page appears.

1. Read the instructions and enter your information as completely as possible.

2. Click **Next** to see a summary of the Income from Property you've entered.

3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Income from Property** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Income from Property** page so you can start over with this page.

4. If you have more income from property information to add, click **Yes**, and repeat the process for each type of income.

5. Click **No** or **Next**, if the information is complete. The **Motor Vehicle** page appears.

Motor Vehicles

The **Motor Vehicles** pages gather information about any motor vehicle including a car, motorcycle/scooter, RV/Campers, boat, snowmobile, etc., that is registered in your name or the name of anyone in your household.

1. Read the instructions and enter your information as completely as possible.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

75%

Motor Vehicle

You told us that someone has use of or has their name on the registration of a motor vehicle.

Please tell us more about this person. **You can only select one person at a time.**

Seymour Yourself   Bea Yourself

Year:	2000
Make:	Toyota
Model:	Corolla
License Number:	C44HELP
Estimated Value:	5500
Balance Owed:	3000
Licensed:	Yes
How do you use the vehicle:	Personal

Back   Next

2. Click **Next** to see a summary of the Motor Vehicle information you've entered.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

75%

Motor Vehicle

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Motor Vehicle Info		
Seymour Yourself	Year:	2000	Remove Edit
	Make:	Toyota	
	Model:	Corolla	
	License Number:	C44HELP	
	Estimated Value:	$5500	
	Balance Owed:	$3000	
	Licensed:	Yes	
	How do you use the vehicle:	Personal	

Does anyone else have use of or have their name on the registration of a motor vehicle?   Yes No

Back   Next

3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Motor Vehicle** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Motor Vehicle** page so you can start over with this page.

4. If you have more motor vehicle information to add, click **Yes**, and repeat the process for each type of income.

5. Click **No** or **Next**, if the information is complete. The **Other Information** page appears.

Other Information

The **Other Information** pages gathers some general information about your living situation, whether you've received public assistance in the past, who you want to be able to use your EBT card if your applications is approved and whether you need more information about medical services. The answers to these questions set up which pages you will complete next.

1. Read the instructions and enter your information as completely as possible.

2. Click ![Next]. The **Other Information continued** page appears.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

90%

Other Information continued

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.

In the next few pages we will ask you additional questions about the people in your home.

CW/CF	Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime?	Select One ☑
CF	Does your household receive, or expect to receive, payment from the Low Income Home Energy Assistance Program (LIHEAP)?	Select One ☑
CF	Have you, or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program) benefits in any State after September 22, 1996?	Select One ☑
CF	Have you, or any member of your household, ever been convicted of trafficking (allowing use of or selling EBT cards to others) SNAP benefits of $500 or more after September 22, 1996?	Select One ☑
CF	Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996?	Select One ☑
CF	Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunitions or explosives after September 22, 1996?	Select One ☑
CW/CF	Have you or any member of your household been found by a court of law to be in violation of probation or parole?	Select One ☑
CW/MC	Does everyone live in California?	Select One ☑
CW	Does anyone own, lease or maintain a home outside California?	Select One ☑
CW/MC	Is anyone currently getting public assistance in California?	Select One ☑
CW	Does anyone plan to leave California for more than 30 days?	Select One ☑
CW/MC	Is anyone pregnant?	Select One ☑
CW/CF/MC	Has anyone been in the US Military service or are they the spouse, parent or child of a person who was?	Select One ☑

Back   **Next**

3. Click **Next** and continue answering the questions.

| Start Application | People | Job | Income | Expenses | Property | Other | Send Application |

90%

Other Information continued

Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.

In the next few pages we will ask you additional questions about the people in your home.

CW/MC	Does anyone have a medical condition or emotional problem which makes it difficult to work or take care of their needs?	Select One ☑
CW/MC	Is there anyone who has health care coverage or can get health care coverage from an employer or absent parent but has not yet applied for coverage?	Select One ☑
CW/CF	Is anyone getting In-Home Supportive Services (IHSS)?	Select One ☑
CW	Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and/or unusual circumstances, such as a fire, earthquake or flood?	Select One ☑
CW/MC	Does the household want additional services like CHDP medical and dental services?	Select One ☑
CW	Has anyone applied for or received aid, including Medicaid/Medi-Cal/34-County CMSP, diversion cash payments or non-cash services, in or out of California?	Select One ☑
CF	Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?	Select One ☑
MC	Does anyone have health coverage from any of the following? • Medicaid/Medi-Cal • CHIP • Medicare • TRICARE (don't check if you have direct care or Line of Duty) • VA health care programs • Peace Corps • Employer insurance • Other insurance	Select One ☑
MC	Is anyone's health insurance expected to end or has it ended in the last 90 days?	Select One ☑
MC	Is anyone who is applying for healthcare involved in a worker's compensation claim, lawsuit, or settlement because of an accident or injury?	Select One ☑
CW	Does everyone plan to stay in California permanently?	Select One ☑

4. Click **Next**. The **Authorization** page appears.

Authorization

The **Authorization** page is used to give permission for someone else to use your EBT account to purchase food for you and your family and/or at use your cash aid. This person can be anyone you want, just remember this person will have full access to ALL of your cash aid and/or food & nutrition benefits. THE COUNTY IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN BENEFITS.

1. Read the instructions and enter your information as completely as possible.

For our sample case, we will use Seymour's brother, Treat Myself.

2. Select **Someone Outside the Home** and enter the person's name.

3. Click **Next**. The **Military Service** page appears.

Military Service

The **Military Service** page gathers information about the military service of the people in your home. Military Service includes: Air Force, Army, Coast Guard, Marines, National Guard, and Navy. If you or your spouse is or was in the military you should complete this page. You can also use this page to tell the county whether your child's absent parent is or was in the military.

1. Read the instructions and enter your information as completely as possible.

2. Click ![Next] to see a summary of the military service information you've entered.

3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Military Service** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Military Service** page so you can start over with this page.

4. If you have more income from military information to add, click **Yes**, and repeat the process for each person's military service information.

