

Connecting HANDS



Health, Activity, Nutrition
Directions

Food Security Programs in Amador County

Updated March, 2020

PDF available at:

http://cecentralsierra.ucanr.edu/CentralSierraNutrition/Amador_County_105/

Food Security Programs in Amador County

Program Name	Organization Name	Phone Number	Website
CalFresh (formerly known as food stamps)	Amador County Department of Social Services	(209) 223-6550 Toll Free: (844) 835-3685	https://www.amadorgov.org/services/social-services
WIC (Women, Infants and Children)	The Resource Connection	(209) 223-7685	https://trcac.org/wic/
Interfaith Food Bank (food distributions)	Interfaith Food Bank of Amador County	(209) 267-9006	https://www.feedamador.org/
Free and Reduced Price School Meals and Free Summer Meals	Amador County Unified School District, Food Service Department	(209) 257-7792	https://amadorcoe.org/departments/food-services/
Meals on Wheels	Common Ground Senior Services	(209) 223-3015 Toll Free: (800) 303-4799	https://www.commongroundseniorservices.org/meals-on-wheels-amador-calaveras-counties/
Senior Lunches	Amador Senior Center	(209) 223-0442	https://amadorseniorcenter.org/
Emergency Food Pantry (Pioneer)	Faith Lutheran Church of Amador County	(209) 295-4545	http://www.faithlutheranpioneer.org/
Break Bread with Friends	St. Katharine Drexel Catholic Parish	(209) 296-3154	https://www.stkatharinedrexel.com/breakbreadwithfriends

CalFresh (formerly known as food stamps)

Amador County Department of Social Services

<https://www.amadorgov.org/services/social-services>

(209) 223-6550 or Toll Free: (844) 835-3685

CalFresh (formerly known as food stamps) provides food assistance to low income families and individuals. The Amador County Department of Social Services administers the program in Amador County, and can provide assistance completing the application process. Some applicants may qualify for expedited CalFresh benefits (within 3 days of applying). Otherwise, it can take up to 30 days for a CalFresh application to be processed.

The CalFresh application is available here:

[https://www.cdss.ca.gov/Portals/9/FMUForms/A-D/CF285%206 19.pdf?ver=2019-05-08-151429-250](https://www.cdss.ca.gov/Portals/9/FMUForms/A-D/CF285%206%2019.pdf?ver=2019-05-08-151429-250)

CalFresh

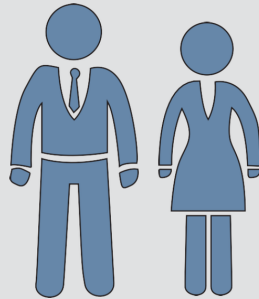
Filing an Application



Online

- Start the application process from anywhere using a secure internet location.
- Sign in using your existing account or sign up for a new account and submit an online application for CalFresh, CalWORKs, or Health Care benefits.

www.c4yourself.com



In Person

- You can pick up an application at our office.
- Completed applications can be turned in to a receptionist or placed in drop box during business hours. If the office is closed, drop the application in the exterior drop box at the building entrance.

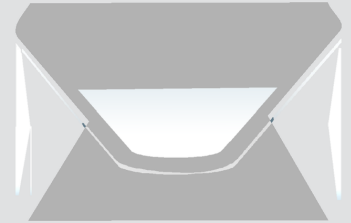
www.amadorgov.org



Phone

- Call our office at 1(209) 223-6550 or Toll Free 1(844) 835-3685 to request an application by mail.
- CalWORKs and CalFresh applications cannot be completed over the phone at this time.

1(209) 223-6550



Mail/Fax

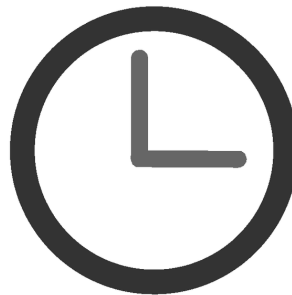
- Fax your completed and signed CalFresh application to 1(209) 257-0242.
- Send completed and signed applications by mail to:

**Amador County
Department of Social
Services**
10877 Conductor Blvd,
Ste 200
Sutter Creek, CA
95685

Don't Wait to File an Application

If you do not have all of the information to complete the application, just complete what you can! You may leave an incomplete application with just your name, address and signature. An Eligibility Worker can assist you in finishing the application.

You have a right to receive a paper copy of application information you submit electronically. Ask your worker if you would like a paper copy of your application.



You have a right to file an application on the date you contact the County. The date your application is received can impact when you start receiving benefits for Health Care Programs and how much benefits you receive for CalFresh and CalWORKs.

Not sure which application to complete? Ask the receptionist.

For CalFresh, it can take up to **30 days** to process your application. You may be able to get benefits within 3 calendar days if you meet certain criteria. Your application will be reviewed to see if it meets the criteria to be processed within 3 calendar days. If you think you may meet the criteria to have your application processed within 3 days, please ask an Eligibility Worker. If an Eligibility Worker reviews your application and determines you are not entitled to expedited processing, you may ask for a meeting with an Eligibility Supervisor to review this decision.

CalFresh Benefits Replacement Available for Families Impacted by Power Outages



Are you a CalFresh recipient whose food spoiled due to the power outages?

You can request a replacement of your CalFresh Food benefits if your food spoiled due to a power outage. You have up to 10 days after the food was lost to request the replacement. **Contact your local county office for help.**

How do I request a replacement of my CalFresh Food benefits?

Contact your local county office. You will need to complete, sign, and turn in a 'CF 303' form to request a replacement. Include your contact information and a short description of how your food was lost. Include the time and date of the power outage.

Won't my local county office be closed because of the power outages?

We recommend calling your county office before visiting in person to make sure they are open. They may also be able to help you by phone.



Call **1-877-847-3663** (FOOD)



Come in/find an office at **CalFreshFood.org**



APPLICATION FOR CALFRESH BENEFITS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?

Use this application if you are applying for CalFresh benefits only. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you wish to apply for programs other than CalFresh such as, CalWORKs or Medi-Cal, please ask for an application to apply for other programs. You can also apply for CalFresh or other programs online by going to <http://www.benefitscal.org/>. You can see if you may be eligible by going to <http://www.cdss.ca.gov/foodstamps/PG849.htm>.

- Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1) to begin the application process.
- Give the application to the County in person, by mail, by fax, or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

What do I do next?

- Read about your rights and your responsibilities (Program Rules pages 1 through 5) before you sign the application.
- You must have an interview with the County to discuss your application. Most interviews are done by phone, but it can be done in person at the County office or other place arranged with the County. If you have a disability, other arrangements can be made.
- If you did not fill out all of the application, you can finish it during your interview.
- You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

How long will it take?

It may take up to 30 days to process your application. You may be able to get benefits within 3 calendar days, if you meet one of the Expedited Service criteria:

- Your household's monthly gross income (income before deductions) is less than \$150 and your cash on hand or in checking or savings accounts is \$100 or less; or
- Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and cash on hand or in checking or savings accounts; or
- You are a migrant or seasonal farmworker household with less than \$100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than \$25 in the next 10 days.

To help the County see if you can get benefits in three days, please answer questions 1, 6 through 8, 11, and 16, and give the County proof of your identify (if you have it) with the application.

The County will send you a letter to let you know if your household is approved or denied CalFresh benefits.

Agency Conference

Agency conference is a process that provides the household the right to request a meeting with an eligibility supervisor (this meeting may be attended by an eligibility worker and an authorized representative) to informally resolve any dispute as to whether the household meets Expedited Service criteria.

The agency conference shall be scheduled within two working days of the request, unless the household requests that it be scheduled later or states that they do not wish to have an agency conference.

What do I need for my interview?

To avoid delays, bring proof of the following with you to your interview. Keep your interview even if you do not have the proof. The County may be able to help if you need help getting proof. During the interview, the County will go over the information on the application and will ask you questions to see if you can get CalFresh benefits and the amount of benefits you can get.

Proof Needed to Get Benefits

- Identification (Driver's License, State ID card, passport).
- Where you live (a rental agreement, current bill with your address listed).
- Social Security Numbers (see note below about certain noncitizens).
- Money in the bank for all the people in your household (recent bank statements).
- Earned income of everyone in your household for the past 30 days (recent pay stubs, a work statement from an employer). **NOTE:** If self-employed, income and expense or tax records.
- Unearned income (Unemployment benefits, SSI, Social Security, Veteran's benefits, child support, worker's compensation, school grants or loans, rental income, etc.).
- Lawful immigration status **ONLY** for noncitizens applying for benefits (an Alien Registration Card, visa).

NOTE: Certain noncitizens applying for immigration status based on domestic violence, crime prosecution or trafficking may not need this proof. They also may not need a Social Security Number.

Proof Needed to Get More CalFresh Benefits

- Housing costs (rent receipts, mortgage bills, property tax bill, insurance documents).
- Phone and utility costs.
- Medical expenses for anyone in your household who is elderly (60 and older) or disabled.
- Child and adult care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
- Child support paid by a person in your household.

How do I get/use my CalFresh benefits?

- The County will mail or give you a plastic Electronic Benefit Transfer (EBT) card. Benefits will be put on the card when your application is approved. Sign your card when you get it. You will set up a Personal Identification Number (PIN) to use your card.
- If your EBT card is lost, stolen, or destroyed, or you think someone may know your PIN number that you don't want to use your benefits call (877) 328-9677 or call the County right away. Make sure all responsible adults and your authorized representative also know how to report one of these problems right away. If you do not report that another person you do not want to spend your benefits has your PIN and you do not get your PIN changed, any benefits used will not be replaced.
- You can use your CalFresh benefits to buy almost all foods, as well as seeds and plants to grow your own food. You cannot buy alcohol, tobacco, pet food, some types of cooked food, or anything that is not food (like toothpaste, soap, or paper towels).
- CalFresh benefits are accepted at most grocery stores and other places that sell food. For a list of locations near you that accept EBT please go to: <https://www.ebt.ca.gov> or <https://www.snapfresh.org>.
- CalFresh benefits are only for you and your household members. Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.

What if I am homeless?

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh, homeless means you are:

- A. Staying in a supervised shelter, halfway house, or similar place.
- B. Staying at the home of another person or family for no more than 90 days straight.
- C. Sleeping in a place not designed for, or normally used as, a place to sleep (e.g., a hallway, a bus station, a lobby, or similar places).

Informational Page - Please take and keep for your records.

RIGHTS AND RESPONSIBILITIES

You have a responsibility to:

- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. If you don't meet your household's reporting requirements your case will be closed or your CalFresh benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your case.
- Fully cooperate with County, State, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any CalFresh benefits that you were not eligible to get.

You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application for CalFresh and get an explanation of the rules.
- Ask for help to get proof that is needed.
- Be treated with courtesy, consideration, and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Be interviewed in a reasonable amount of time by the County when you apply and to have your eligibility determined within 30 days.
- Get at least 10 days to give the County proof that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh benefits.
- Discuss your case with the County and to review your case when you ask to do so.
- Ask for a State hearing within 90 days if you do not agree with the County about your CalFresh case. If you ask for a hearing before an action on your CalFresh case takes place, your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier. You can ask the County to let your benefits change until after the hearing to avoid having to pay back any over paid benefits. If the Administrative Law Judge rules in your favor, the County will give back to you any benefits that were cut.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone number – **1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349**. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get assistance from the County to register to vote.
- Report changes that you are not required to report, if it may increase your CalFresh benefits.
- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense and you will not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).

Please take and keep for your records

Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh benefits that you are not eligible to receive, or to help someone else get benefits that they are not eligible to receive. You must pay back any benefits you get that you were not eligible to receive.

