

ACCESSING HEALTH AND HUMAN SERVICES PROGRAMS

MOST COMMONLY REQUESTED DOCUMENTS



	CALIFORNIA CHILDREN'S SERVICES (CCS) (800) 288-4584	CHILD HEALTH & DISABILITY PREVENTION PROGRAM (CHDP) (800) 993-2437	HEALTHY KIDS (888) 4LA-KIDS	HEALTHY FAMILIES (888) 747-1222	MEDI-CAL (877) 597-4777	MEDICARE (800) MEDICARE	CALWORKS (877) 481-1044	CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) (877) 481-1044	FOOD STAMPS (877) 597-4777	GENERAL RELIEF (877) 481-1044	IN-HOME SUPPORTIVE SERVICES (IHSS) (888) 944-IHSS	WOMEN, INFANTS AND CHILDREN (888) WIC-BABY	CHILD SUPPORT SERVICES (323) 890-9800	MENTAL HEALTH (800) 854-7771
	HEALTH						INCOME SUPPORT						OTHER SERVICES	
PROGRAM FEES/CO-PAYMENT	✓		✓	✓										
Required Documents														
Birth Certificate (for each applicant)				✓			✓	✓		✓	✓		✓	
Resident Alien Card (If not a US Citizen) or other residency documents				✓	✓	✓	✓	✓	✓	✓	✓	✓		
Proof of California Residency: Driver's License, State ID Card or current letter mailed to you at your address	✓		✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
Social Security Card					✓	✓	✓	✓	✓	✓	✓		✓	✓
Medicare Card or other health insurance card	✓	✓			✓		✓	✓			✓		✓	✓
Marriage Certificate							✓		✓	✓				
School Enrollment/Attendance Papers							✓		✓					
If pregnant or applying for unborn child, Proof of Pregnancy				✓	✓		✓		✓			✓		
Proof of Income	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Child/Spousal Support: child support and/or spousal support award letter, copies of check received or statement from Child Support Services Department for last month	✓		✓	✓	✓		✓						✓	
Proof of Resources: all current bank statements, property statements, auto registrations, life and/or burial insurance policies, life estate agreement					✓		✓	✓		✓	✓			
Proof of Expenses/Proof of Deductions: work clothing and transportation costs, current taxes, medical insurance, etc.	✓		✓	✓	✓		✓	✓	✓	✓			✓	

PROOF OF INCOME & EXPENSES: If you have any of the documents listed in the two sections below bring them with you.

INCOME	EXPENSES
<u>If employed:</u> copy of most recent pay stub with name of employer and person who worked OR Signed statement from employer with gross monthly income stated and dates received	For care of a child or disabled adult: receipts, bill or cancelled checks that show name of the person cared for, cost of care, and the name of the person who paid for the care
<u>If self-employed:</u> copy of last year's federal income tax return (with Schedule C) or last 3 months' profit and loss statements	For housing and utility costs: receipts or bills that show user's name and amount due
<u>If disabled or retired:</u> copies of award letters or bank statements showing direct deposits	For medical costs for the disabled or persons age 60 or older: bills, receipts, medical insurance premiums, or cancelled checks that show the name of the person who incurred the expense, cost and name of person who paid for the care
<u>If currently receiving benefits:</u> proof of the amount (i.e. unemployment insurance, Social Security, workers compensation, veteran income checks or disability insurance)	For court ordered support payments: receipts, cancelled checks or money orders that show who the payment was for and the amount paid
<u>If income from a loan:</u> copy of loan papers with the name of person who is receiving the loan, the amount and current balance	For self employed: signed receipts, cancelled checks or statements from whom you get your supplies