5. Click **No** or **Next**, if the information is complete. The **Additional Services** page appears.

Additional Services

The **Additional Services** page gathers information about your need for a referral to other services such as, health screenings and/or dental care for family members under the age of 21, special nutritional needs for pregnant or nursing mothers and infants, family planning services, and transportation to medical/dental services.

1. Read the instructions and provide your answers to the questions.

2. Click [Next] to see a summary of your answers.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

90%

Additional Services

The following services are available. Your answers to these questions will not affect your eligibility. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.

Do you want more information about CHDP services?	Yes	**Remove**
Do you want CHDP medical services?	Yes	**Edit**
Do you want CHDP dental services?	Yes	
Do you need help making medical appointments with CHDP services?	No	
Do you need help making dental appointments with CHDP services?	No	
Do you need help with transportation to CHDP medical services?	No	
Do you need help with transportation to CHDP dental services?	No	
Do you want more information about immunization services?	Yes	
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?	No	
Are you breastfeeding a child?	No	
- If "YES", have you given birth within the last 12 months?		
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.	No	

Back   **Next**

3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking **Edit** takes you back to the **Additional Services** page with the information you entered so you can change it. Clicking **Remove** takes you back to a blank **Additional Services** page so you can start over with this page.

4. Click **Next**, if the information is complete. The **Application Summary** page appears.

Application Summary

The **Application Summary** page allows you to check the information you entered before you send your application to the county.

Each of the link texts will take you back to the selected section so you can check your answers. Once you have gone to a section the link text will change from blue to purple to help you keep track of which pages you have reviewed.

1. Click **Next**. A new **Additional Services** page appears with information about the National School Lunch Program (NSLP) and the Women, Infants, and Children Program (WIC). Depending on your situation and your answers, you may also see a message about Expedited CalFresh.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

100%

Additional Services

Links

National School Lunch Program (NSLP)

The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious lunches to children at reasonable prices.

For children, the National School Lunch Program provides a nutritious meal that contains one-third of the recommended dietary allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest possible price.

Women, Infants and Children Program (WIC)

WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services.

Text4Baby

Signing up for text4baby is easy! Text the word "BABY" to 511411 to receive FREE text messages on prenatal care, baby health, parenting and more! You can also sign up online.

Expedited CalFresh

We will look at your application and review it for Expedited Service within 3 days.

Here are some reasons why you may be able to get Expedited Service:

1. The total monthly income of all the people in your home is $150 or less.
2. The total resources with all the people in your home is $100 or less. The examples of this money are cash with you, in your bank account, savings and resources. For more details on the Expedited Service in CalFresh, click the Help button on this page.
3. You are a migrant or seasonal farm worker without money or resources.

If the county finds that you are eligible to Expedited Service, we will need to contact you. Please check your information below.

Name:	Semour Yourself
Home Address:	1 NIRVANA LANE SPACE 12 UTOPIA, CA 92335-
Contact Number:	(909) 555-1010 ext.

You can click the next button to go to the next page of the application.

Back   Next

2. Click Next . The Voter Registration page appears.

Start Application	People	Job	Income	Expenses	Property	Other	Send Application

100%

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Select One ▼

NOTE: IF YOU DO NOT SELECT SOMETHING, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.

2. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800)345-VOTE (8663) or you may write to: Secretary of State, 1500 - 11th Street,Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

You can click the next button to go to the next page of the application.

Back   Next

3. Click Next .

4. **Your Application is ready for submission** page appears.

Your Application is ready for submission

The **Your Application is ready for submission** page will give you a listing of county welfare agencies in the county. The offices are listed based on proximity to your home address (closest to farthest). You can select any office that is convenient for you.

1. Select the office you want.

2. Click **Next**. The **Disclaimer** page appears.

Disclaimer/ Right, Responsibilities and Other Important Information

The **Disclaimer** page allows you to read and print your rights and responsibilities related to applying for public assistance. **It is important that you READ and UNDERSTAND your rights and responsibilities.**

1. As you read, place your mouse on the scroll tab on the right side of the gray box and drag down to scroll through the entire document, or print it by clicking .

2. Check the box next to, "I have read the Rights, Responsibilities and other Important Information". *THIS BOX CAN ONLY BE CHECKED WHEN YOU ARE AT THE BOTTOM OF THE RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION PAGE*.

3. Click . The **E-Signature** page appears.

E-Signature

The **E-Signature** page allows you to create an electronic signature account so you can sign documents that you submit over the internet. Signing a document with an **eSign User Name** and **eSign PIN** is the same as writing your name on a paper document. These eSign IDs are not the same as the C4Yourself login User Name and Password.

> ![info icon] It is important to know that you are signing under the penalty of perjury. This means that you are saying that all the information you gave is true.

Creating a New e-Signature

The first time you submit an application through C4Yourself you need to create an e-Signature account by setting up an **eSign User Name** and an **eSign PIN**. A separate and unique **eSign Username** and **eSign PIN** is needed for each person who signs the document. Typically, each adult who is applying for assistance must sign the application.

Once you create an **e-Signature** account for each person; their name will appear in the **Person** drop-down list on the signature part of any document that accepts an e-Signature.

1. Read all the information on this page.

2. Select "Create New E-Signature" from the Name drop-down.

3. The **Create a New E-Signature** page appears.

4. Select "**Add Person**". The **E-Signature Personal Information** page appears.

5. Enter the requested information and click **Next** . The **Create New E-Signature** page appears with your name now available in the **Person*** drop-down.

6. Following the instructions on the page, create an **eSign User Name** and **eSign PIN.** You
    will use these two items to sign your application electronically and any future documents you
    complete in C4Yourself. Make sure they are easy to remember. They are case sensitive.

7. Click [Next]. The **E-Signature** page appears.

E-Signature

Read all the information below very carefully. When you are done, select your name and enter your eSign Username and eSign PIN at the bottom to indicate you agree all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Your Application' button below this will submit your application and you won't be able to make any further changes.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Certification

- I understand the questions on this form.

- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc. and for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.

- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.

- This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking CalFresh benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.

- I understand that I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.

- I understand that I or other family members will be required to repay any cash aid I should not have received.