Program Violations For CalFresh: I understand I may have committed an intentional program violation if I do any of the following: <ul style="list-style-type: none"> • Hide information or make false statements • Use Electronic Benefit Transfer (EBT) cards that belong to someone else or let someone else use my card • Use CalFresh benefits to buy alcohol or tobacco • Trade, buy, sell, steal or give away CalFresh benefits or EBT cards, or <u>attempt</u> to trade, buy, sell, steal or give away CalFresh benefits or EBT cards • Try to get dual benefits, for example, apply in two or more different counties or states at the same time • Submit false documents for children or adult household members who are not eligible or who do not exist • Violate conditions of my probation or parole • Flee after a felony conviction • Purchase (buy) a product with CalFresh benefits that has a return deposit, intentionally (on purpose) throw away the contents and return the container for the deposit amount or <u>attempt</u> to return the container for the deposit amount • Buy a product with CalFresh benefits and intentionally resell it for cash or anything other than eligible food 	Penalties I may: <ul style="list-style-type: none"> • Lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me • Lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me • Lose CalFresh benefits permanently for the third offense and be required to repay all CalFresh benefits overpaid to me • Be fined up to \$250,000.00, imprisoned up to 20 years or both
<ul style="list-style-type: none"> • Trade CalFresh benefits or <u>attempt</u> to trade CalFresh benefits for: cash, firearms, non-eligible goods or controlled substances such as drugs 	<ul style="list-style-type: none"> • Lose CalFresh benefits for 24 months for the first offense • Lose CalFresh benefits permanently for the second offense
<ul style="list-style-type: none"> • Give false information about who I am and where I live so I can get extra CalFresh benefits 	<ul style="list-style-type: none"> • Lose CalFresh benefits for 10 years for each offense
<ul style="list-style-type: none"> • Have been convicted of trading, selling or <u>attempting</u> to trade CalFresh benefits worth more than \$500, or trading or <u>attempting</u> to trade CalFresh benefits for firearms, ammunition or explosives 	<ul style="list-style-type: none"> • Lose CalFresh benefits permanently

Please take and keep for your records

Important Information for Noncitizens

- You can apply for and get CalFresh benefits for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible.
- Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential.
- The immigration status of noncitizens who are eligible and apply for benefits will be checked with the U.S. Citizenship and Immigration Services (USCIS). Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Opting Out

You do not have to give immigration information, Social Security numbers, or documents for any noncitizen family member(s) who are not applying for CalFresh benefits. The County will need to know their income and resource information to correctly determine your household's benefits. The County will not contact USCIS about the people who don't apply for CalFresh benefits.

Privacy Act and Disclosure: You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the requested information, the County may deny your application. You have the right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. 273.2(b)(4) *Privacy Act statement*. As a County agency, we must notify all households applying and being recertified for CalFresh benefits of the following:

- (i) The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the CalFresh Program. We will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will also be used to monitor compliance with program regulations and for program management.
- (ii) This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- (iii) If a CalFresh claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.
- (iv) Providing the requested information including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of CalFresh benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

The County will check your answers using information in state and federal electronic databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a **consumer reporting agency**. If the information does not match, the County may ask you to send proof.

Please take and keep for your records

Use of Social Security Numbers (SSN)

Everyone applying for CalFresh benefits needs to provide a SSN, if they have one, or proof that they have applied for a SSN (such as a letter from the Social Security Office). The County may deny CalFresh benefits for you or any member of your household who does not give us a SSN. Some people do not have to give SSN's to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Overissuance

This means you got more CalFresh benefits than you should have. You will have to pay it back even if the County made an error or if it wasn't on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Reporting

Every household that gets CalFresh benefits must report certain changes. Your County will tell you what changes to report, how to report them, and when to report them. Failure to report the changes may result in your CalFresh benefits being lowered or stopped. You can also report if things happen that may increase your benefits, such as getting less income.

State Hearing

You have the right to a State hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You can request a State hearing within 90 days of the County's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request a State hearing. If you ask for a hearing before the action happens, you may be able to keep your CalFresh benefits the same until a decision is made.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD 3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or contact your County's Civil Rights Coordinator, or write a letter addressed to USDA and provide in the letter all of the information requested in the form or write to California Department of Social Services (CDSS) address below. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- | | | |
|------------|--|--|
| (1) mail: | U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410 | CDSS
Civil Rights Bureau
P.O.BOX 944243, M.S. 8-16-70
Sacramento, CA 94244-2430
1-866-741-6241 (Toll Free) |
| (2) fax: | (202) 690-7442; or | |
| (3) email: | program.intake@usda.gov | |

This institution is an equal opportunity provider.

Please take and keep for your records

Case File Reviews

Your case may be selected for additional review to ensure that your eligibility was correctly figured. You must cooperate fully with the County, State, or federal personnel in any investigation or review, including a quality control review. Failure to cooperate in these reviews could result in loss of your benefits.

Work Rules for CalFresh

The County may assign you to a work program. They will tell you if it is voluntary or if you must do the work program. If you have a mandatory work activity and you do not do it, your benefits may be lowered or stopped. You may not be eligible for CalFresh if you have recently quit a job without a good reason.

EBT Usage

Any benefit taken from your account before you, another household member, or your authorized representative report the EBT card or PIN has been lost or stolen will **not** be replaced.

Any use of your EBT card by you, a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will **not** be replaced.

If you do not report that another person you do not want to spend your benefits has your PIN and you do not get your PIN changed, any benefits used will **not** be replaced.

Please take and keep for your records

NOTES

Please use black or blue ink because it is easy to read and copies best. Please print your answers.

If you need more space to answer a question(s), use page 10 "Additional Writing Space" section and attach additional sheets of paper if needed to provide the information. Please be sure to identify which question you are writing about in the extra space or on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		OTHER NAMES (MAIDEN, NICKNAMES, ETC.)	SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)	
HOME ADDRESS OR DIRECTIONS TO YOUR HOME		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE

CONTACT AUTHORIZATION

Please give the county the best contact information to reach you. This will help in processing your application. By providing your contact information below, you are authorizing the county to contact you by phone, email or text, or to leave a phone message regarding your application.

