

PUBLIC BENEFIT APPLICATION COVER SHEET

To: [California County Name] Human/Social Services Agency

[Address of the Human/Social Services Agency]

Re: [Principal Applicant's LAST Name, First Name, Middle Name]

[Date]

Greetings and Thank You for Your Partnership,

Please find an application for public benefits for the above-named individual/family for the following programs:

✓ **Medi-Cal**

✓ **CalWORKS/RCA**

✓ **CalFresh**

Request to Expedite Medi-Cal due to urgent medical needs: Yes No

This application includes the following supporting documents for all applicants listed (please check all items available):

- I-94
- Photo ID Passport
- Proof of immigration status (such as visa stamp which indicates parole under under § 212(d)(5))
- SSN card or receipt
- Letter or bank statement regarding current monetary resources
- Vaccine records for all minor aged children
- If pregnant, proof of pregnancy
- Leasing or rental agreement for housing. In the absence of a lease, applicants may submit a letter indicating amount of housing cost to be paid monthly and include full contact information for the individual to whom the costs are paid.

See: [All County Welfare Directors Letter](#) issued 12.2.2021 which outlines eligibility for federal benefits for Afghan Humanitarian Parolees and Special Immigrant Conditional Permanent Residents.

See: [ORR Policy Letter 22-13](#) issued 5.26.2022 which outlines eligibility for federal benefits for Ukrainian Humanitarian Parolees and other Non-Ukrainian individuals displaced from Ukraine.

Per MPP Section 40-209, review for 'good cause' for all eligibility documents that are currently unavailable.