We can help you enroll in CalFresh and Medi-Cal!

You may qualify for Medi-Cal if:

- You are a US Citizen or permanent resident or DACA recipient
- You live in San Diego County
- You don't have health insurance through your employer and other tax requirements
- You meet the income guideline requirements

You may qualify for CalFresh if:

- You are a US Citizen or permanent resident
- You live in San Diego County
- You are NOT receiving SSI
- You meet the income guideline requirements

YOU WILL NEED TO BRING:

- *Picture I.D. (everyone over 18)*
- *Proof of address*
- *Proof of income (1 month)*
- *Birth certificate (US citizens)*
- *Permanent Resident Card**
- *Social security number**
- *Housing and utility costs (rent receipt or lease agreement)*
- *Bank Statement**
- *Car Registration*

** If applicable*

For more information: **Laura Limón** (619) 401-8375 Ext. 108
llimon@home-start.org

Income Guideline for CalFresh and MediCal

Family Size	**1**	**2**	**3**	**4**	**5**	**6**
MediCal Gross Income	$1,386	$1,867	$2,348	$2,829	$3,309	$3,790
CalFresh Gross Income	$1,980	$2,670	$3,360	$4,050	$4,740	$5,430
CalFresh Net Income	NA	NA	$1,680	$2,025	$2,370	$2,715

Little House
131 Avocado Ave.
El Cajon, CA 92020

Please call for appointment
619-401-8375
Ext 108

Home Start Inc. Central and East Regions—Family Self Sufficiency Program
Funded by the County of San Diego Health and Human Services Action Partnership

¡Podemos ayudarle a inscribirse en CalFresh Y Medi-Cal!

Usted podria calificar para Medi-Cal si:

- Es ciudadano Americano, residente permanente o beneficiario de DACA
- Vive en el condado de San Diego
- No tiene aseguranza por su empleo
- Cumple con los requisitos de ingresos

Usted podria calificar para CalFresh si:

- Es ciudadano Americano o residente permanente
- Vive en el condado de San Diego
- NO esta recibiendo SSI
- Cumple con los requisitos de ingresos

Necesita traer lo siguiente:

- *Identificación con fotografía*
- *Comprobante de domicilio*
- *Ingresos (de un mes)*
- *Acta de nacimiento*
- *Tarjeta de Residencia**
- *Numero de seguro social**
- *Recibo de renta y utilidades*
- *Estado de cuenta bancaria**
- *Registro de vehículo(s)*

**si es aplicable*

Para más información: **Laura Limón** (619) 401-8375 Ext. 108
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Guía de Ingresos para CalFresh y Medi–Cal

Miembros de la Familia	**1**	**2**	**3**	**4**	**5**	**6**
MediCal Ingreso Bruto	$1,386	$1,867	$2,348	$2,829	$3,309	$3,790
CalFresh Ingreso Bruto	$1,980	$2,670	$3,360	$4,050	$4,740	$5,430
CalFresh Ingreso Neto	NA	NA	$1,680	$2,025	$2,370	$2,715

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Por favor
llame para hacer una cita
619-401-8375 Ext 108