HOME PHONE	CELL PHONE	CHECK BOX FOR TEXT <input type="checkbox"/>
WORK/ALTERNATIVE/MESSAGE PHONE	EMAIL ADDRESS	

Are you homeless? Yes No If **yes**, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)? _____

What language do you prefer to speak (if not English)? _____

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here

Do you or anyone in your household have a disability (optional question)? (PLEASE CHECK ONE)
 Yes No

Do you or anyone in your household need an accommodation due to a disability (optional question)? Yes No

Has there been a history of domestic violence/abuse (optional question)? Yes No

Are you interested in applying for Medi-Cal? If you answer **yes** the County will use your answers to find out if you can get Medi-Cal. Yes No

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less? Yes No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts less than the combined cost of rent/mortgage and utilities? Yes No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days? Yes No

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1) for the CalFresh Program.
- I read, or had read to me, the CalFresh Program Rules and Penalties (Program Rules Page 2).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

SIGNATURE OF APPLICANT (OR ADULT HOUSEHOLD MEMBER/ AUTHORIZED REPRESENTATIVE*/GUARDIAN)	DATE
---	------

***If you have an Authorized Representative please complete question 2 on the next page.**

2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? (Please Check One) Yes No

If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER
--------------------------------	--

Do you want to name someone to receive and spend CalFresh benefits for your household? (Please Check One) Yes No

If **yes**, complete the following section:

NAME		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

3. RACE/ETHNICITY

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

ETHNICITY	Are you Hispanic or Latino? (Please Check One)	If you are of Hispanic or Latino origin, do you consider yourself:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other _____		

RACE/ETHNIC ORIGIN

White American Indian or Alaskan Native Black or African American Other or Mixed _____

Asian (If checked, please select one or more of the following):

Filipino Chinese Japanese Cambodian Korean Vietnamese Asian Indian Laotian

Other Asian (specify) _____

Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following):

Native Hawaiian Guamanian or Chamorro Samoan

4. INTERVIEW PREFERENCE

You or another adult member in your household will need to have an interview with the County to discuss your application and to receive CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in person or would prefer an in-person interview. In-person interviews will only happen during the County's normal office hours.

Please check this box if you would prefer an in-person interview.

Please check this box if you need other arrangements due to a disability.

Please check the boxes below for your preferred day and time for an interview:

Day: Today Next available day Any day Monday Tuesday Wednesday Thursday Friday

Time: Early morning Mid-morning Afternoon Late afternoon Anytime

5. OTHER PROGRAMS

Have you or anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Medicaid, Supplemental Nutrition Assistance Program [CalFresh], General Assistance (GA)/General Relief (GR), etc.)? (Please Check One) Yes No

IF YES, WHO?	WHERE (COUNTY/STATE)?
IF YES, WHO?	WHERE (COUNTY/STATE)?

6a. HOUSEHOLD'S INFORMATION

Complete the following information for all persons in the home that you buy and prepare food with, including you. **If applying for noncitizens, please complete question 6b and 6c. If not, go to question 6d.**

Social Security number is optional for members not applying for benefits. You must answer the questions below for each person applying for benefits.

Applying for benefits (4 Check Yes or No)	Name (Last, First, Middle Initial)	How is the person related to you?	Date of birth	Gender (M or F)	U.S. Citizen or National (4 Check Yes or No) If no, complete question 6b below	Social Security Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		SELF			Yes No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					Yes No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					Yes No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					Yes No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					Yes No	

Please list the names of anyone who lives with you that does not buy and prepare food with you:

NAME	NAME
NAME	NAME

6b. NONCITIZEN INFORMATION - Complete for those listed in question 6a above who are not citizens and are applying for aid.

Name	Date of Entry into U.S. (If known)	Give one of the following (if known): Passport Number, Alien Registration Number, etc.	Sponsored? (4 Check Yes or No) If yes, complete question 6c below:
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone listed above have at least 10 years (40 quarters) of work history or military service in the USA? If yes, who? _____

(PLEASE CHECK ONE)

Yes No

Does anyone listed above have, or have they applied for, or do they plan to apply for a T-Visa, U-Visa or VAWA status? If yes, who? _____

Yes No

6c. SPONSORED NONCITIZEN INFORMATION - Complete for those listed in question 6b above who are sponsored noncitizens and are applying for aid.

Did the sponsor sign an I-864? Yes No If yes, please answer the rest of the question. If the sponsor signed an I-134 then skip this question.

Does the sponsor regularly help with money? Yes No If yes, how much? \$ _____

Does the sponsor regularly help with any of the following (check all that apply)?

rent clothes food other _____

SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER
SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER

6d. STUDENTS

Is anyone who is applying for benefits including you attending a college or vocational school? (Please Check One) Yes No
 If **yes**, please answer this question. If **no**, skip to the next question.

Name of person	Name of school/training	Enrolled status (4 Check one)	Are they working?
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____

6e. Is there a foster child living in your home? Yes No If **yes**, who? _____

Please answer the following questions about the child(ren):

Was this child(ren) placed in your home under a dependence order of the court? (Please Check One) Yes No

Do you want the foster care child(ren) counted in your CalFresh case? (Please Check One) Yes No

If **yes**, the foster care income you receive will be counted as unearned income.

If **no**, the foster care income will not be counted as unearned income.

7. UNEARNED INCOME

Do you or anyone you buy and prepare food with get income that does not come from a job (unearned)?

(Please Check One) Yes No

If **yes**, please answer this question. If **no**, skip to the next question.

Check all types of unearned income that apply from these examples (there may be others not listed here):

- | | | |
|---|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veteran benefits, or Military pension | <input type="checkbox"/> Lottery/gambling winnings |
| <input type="checkbox"/> SSI/SSP | <input type="checkbox"/> Financial aid (school grants/loans/scholarships) | <input type="checkbox"/> Help with rent/food/clothing |
| <input type="checkbox"/> Cash aid | <input type="checkbox"/> Gift of money | <input type="checkbox"/> Insurance or legal settlements |
| <input type="checkbox"/> CalWORKs/TANF/GA/GR/CAPI | <input type="checkbox"/> Unemployment Insurance/State Disability Insurance (SDI) | <input type="checkbox"/> Private disability or retirement |
| <input type="checkbox"/> Room and board (from your renter) | <input type="checkbox"/> Worker's compensation | <input type="checkbox"/> Strike benefits |
| <input type="checkbox"/> Pension | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Child/Spousal support | | |
| <input type="checkbox"/> Government/railroad disability or retirement | | |

Person getting the money?	From where?	How much?	How often received? (Once, weekly, monthly, or other)	Expect to continue? (4 Check Yes or No)
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

8. EARNED INCOME

Do you or anyone you buy and prepare food with get income from a job (earned income)? (Please Check One) Yes No
 If **yes**, please answer this question. If **no**, skip to the question 9.

NOTE: If self-employed fill out question 8a.

Please list all income **before** taxes or other deductions are taken out (gross income).