- **I understand I have the right to be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. If you feel you have been discriminated against you may call toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.**

- I understand that any CalFresh household adult member (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.

- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.

- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get cash aid, CalFresh or CMSP.

- I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive CalFresh benefits.

- **Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration, Income Eligibility Verification System (IEVS) and other agencies. Differences may be checked out with you and with employers, banks, or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for Cash Aid, CalFresh, and Medi-Cal/CMSP may result in repayment of benefits and/or criminal or civil action.**

* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Name	Seymour Yourself - 04/29/1972
eSign Username	Seymour01 · eSign PIN •••••
Description	Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult CalFresh Household Member or CalFresh Authorized Representative)

Name	Select One
eSign Username	· eSign PIN
Description	Signature (Other Parent Living in the Home, if applying for cash aid)

Name	Select One
eSign Username	· eSign PIN
Description	Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary

Please select your name and enter your eSign Username and eSign PIN. Click the **Submit Your Application** button to send your application.

Back   Submit Your Application

8. Select you name from the **Name** drop-down, Enter your **eSign Username** and **eSign PIN**.

9. Click **Submit Your Application** . The **Congratulations** page appears.
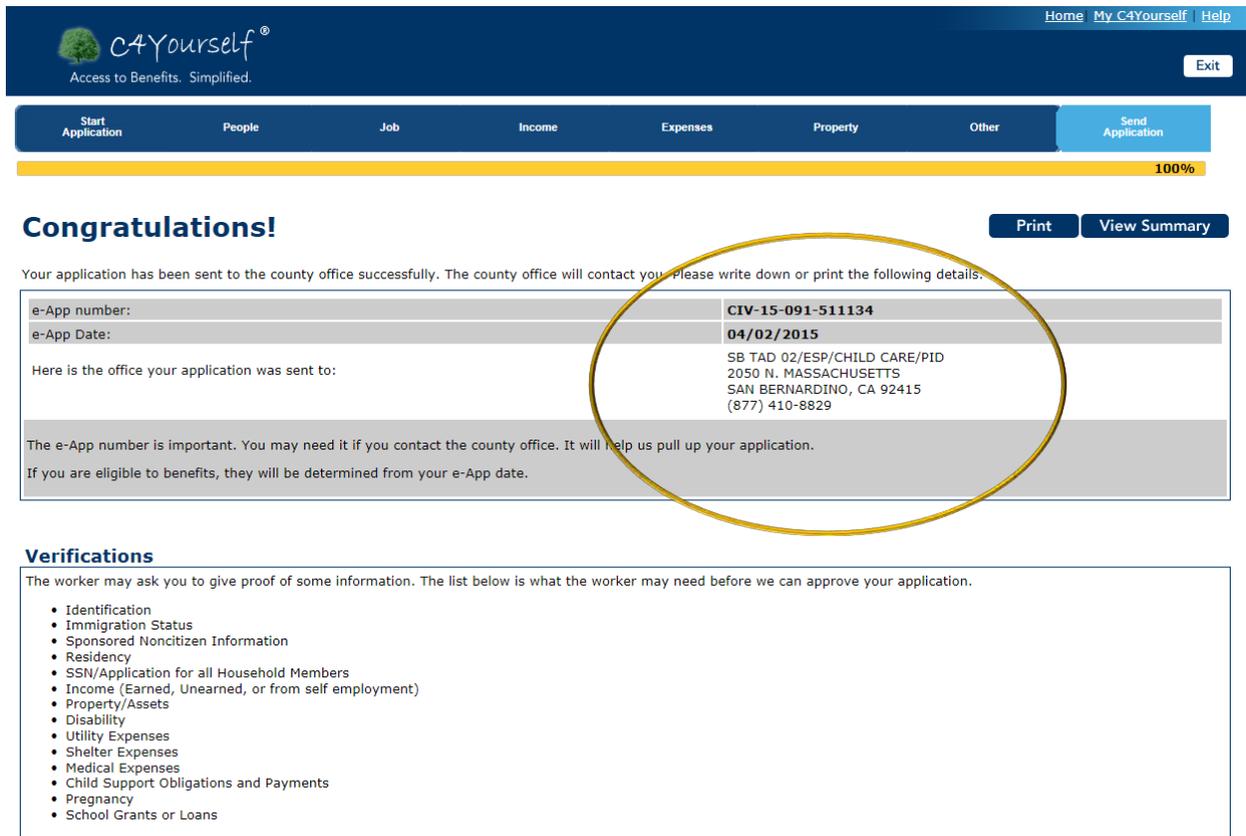
This page lets you know that your signed application information has been sent to the county office you chose and gives you an **e-App Number**.

Important Note: **The e-App Number is important information you should keep because you may need it if you contact the county for any reason.**

10. To print this page click **Print** .

11. To see a summary of all the information you entered click **View Summary** . The **Print** button on the **Your Information** summary page will print all the information you entered as well as the Rights. Responsibilities and Other Important Information. It is recommended that you keep a copy for your records.