Examples of earned income are (these examples can be full-time, temporary, seasonal, or training, and there may be others not listed here):

- Wages
- Commissions
- Tips
- Salaries
- Work study (students)

Person working	Employer's name and address	Employer's phone number	Hourly rate	Average hours per week	How often paid? (Once, weekly, monthly, or other)	Total gross earned income received this month	Expect to continue? (4 Check Yes or No)
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? (Please Check One) Yes No

IF YES, WHO?	DATE OF JOB LOSS, QUIT, OR CHANGE	DATE OF LAST PAY
--------------	-----------------------------------	------------------

REASON?

Is anyone on strike? (Please Check One) Yes No

IF YES, WHO?	DATE WENT ON STRIKE	DATE OF LAST PAY
--------------	---------------------	------------------

REASON?

8a. SELF-EMPLOYMENT

Self-employed household members may deduct actual self-employment expenses or take a standard 40% deduction off of self-employment income. If you choose actual expenses, you will need to give the County proof of the expenses.

Person self-employed	Date business started	Type of business and name	Gross monthly income	Self-employment expenses (Please 4 check one)
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____

9. HOUSEHOLD'S CHILD/ADULT CARE EXPENSES

Do you or anyone you buy and prepare food with pay for the care of a child, disabled adult, or other dependent so you or the other person can go to work, school, training, or look for a job? (Please Check One) Yes No

If **yes**, please answer this question. If **no**, skip to the next question.

Who gets care?	Who gives care? (Name and address of provider)	Amount paid?	How often paid? (Weekly/monthly, other)
		\$	
		\$	
		\$	
		\$	

Does anyone help your household pay all or part of your child/adult care costs listed above? Yes No If **yes**, complete below:

Who gets care?	Who helps pay?	Amount paid?	How often paid? (Weekly/monthly, other)
		\$	
		\$	

10. CHILD SUPPORT PAYMENTS

Are you or anyone you buy and prepare food with legally obligated to pay child support, including back child support?

Yes No If **yes**, please answer this question. If **no**, skip to the next question.

Who pays child support?	Name of child(ren) for whom child support is paid:	Amount paid?	How often paid? (Weekly/monthly, other)
		\$	
		\$	

11. HOUSEHOLD EXPENSES

Are you or anyone you buy and prepare food with responsible for any household expenses? Yes No

If **yes**, please answer this question. If **no**, skip to the next question.

NOTE: Do not enter amounts paid by housing assistance such as HUD or Section 8. The heating and cooling, telephone, other utilities, and the homeless shelter are set allowances and you do not need to fill in the actual amount owed.

Type of expenses	Have expense? (Please Check One)	Who pays?	Amount owed	How often billed? (weekly/monthly, other)
Rent or house payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Property taxes and insurance (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone/cell phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Homeless Shelter Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water, sewage, garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does anyone <u>not</u> in your household help you pay for the expenses listed above? (Please Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please complete.		Who helps pay?	How much? \$	How often paid?

Does your household receive, or expect to receive, payment from the Low Income Home Energy Assistance Program (LIHEAP)? (Please Check One) Yes No

12. MEDICAL EXPENSES:

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? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

List expenses you expect to have in the near future.

Allowable medical expenses are: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical or dental care | <input type="checkbox"/> Medicare premiums (Medi-Cal share of costs, etc.) | <input type="checkbox"/> Cost of transportation (mileage or fee) and lodging to obtain medical treatment or services |
| <input type="checkbox"/> Hospitalization/outpatient treatment/nursing care | <input type="checkbox"/> Dentures, hearing aids and prosthetics | <input type="checkbox"/> Prescribed eye glasses and contact lenses |
| <input type="checkbox"/> Prescribed medications | <input type="checkbox"/> Maintaining an attendant necessary due to age, illness, or infirmity | <input type="checkbox"/> Prescribed medical supplies and equipment |
| <input type="checkbox"/> Health and Hospitalization insurance policy premiums | <input type="checkbox"/> The number and cost of meals furnished to an attendant | <input type="checkbox"/> Service animals expenses (food, vet bills, etc.) |
| | <input type="checkbox"/> Prescribed over the counter medications | |

Name of elderly/disabled person	Amount of expense	How often paid? (Weekly/monthly, other)	What type of expense? (Prescriptions, dentures, number of meals for attendant, etc.)	Will the household be reimbursed for any medical expenses? (By Medi-Cal, insurance, family member, etc.)
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$

13. Does anyone who is applying for benefits, including you, get food from any of the following? (Please Check One) Yes No
If **yes**, please answer this question. If **no**, skip to the next question.

- Communal dining facility for the elderly/disabled
- Food distribution program operated by a Native American reservation
- Other food program

IF YES, WHO?	WHERE?
IF YES, WHO?	WHERE?

14. Does anyone who is applying for benefits, including you, live at any of the following? (Please Check One) Yes No
If **yes**, please answer this question. If **no**, skip to the next question.

- Homeless Shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Correctional facility/ Penal institution (*Jail or Prison*)
- Group living arrangement for the blind/disabled
- Federally subsidized housing
- Psychiatric hospital/mental institution
- Hospital
- Long-Term Care or Board and Care Facility

Person's Name	Name of Institution (center, shelter, facility, etc.)	Expected Date of Release (If applicable)

15. Are you or anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? (Please Check One) Yes No

IF YES, WHO?

16. HOUSEHOLD'S RESOURCES

Do you or anyone you buy and prepare food with have any resources (cash, money in the bank, Certificate of Deposit, stocks and bonds, etc.)? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

Check all that apply:

- Bank/Credit Union account (Checking) Money Market Account Stocks
- Bank/Credit Union account (Saving) Mutual Funds Bonds
- Safe Deposit box Certificate of Deposit (CD) Other: _____
- Savings Bond(s) Cash on hand

If joint account with another person please say so below.

For each box checked above, complete the following information.

In whose name is the resource listed?	What type of resource?	How much is it worth?	Where is the resource? (Include the name of the bank or company where money is held)
		\$	
		\$	
		\$	
		\$	

Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months?