12. Click [Exit] on the top of the page. You will see the following message.
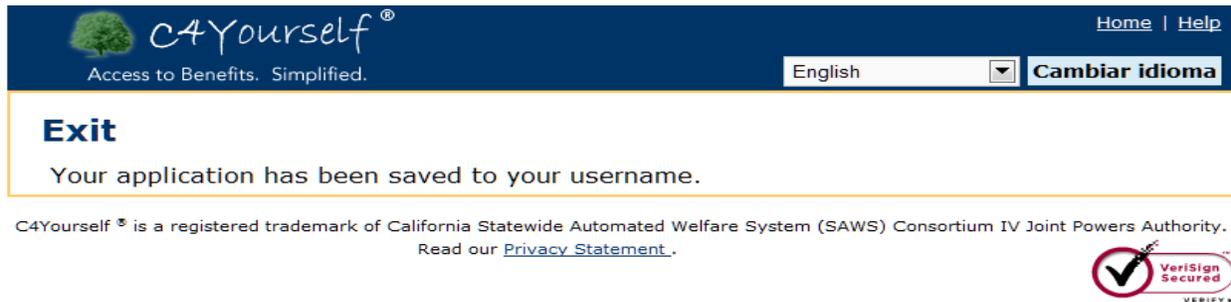
Click the **X** in the upper right hand corner of the screen. The C4Yourself on-line e-Application closes.
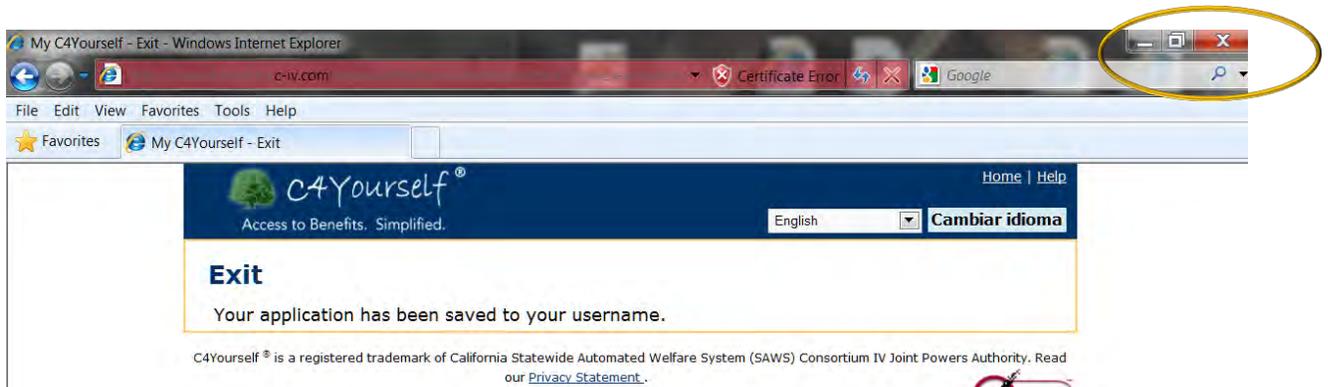
What else will having a C4Yourself Account will do for Me?

Even if you did not apply for public assistance through the C4Yourself on-line e-Application, you can use it to:

- View Messages from the County
- Manage your C4Yourself Account, including:
    - Manage your profile
    - Register with your county
    - Deregister from your county
- Manage your Applications, including:
    - Renew/Recertify your benefits
    - Start a new application
    - Finish Saved/Incomplete/ un-submitted applications
    - Add missing application information

- o   See prior applications
- o   Access Covered California

- Manage Forms and Status Reports
  - o   Sign a Statement of Facts (SAWS 2)
  - o   See Pending Verifications
  - o   Complete a Status Report
  - o   Report changes

- Check your current Benefits
- View Forms that your complete, print and mail, fax or drop off at your local office.
- Send forms electronically (upload) to the county
- See and access applications that you have submitted in the past, or submitted but are missing information, and
- Start a new application.
- Register to Vote

My Messages

There are many reasons a Case Manager may need to send you a message. Your C4Yourself account allows you to get messages from the County safely and securely. When you give the county your e-mail address, you will get an email letting you know a message for you has been posted to C4Yourself. You can then login to C4Yourself to get the message.

1. Click the **Check Messages** link text on the C4Yourself home page. The **Login** page appears.

2. Enter your C4Yourself User Account information.

3. Click **Next**, the **My Messages** page appears.

Messages are listed by date with the Subject as a link.

4. Click the Subject link text. The message will appear.

Once you've read a message you have the choice to remove it or the simply close it by clicking

 or .
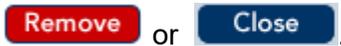
Key Dates

The **Key Dates Calendar** shows the days the County will be closed for Holidays.

My Things to Do

You can use this page to manage your C4Yourself account, manage you applications, and manage forms and status reports. When you click the link text in the blue column on the left side of the page, you will see a short explanation on the right side.

Manage My Account

Manager My Account Profile

At this time, the county selection only controls the links that appear for the Call Me and Live Chat functions.

1. Click the **Update your profile information** link text. The **Manage My Account Profil**e page appears.

Register with My County

If you have an active case in C-IV but did not apply through C4Yourself, you can use this process to register with your C-IV County. Once registered, you can use C4Yourself to view your benefits, report changes, and get messages, etc., by linking your C4Yourself account to your active C-IV case.

Because our sample family applied through C4Yourself, they're already registered with San Bernardino County. We will use a different sample case for this example.

Create a C4Yourself User Account

1. On the **C4Yourself Home** page, click the <u>Create an Account</u> link text. The C4Yourself **Login** page appears.

2. Click the **register a new account** link text.

3. On the **Create User Account** page, enter all the information requested.

The User Name and Password are case sensitive. Make sure your User Name, Password, and secret questions & answers are easy for you to remember!

4. Click **Next** , the **My Applications** page appears.

5. Click the **My Things to Do** tab.

6. On the **My Things to Do** page. Click the **Register With My County** link text .

7. Click **the Request a link to your case(s)** link text.

8. On the **Register With My County** page, enter all the required information. You will need your Case Number.

9. Click , the **Select an Office** page appears.

10. The Office that you Case in assigned to, will be selected. Click **Next**. The **My Things to Do** page appears.

11. Click the **My Messages** link text. The **My Message** page appears with a message for you.

12. Click the subject link text, and the message appears.

13. Click **Close** and the message disappears but is still available. Click **Remove** and the message disappears forever.

Deregister with My County

You can also, deregister or de-link your C4Yourself account from your active C-IV case.

Household Member Change

Example1: Let's say you and your husband have an active C-IV CW,FS & MC case. You created your C4Yourself User Account and shared the login information with your husband. He is now out of the home and off your C-IV case. To prevent him from having access to your case information such as; your new phone number, email address or physical address, you want to deregister your current C4Yourself User Account and create a new one.

1. Click the **View Things to Do** link text on the **C4Yourself Home** page. The Login page appears.

2. Log in to your C4Yourself User Account, the **My Things to Do** page appears.

3. Click the **Deregister from My County** link text on the left.

4. Click the **Deregister the link to you case(s)** link text on the right. **The Deregister from my County** page appears.