(Please Check One) Yes No

17. DUPLICATE BENEFITS

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program, known as CalFresh in California) benefits in any state after September 22, 1996? (Please Check One)

Yes No

If **yes**, who? _____

18. TRAFFICKING (TRADING OR SELLING) OF BENEFITS

Have you or any member of your household ever been convicted of trafficking (trading or selling EBT cards to others) SNAP benefits of \$500 or more after September 22, 1996? (Please Check One)

Yes No

If **yes**, who? _____

19. TRADING BENEFITS FOR DRUGS

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996? (Please Check One)

Yes No

If **yes**, who? _____

20. TRADING BENEFITS FOR FIREARMS OR EXPLOSIVES

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996? (Please Check One)

Yes No

If **yes**, who? _____

21. FLEEING FELON

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? (Please Check One)

Yes No

If **yes**, who? _____

22. PROBATION/PAROLE VIOLATION

Have you or any member of your household been found by a court of law to be in violation of probation or parole? (Please Check One)

Yes No

If **yes**, who? _____

Additional Writing Space

Additional Writing Space

DO NOT COMPLETE - COUNTY USE ONLY

IF THE ANSWER IS YES TO ANY OF THE QUESTIONS BELOW - EXPEDITE

Is the household's gross income less than \$150 and cash on hand, or in checking and savings accounts \$100 or less? Yes No

Is the household's combined gross income and cash on hand or on checking and savings accounts less than the combined rent/mortgage and appropriate utility allowance? Yes No

Is the household a destitute migrant/seasonal farm worker household with liquid resources not exceeding \$100 and does not expect to receive more than \$25 in next 10 days? Yes No

Additional Writing Space

WIC (Women, Infants and Children) Program

The Resource Connection

<https://trcac.org/wic/>

(209) 223-7685

The Resource Connection's Women Infants and Children (WIC) program is here to help income eligible infants and children under the age of 5 being cared for by dads, grandparents, foster parents, pregnant women, or any other caregivers throughout Amador and Calaveras counties. WIC provides healthy foods, education, referrals, and breastfeeding support for families.

Apply online at <https://trcac.org/wic/>.

You can participate in California WIC if you:

- » Are pregnant, breastfeeding, or just had a baby in the past 6 months; or
- » Have children under 5 years of age including those cared for by a single father, grandparent, foster parent, step-parent or guardian; and
- » Have a low to medium income; and/or
- » Receive Medi-Cal, CalWorks (TANF) or CalFresh (Food Stamps) benefits; and
- » Live in California.

Check out our Website:

www.wicworks.ca.gov

or Mobile Website:

m.wic.ca.gov

For the latest income guidelines and to find your local WIC office.



Where can I find WIC?



WIC has offices all over California. Call your local WIC office for an appointment and for locations near you. Many local WIC offices are open in the evenings and on Saturdays for working families!



Your local WIC office is:

To find the nearest WIC office, you can also call toll free **1-888-WIC-WORKS (1-888-942-9675)** or www.wicworks.ca.gov or visit California WIC mobile website: m.wic.ca.gov.



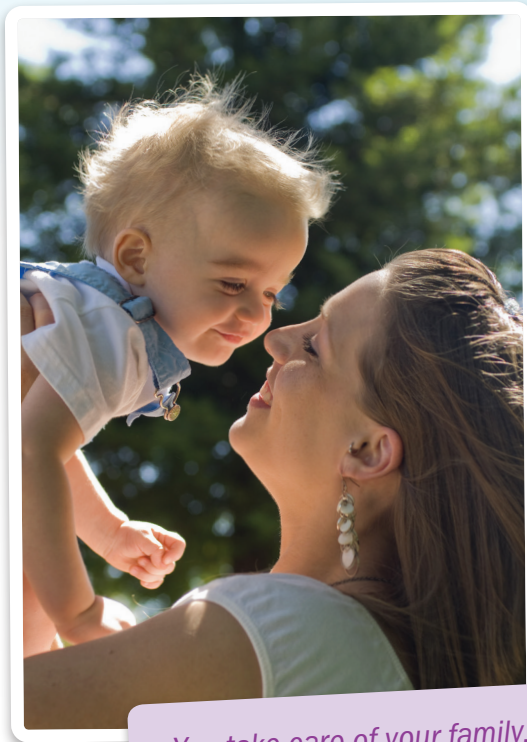
California Department of Public Health, California WIC Program
This institution is an equal opportunity provider.

1-800-852-5770 #910169 Rev 07/17



What is WIC?

WIC, the Women, Infants, and Children Nutrition Program, is a health education program that helps pregnant, postpartum and breastfeeding women, infants and young children eat well, be active, and stay healthy. WIC services are provided at no cost to you.



You take care of your family.
Let WIC take care of you.



WIC services include:

- » **Nutrition and health education**
Information covered includes: prenatal nutrition, breastfeeding, eating tips for your child, parenting tips, healthy recipes, plus much more.
- » **Breastfeeding education and support**
This support may include group classes, one-on-one support from a peer counselor or lactation specialist and loan of a breast pump.
- » **Monthly checks to buy healthy foods such as:**
 - ✓ Milk
 - ✓ Peanut butter
 - ✓ Yogurt
 - ✓ Canned tuna or salmon
 - ✓ Fruits and Vegetables
 - ✓ Whole grain breads, tortillas, pasta, or brown rice
 - ✓ Juice
 - ✓ Eggs
 - ✓ Cheese
 - ✓ Baby foods
 - ✓ Cereal
 - ✓ Infant formula
 - ✓ Dry beans or peas
 - ✓ Tofu and soy milk
- » **Referrals**
Help in finding healthcare and other community services.



Working families and migrants are welcome!



PREGNANT

- » Food for a healthy pregnancy
- » Breastfeeding and nutrition education

\$11 Check to buy Fruits and Vegetables

Whole Grains (16 oz)
Breakfast Cereal (36 oz)
Milk (4.5 gallons)
Lowfat (1%) or Nonfat
Yogurt (32 oz or Quart)
Lowfat or Nonfat
Cheese (16 oz)
Eggs (1 dozen)
Juice (144 oz)
Peanut Butter (16 oz to 18 oz)
Dry Beans, Peas, or Lentils (16 oz)

CHILDREN

- » Food and nutrition education until 5 years old

\$8 Check to buy Fruits and Vegetables

Whole Grains 2 (16 oz)
Breakfast Cereal (36 oz)
Milk (3 gallons)
Lowfat (1%) or Nonfat
Whole milk for children 12–23 months of age
Yogurt (32 oz or Quart)
Lowfat or Nonfat
Whole fat for children 12–23 months of age
Cheese (16 oz)
Eggs (1 dozen)
Juice (128 oz)
Peanut Butter (16 oz to 18 oz), or
Dry Beans, Peas, or Lentils (16 oz)



- » If you or your child has food allergies or intolerances, ask your WIC staff about other WIC food choices.
- » WIC is a supplemental food program, which means we do not provide all the food or formula your family needs.

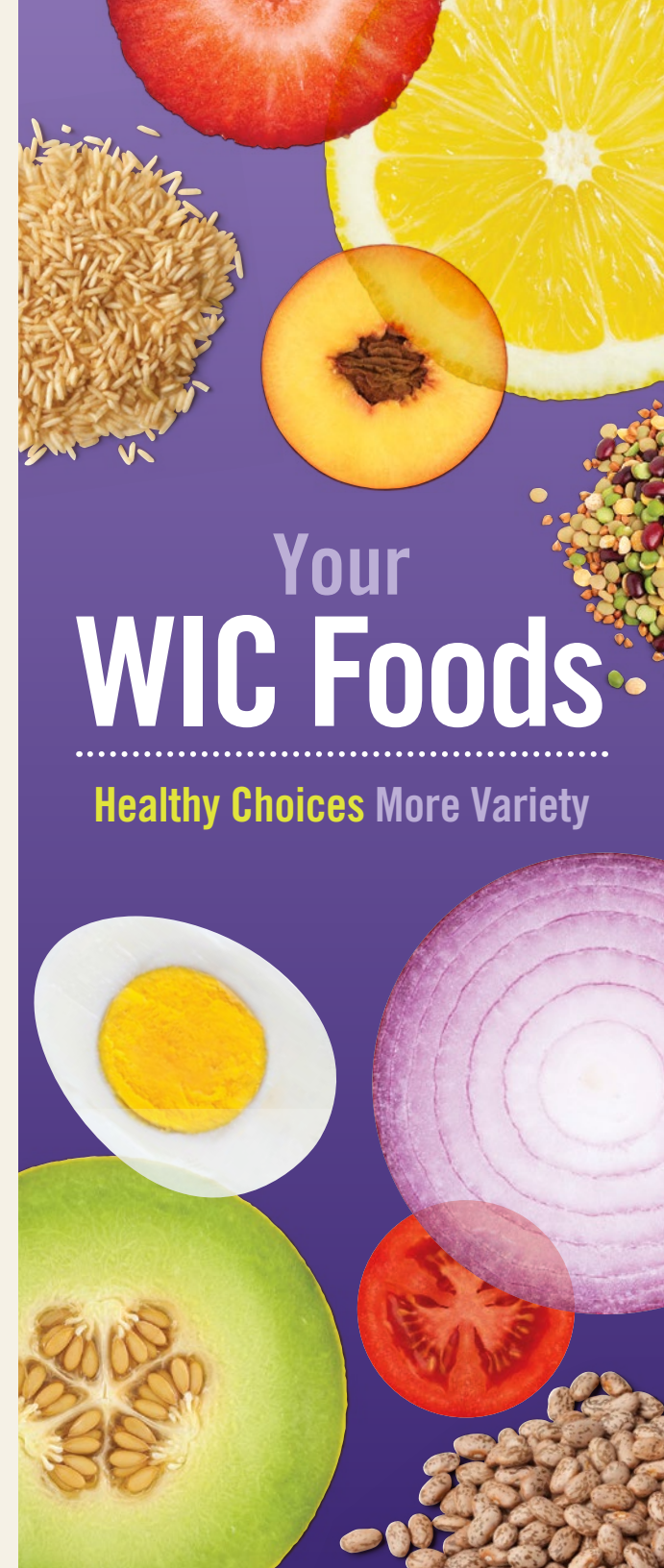


Your Local WIC Agency



California Department of Public Health, California WIC Program
This institution is an equal opportunity provider.

1-800-852-5770 #910186 Rev 03/16/16



Your
WIC Foods

.....
Healthy Choices More Variety

FULLY BREASTFEEDING

MOM

» Food, breastfeeding support and nutrition education for up to 1 year

\$11 Check to buy Fruits and Vegetables

Whole Grains (16 oz)

Breakfast Cereal (36 oz)

Milk (5 gallons)

Lowfat (1%) or Nonfat

Yogurt (32 oz or Quart)

Lowfat or Nonfat

Cheese 2 (16 oz)

Eggs (2 dozen)

Juice (144 oz)

Peanut Butter (16 oz to 18 oz)

Dry Beans, Peas, or Lentils (16 oz)

Canned Fish (30 oz)



INFANT

Birth to 11 months

Mom's Healthy Breastmilk!

At 6 months

Infant Fruits and Vegetables 60 (4 oz) **or 68** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

Infant Meats 31 (2.5 oz)

4 Fresh Bananas

At 9 months

2 - \$4 Checks to buy FRESH Fruits and Vegetables only

Infant Fruits and Vegetables 28 (4 oz) **or 32** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

Infant Meats 31 (2.5 oz)

4 Fresh Bananas

MOSTLY BREASTFEEDING

MOM

» Food, breastfeeding support and nutrition education for up to 1 year

\$11 Check to buy Fruits and Vegetables

Whole Grains (16 oz)

Breakfast Cereal (36 oz)

Milk (4.5 gallons)

Lowfat (1%) or Nonfat

Yogurt (32 oz or Quart)

Lowfat or Nonfat

Cheese (16 oz)

Eggs (1 dozen)

Juice (144 oz)

Peanut Butter (16 oz to 18 oz)

Dry Beans, Peas, or Lentils (16 oz)

INFANT

Birth to 11 months

Mom's Healthy Breastmilk!

Some Formula (starting at age 1 month)

- Age 1–3 months: 1–4 cans (powder)
- Age 4–5 months: 1–5 cans (powder)
- Age 6–11 months: 1–4 cans (powder)

At 6 months

Formula (see above)

Infant Fruits and Vegetables 28 (4 oz) **or 32** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas

At 9 months

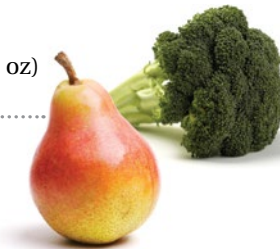
Formula (see above)

\$4 Check to buy FRESH Fruits and Vegetables only

Infant Fruits and Vegetables 12 (4 oz) **or 13** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas



SOME BREASTFEEDING

MOM

» Breastfeeding support and nutrition education for up to 1 year and food for 6 months

\$11 Check to buy Fruits and Vegetables

Breakfast Cereal (36 oz)

Milk (3 gallons)

Lowfat (1%) or Nonfat

Yogurt (32 oz or Quart)

Lowfat or Nonfat

Cheese (16 oz)

Eggs (1 dozen)

Juice (96 oz)

Peanut Butter (16 oz to 18 oz), or

Dry Beans, Peas, or Lentils (16 oz)

INFANT

Birth to 11 months

Mom's Healthy Breastmilk!