5. Click [Next]. Your case will be deregistered.

6. Follow the **Register with My County** to create a new C4Yourself User Account.

Inter-County Transfer

Example 2: You have a C4Yourself User Account that is linked to your active C-IV case. You move from one C-IV county to another and want to continue to use C4Yourself to check your benefits, report changes, etc. When you contact the first county to report the move, the county will start the inter-county transfer (ICT) process to have the responsibility for your aid transfer to the new county. This process includes getting a new C-IV case number in the new county. Because your C4Yourself User Account is linked to the case number in the first county, you will need to deregister with the first county and register with the second.

7. Follow the **Deregister with My County** process for the first county.

8. Follow the **Register with My County** process to create a C4Yourself User Account and link it to your new C-IV case number in the new county.

My Applications

Start a New Application

The **Start New Application** link text is just another way of getting to the starting point for an application. This way of starting a new application is often used by customers who are already have a C4Yourself account, are getting some kind of aid and want to apply for another kind of aid.

1. Click **Start New Application,** the **My Applications** page appears.

2. Click **Next**

3. The **Let's get started** page appears.

Finish Saved/Incomplete/Un-submitted Application

If you exit the C4Yourself on-line e-Application *before you finish and submit* your application, you can come back to it later by selecting the **Finish Saved/Incomplete/Unsubmitted Applications** link text.

Add Missing Application Information

The **Add Missing Application Information** link text is different the **Finish Saved/Incomplete/Unsubmitted Applications** link text because this link will take you to an e-Application you've submitted and the county has decided needs more information.

The **Add Missing Application Information** link text will take you to the **My Applications** page. You can then edit the e-Application by adding the missing information.

Example: The picture below shows the original e-App number assigned when the application
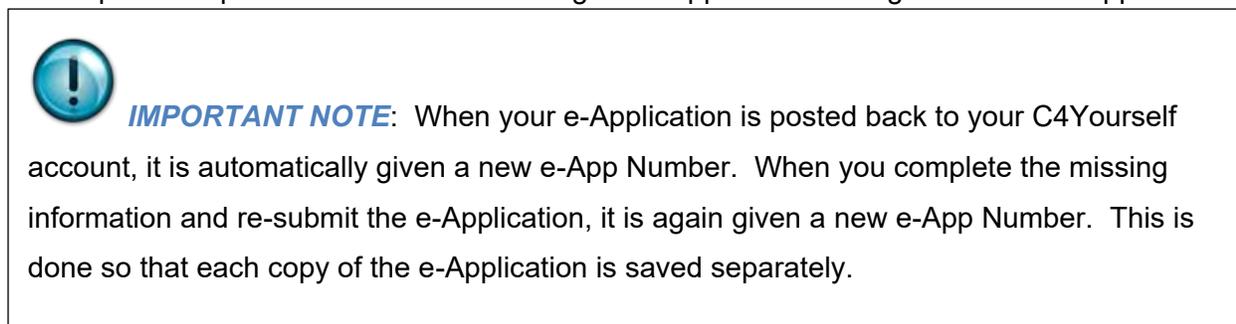
IMPORTANT NOTE: When your e-Application is posted back to your C4Yourself account, it is automatically given a new e-App Number. When you complete the missing information and re-submit the e-Application, it is again given a new e-App Number. This is done so that each copy of the e-Application is saved separately.

was submitted. There is a new e-App Number under Applications Missing Information. The E-App Date stays the date the original application was submitted.

1. Click **Edit** next to the **E-App Number** under **Applications Missing Information**.

2. Go through the application and add the missing information.

3. Complete the e-Signature page and click **Submit Your Application**.

4. A new **e-App Number** is assigned with the current date.

My Benefits

The **My Benefits** page allows you to see the current amount of aid available to you.

1. On the C4Yourself Home page, click the **Check Benefits** link text.

2. Log in to your C4Yourself User Account, the **My Benefits** page appears.

3. Click on the arrow next to the program you want to check. The section expands and information about your benefits is displayed.

My Benefits

This page contains information related to your case(s).

Case Number	County
3606095	San Bernardino

▽CalWORKs

Program Status:	Active
Benefit Amount:	$474.00
See Remaining Balance:	EBT Link
Redetermination Due Month:	08/2013
Reporting Type:	Quarterly Reporting
Report Due:	February, May, August, November
Worker Name:	Sharp, Sam
Worker Number:	36AS011270
Worker Phone:	(909) 423-4631

* If you are eligible for CalWORKs benefits you may be eligible for Medi-Cal benefits.

▷ CalFresh

▷ Medical Benefits

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My Documents

Access the My Documents page

1. Click the **View Documents** link text on the **C4Yourself Home** page. The **Login Page** appears.

2. Log in to your C4Yourself User Account, the My **Documents** page appears.

This page lets you:

*   Open blank forms that you can complete using the computer then print and send to the County via a FAX, drop-off, upload, or through the mail.

*   Upload documents

*   View documents posted to your account (e-Notifications)

Mail-in Cover Sheet

You can print a cover sheet to include with documents that you want to mail to the county. This will help make sure you have the correct mailing information.

1. Click the **Mail in Cover Sheet** link text. The **Please select a county** page appears

2. Select you County from the drop-down list. Click **Next**

3. A list of the office in the county appears.

4. Click ![Next] The **Mail Cover Sheet** appears with date/ time and the name and address of the office you picked. You can add more information such as the number of pages, your name, a fax number, and special instructions. Notice it does not have a Case Manager name, or number. If you have this information, we suggest you add it to the special instructions area.

| My Messages | My Things To Do | My Benefits | **My Forms** | My Applications |

Mail Cover Sheet   Print

Date:	Wed Sep 12 09:57:51 PDT 2012
Number Of Pages (Including Cover Sheet):	3
To:	
Office Name:	SB TAD 01/ESP/CHILD CARE/PID
Office Address:	265 E 4TH ST SAN BERNARDINO, CA 92410 (877) 410-8829
From:	Seymour Yourself
Sender Fax Number:	
Special Instructions:	Please give to Sam Sharp

5. Click ![Print]

6. Attach the printed form to the documents you want to mail to or drop –off at the county.

The process is the same to print a Fax Cover sheet.

View and Print Rights and Responsibilities

There are two types of Rights and Responsibilities forms available in C4Yourself. These are the same Rights and Responsibilities you signed when you submitted you e-Application.

- CMSP Rights and Responsibilities (CMSP 219)
- Rights and Responsibilities (SAWS 2A)

You can read and/print either form from the **My Documents** page.

1. Click the link text. The Rights and Responsibilities page appears.

2. The form will appear in a separate window.

Register to Vote

The National Voter Registration Act of 1993, also known as The Motor Voter Act, was enacted to help increase voter turnout by making it easier to register to vote. You can now register to vote or update your voter registration on-line.

1. Click the **Register to Vote** link text. A separate window will open with the **California Online Voter Registration** page.

   http://registertovote.ca.gov/?t=n&id=2

2. Click the **Register to Vote Now** button and follow the instructions on each page.

For help with this page contact the California Secretary of State's office or your county's Registrar of Voters.

Upload My Documents

The C4Yourself online application lets you send documents to the County. This is called "uploading". There are two ways to upload documents. You can:

1. Use a C4Yourself scanner like the Blue and Red Kiosks described below.

2. Use the **Upload My Documents** function on the **My Forms** page.

Blue C4Yourself Kiosk

You can send paper documents such as verifications to your case from a computer with a scanner or a C4Yourself Kiosk. There are two types of Kiosks. Blue C4Yourself kiosks (pictured below) are available to complete C4Yourself on-line e-Applications and upload documents.
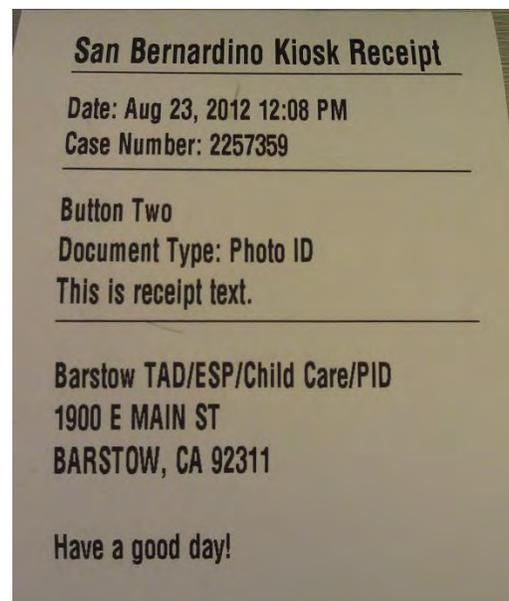
After you have scanned your document, you will get a receipt like the one pictured above.

Red C-IV Kiosk

Red C-IV Kiosks (pictured below) are for uploading documents only. These kiosks are usually placed in the lobbies of Social Services agencies.

Upload My Documents

You can use this process to upload documents that are stored on your computer as either a PDF (Portable Document Format) or a TIFF (Tagged Image File Format). To upload to C4Yourself, these documents must be 2 MB or less in size.

1. Select the **View Documents** link text on the **C4Yourself Home** page.

2. Log in with your **User Name** and **Password**. The **My Forms** page appears.

3. Click [Select Document] the **Send Documents** page appears.

4. You will need to give information so the County can link your document to either your Case or your E-Application. If you have active Case Number, select Case from the **Link Document To** dropdown. When you select Case, all Case Numbers linked to your C4Yourself login will appear in the **Case Number** dropdown. If your e-Application hasn't been approved yet, you should pick E-Application from the **Link Document To** dropdown. Doing this changes the name of the next field from **Case Number** to **E-App Number**. Select your e-Application number. The **Document Type** field has a long list of the types of documents you may upload. Select the type that best fits with the document you want to upload; this helps the County identify the document in C-IV. Enter your **First Name**, **Last Name**, then click Browse... .

5. When you click , the computer will look for documents on YOUR computer. You may need to look for the specific document you want to upload.

6. Pick the document you want to upload by clicking on it. The name of the document will appear in the **File Name** field. Click
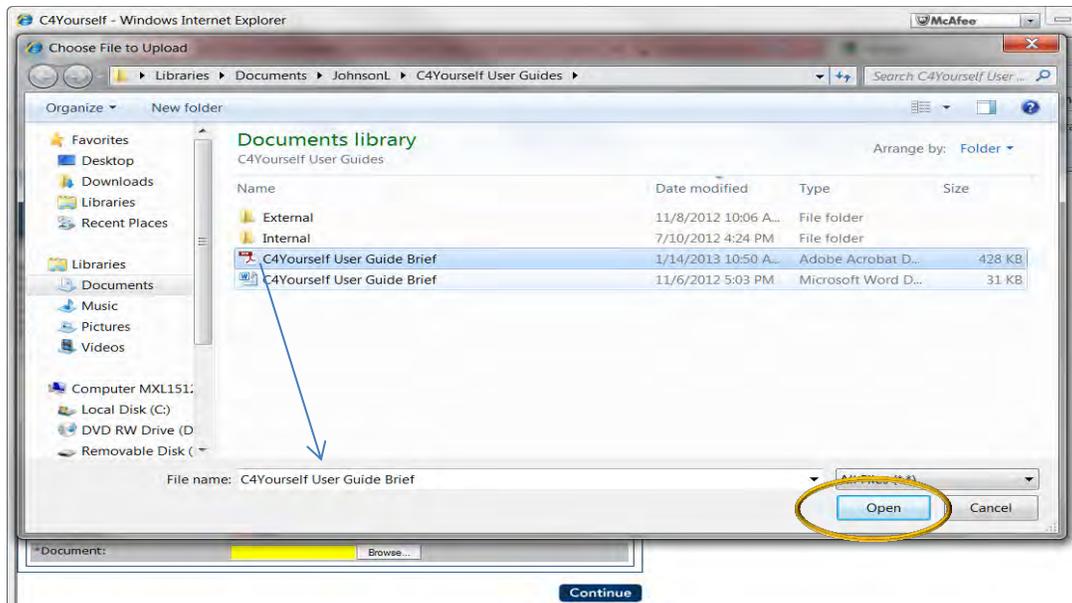
7. The **Send Documents** page will appear with the document name in the **Document** field.

8. You should check to make sure you got the right document. If you picked a document that is not a PDF or TIFF file, you will get an error message like the one below. Click **Remove** and repeat the process.

9. Click **Continue**. The **My Forms** page will appear with the name of your document under the **Upload My Documents** section.

You would need to repeat this process for each document you want to load.

Status Reporting

CalWORKs, CalFresh and Medi-Cal all require most people report the current income, property, expense, and employment information for each household member on a regular basis. Depending on the kind of aid you get and your family's situation that may mean sending in a report every quarter, twice a year or once a year. When your application is approved, you will be told what type of report you must make and which months are your required report months.

Status Reports in C4Yourself

You can access and fill out your Status Report on-line, sign it electronically, and submit it through your C4Yourself account or you can access the form, print it, complete and sign it manually, and get it to the county through the mail, in person, or upload it using a Kiosk.

On-Line Status Reporting

1. Select the **View Documents** link text on the **C4Yourself Home** page.

2. Log in with your **User Name** and **Password**.

3. The **My Document** page appears. Notice that there is a called Semi-Annual Eligibility Status Report for Cash Aid and CalFresh. Also, see the **Status** is **Editable** and there is a **Due Date**.

 Important Information: It is important that you get your Status Report to the County by the **Due Date** or your benefits may be delayed, changed or stopped.

Because our sample family, Seymour Yourself and her daughter applied for CalWORKs and CalFresh, they will send in a status report every quarter.

4. Click the **Quarterly Eligibility Status Report** link text. A separate window will open with the form that you need to complete.

5. The SAR 7/SAR 2 form will have information about your Case already completed. This information includes:

- The county's address, telephone and fax number
- Your case manager's name, worker ID, and telephone number

- The date the form was created

- Your Case Name, Case Number, and mailing address

6. *Read the instructions carefully*. There is a lot of information about what types of information you need to report. Notice that most questions ask that you ATTACH PROOF. You must send proof

7. Answer all the questions and give the information asked for.

> *IMPORTANT NOTE:* The information you entered will not be saved on the computer you are using. It will be sent to the county when you sign it electronically. If you want to keep a copy for your records or give it to your county through the mail or in person, **print it BEFORE you click** Save.

8. Read the **Certification –Fraud Warning**

9. Enter the **Date** and phone numbers.

10. Click the printer icon.
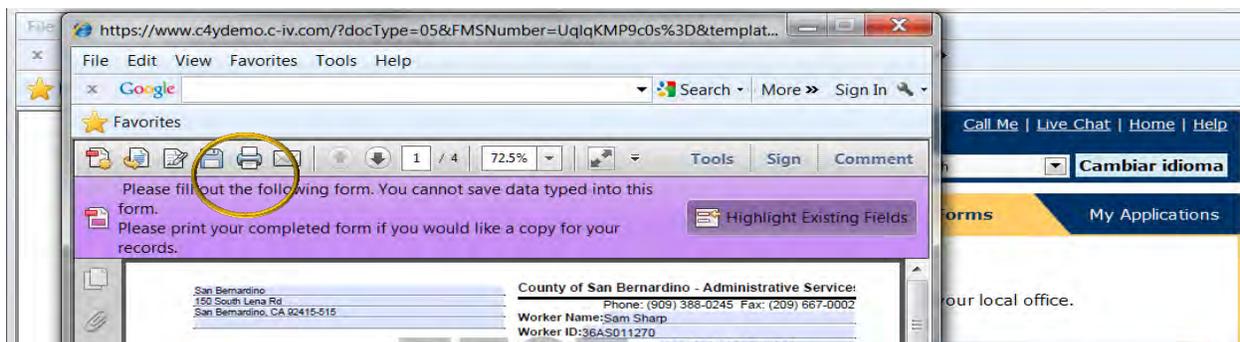
11. Click **Save**. The window will close.

12. The My Documents page now has a **Sign** button under the **Status**.

13. Click **Sign**, the **Electronic Signature** page appears. Use the same **eSign User Name** and **eSign PIN** you used when you submitted your e-Application.

14. Select your Name from the Name drop-down. If you do not see your name in this drop down you will need to create a eSign User Name and PIN.

15. Enter your eSign User Name and eSign PIN.

16. Click **Sign**.

17. The **Status** on the **My Documents** page now shows **Viewable** and that you have successfully signed your document.

You have successfully signed your document.

Upload My Documents

You currently have no documents pending upload.

[Select Document]

Document Search

| Date Range From: | 01/01/2015 | 🔲 | To view a document older than 6 months, please contact your local county office. |
| To: | 04/02/2015 | 🔲 | [Search] |

Date	Documents	Status	Due Date
04/02/2015	*Form - Semi-Annual Eligibility Status Report/Reporting Changes For Cash Aid And CalFresh	Viewable	
04/02/2015	*NEW* *Form - Verification Request List*	Viewable	
04/02/2015	*NEW* *Form - Electronic Notification Notice*	Viewable	
04/02/2015	*NEW* Form - Text Notification Cancellation Notice	Viewable	

> *IMPORTANT NOTE:* **DO NOT FORGET TO SEND YOUR VERIFICATIONS IN**.

Who Must Sign the Status Report

The different programs have different rules about who must sign the Status Report.

- **For Cash Aid:** You and your aided spouse, domestic partner, and the other parent (of the cash-aided children) if he/she is living in the home
- **For CalFresh:** The head of household, a responsible household member, or the authorized representative.

Other Reporting Requirements

There are a few other types of changes that you must report to the count even if it isn't your regular reporting month.

If you get Cash Aid, there are times when you must report information to the county even when it is not your regular Reporting Month.

Program	Report Type	Reporting Requirement
Cash Aid	Income Reporting Threshold	Anytime your Assistance Unit's (AU'S) combined gross monthly income, both earned and unearned, is more than the **Income Reporting Threshold** (IRT), for your AU size, you

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Program	Report Type	Reporting Requirement
		must report this information to the County within ten (10) days. The County will let you know what your IRT is and each time it changes.
		Each month, add all of your AU's income (wages, earnings or salary disability income, public benefits, etc.). If the total is more that the IRT, you must tell you county.
		Families that only have unearned income, or that only get CalFresh are not required to report income except on the QR7.
Cash Aid	Felony Drug Conviction	Anytime anyone in you AU is convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon, or is in violation of a condition of probation or parole and you have not already reported it.
Cash Aid CalFresh	Address Change	Anytime you have an address change, you must report your new address to your county.
CalFresh	Drop in Work Hours	If you are an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient, you must report any time the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month. The county will tell you if are considered ABAWD.

Voluntary Reporting Information

You may report changes to the county anytime you think the change might make your Cash Aid or CalFresh to go up. For example:

- Your income stops or goes down
- Someone who has income moves out of your home
- Some moves into your home and has no income

- The birth of a child

- Someone becomes pregnant

- For CalFresh: someone in your household who is disabled or age 60 or older may report new medical expense

Asking for your Benefits to be Stopped

You can ask the county to stop your benefits by checking the box next to the aid type. Then sign and date the form and send it to your case manager.

E-Notifications

You can choose (opt in) to receive Electronic Notifications (e-Notifications) and forms to your C4Yourself account, through your worker. Once you have consented to e-Notifications by returning the NA 1273 Electronic Notification Agreement and verifying your email account, your worker can send e-Notifications and/or forms. If a document and/or form was posted to your C4Yourself account, you will receive an email to your personal account that will alert you that you have correspondence about your case. Documents sent to your C4Yourself account will be available to view for 6 months. If you need to see a form that is older than 6 months, you will need to contact your worker.

To confirm your email address, you will need to log into your C4Yourself account and enter a PIN, sent to you in an email.
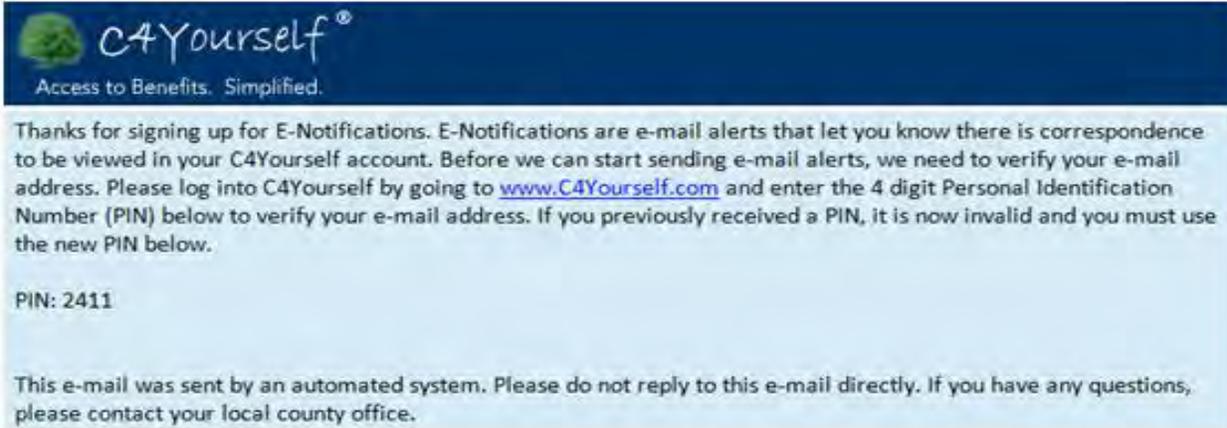
You can also opt out of receiving e-Notifications by contacting your worker. When you opt out, you will receive all documents/forms via U.S. mail.

Frequently Asked Questions

Addresses

1. **Q:** **How do I enter my address if I have a physical address and a P.O. Box for mail**

   A: Each Address Field in C4Yourself has two lines for an address.

   Enter you physical address in the Address Line 1 space and your PO Box information in the Address Line 2 space.

*CW/CF/MC	First Name:	Seymour
CW/CF/MC	Middle Name:	
*CW/CF/MC	Last Name:	Yourself
CW/CF/MC	Suffix Name:	Select One
CW/CF/MC	What is the best way to contact you?	Regular Mail
		Physical Address
CF	Are you homeless?	No
*CW/CF/MC	Address Line 1:	2 Nirvana Lane
CW/CF/MC	Address Line 2:	PO BOX 123
*CW/CF/MC	City:	Utopia
CW/CF/MC	State:	California
*CW/CF/MC	Zip Code:	92335
*CW/CF/MC	County:	San Bernardino
CW/CF/MC	Is your mailing address the same as your physical address?	Yes
CW/CF/MC	Contact Number:	- - Ext:
CW/CF/MC	Email:	
MC	Are you applying for benefits on behalf of someone else?	No
MC	Are you applying for health coverage at this time?	Yes
CW/CF/MC	Do you have a disability and need help applying?	No
MC	☐ I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault.	

Fingerprinting

2. **Q: Is it true that I have to be fingerprinted in order to get help?**

    A: All adults applying for CalWORKs or County General Assistance/General Relief
    (GA/GR) are required to be fingerprint and photo imaged into the Statewide
    Fingerprint Imaging System (SFIS).

3. **Q: What is SFIS?**

    A: SFIS, the Statewide Fingerprint Imaging System, is a computer system and
    database containing fingerprint images, photographs, and case information of adults
    who have applied for CalWORKs or County General Assistance/General Relief.

4. **Q: What happens during the SFIS Process?**

    A: You will be asked to place each index finger on an electronic scanner.
    The scanner will take a picture of your fingerprint. Your picture will also
    be taken. These pictures along with your name and case information
    will be entered into the SFIS database. The pictures will be compared to the
    pictures of others who have applied for aid.

5. **Q: Is it true that this is used for criminal background and immigration status
    checks?**

    A: **No! SFIS is confidential**. It is used only to prevent public assistance fraud. SFIS is
    not connected to any other system or database.

6. **Q: What happens if I do not go through the SFIS process?**

    A: Your application for CalWORKs or GA/GR will be denied.