Some Formula (starting at age 1 month)

- Age 1–3 months: 5–9 cans (powder)
- Age 4–5 months: 6–10 cans (powder)
- Age 6–11 months: 5–7 cans (powder)

At 6 months

Formula (see above)

Infant Fruits and Vegetables 28 (4 oz) **or 32** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas

At 9 months

Formula (see above)

\$4 Check to buy FRESH Fruits and Vegetables only

Infant Fruits and Vegetables 12 (4 oz) **or 13** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas



NO BREASTFEEDING

MOM

» Food and nutrition education for up to 6 months

\$11 Check to buy Fruits and Vegetables

Breakfast Cereal (36 oz)

Milk (3 gallons)

Lowfat (1%) or Nonfat

Yogurt (32 oz or Quart)

Lowfat or Nonfat

Cheese (16 oz)

Eggs (1 dozen)

Juice (96 oz)

Peanut Butter (16 oz to 18 oz), or

Dry Beans, Peas, or Lentils (16 oz)

INFANT

Birth to 11 months

Formula

- Birth–3 months: 9 cans (powder)
- Age 4–5 months: 10 cans (powder)
- Age 6–11 months: 7 cans (powder)

At 6 months

Formula (see above)

Infant Fruits and Vegetables 28 (4 oz) **or 32** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas

At 9 months

Formula (see above)

\$4 Check to buy FRESH Fruits and Vegetables only

Infant Fruits and Vegetables 12 (4 oz) **or 13** (3.5 oz)

Infant Cereal 1 (16 oz) **and 1** (8 oz)

4 Fresh Bananas



Interfaith Food Bank of Amador County

<https://www.feedamador.org/>

(209) 267-9006

The Interfaith Food Bank of Amador County helps to feed anyone residing in Amador County who is hungry. There are two basic ways of receiving food from the Interfaith Food Bank:

1. Come to the Interfaith Food Bank main warehouse located at 12181 Airport Road in Jackson. For directions, call 267-9006. **Food distribution hours are Monday - Friday 11:00 am - 3:00 pm, except the 2nd and 4th Tuesday of each month when the hours are: 1:30 - 5:30 pm.** You will be asked to fill out a brief questionnaire the first time you visit.
2. Use the Distribution Calendar to find a detailed calendar of dates and locations other than the Interfaith Food Bank warehouse, where food is regularly distributed, and to whom.

Hot Meals

1st and 3rd Monday Night Dinners – 4:00 to 5:30pm Seventh Day Adventist Church, 12900 Ridge Road, Sutter Creek
Monday through Friday Lunch – 12:00 Noon (must attend group class) Sierra Wind, 10354 Argonaut Lane, Jackson
Every Wednesday Night – 6:00pm Community Church of Pine Grove, 14045 Ponderosa Way, Pine Grove
1st Sunday – 12:00 Noon Faith Lutheran Church, 22601 Hwy. 88, Pioneer
Second Friday Night Faith Lutheran Church, 22601 Hwy. 88, Pioneer
Every Thursday Evening – 5:00-7:00pm St Patrick's Hall, 115 Court St, Jackson, CA 95642
Every Saturday Morning – 9:00-11:00am St Patrick's Hall, 115 Court St, Jackson, CA 95642

Distribution Calendar

Interfaith Food Bank of Amador County

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FIRST WEEK <i>Seniors</i>	Sutter Creek 7th Day Adventist Church 3:00pm - 5:00pm <i>(Seniors Only)</i>	Sierra Baptist Church 10am -12pm <i>(Seniors Only)</i>	Amador Co Senior Center 10:30am-12:30 pm <i>(Seniors Only)</i> Plymouth City Hall 10am-11:30 am <i>(Seniors Only)</i>	Ione Community Methodist Church 10:30am-11:30am <i>(Seniors Only)</i>		
SECOND WEEK <i>Seniors & IFB</i>			Pine Grove - Upcountry Community Center 1pm - 4pm <i>(Seniors Only)</i>	Camanche Lake Community Center 12-2pm <i>(Seniors Only)</i>		
THIRD WEEK <i>EFAP & IFB</i>	Sutter Creek 7th Day Adventist Church 3:00pm - 5:00pm <i>(EFAP)</i>	Amador County Senior Center 10am-11am Sierra Baptist Church 10am-12pm First Baptist Church – Jackson 11am-12pm		River Pines Town Hall 11am-12:30pm <i>(EFAP)</i>		Ione Community Methodist Church 10:30am-12:30 pm
FOURTH WEEK <i>EFAP & IFB</i>	St. Mary of the Mountain Church 9am-11am <i>(EFAP)</i>		Pine Grove - Upcountry Community Center 1pm - 4pm <i>(EFAP)</i>	Camanche Lake Community Center 12-2pm <i>(EFAP)</i>		Fiddletown Community Church 10am - 12pm <i>(EFAP)</i>

SENIORS = 60 years and older

IFB = Interfaith Food Bank

EFAP = Emergency Food Assistance Program

Free and Reduced-Price School Meals

Amador County Unified School District, Food Service Department

<https://amadorcoe.org/departments/food-services/>

(209) 257-7792

Free or reduced-price school meals (breakfast and lunch) are available to income eligible families or school sites in Amador County Unified School District (ACUSD).

Under the Community Eligibility Provision Program, ACUSD is implementing a new option for schools participating in the National School Lunch and School Breakfast Programs during the 2019-2020 school year.

ALL students enrolled at JACKSON, PIONEER, and PLYMOUTH Elementary, JACKSON JR. HIGH and INDEPENDENCE/COMMUNITY School are eligible to receive a healthy school BREAKFAST and LUNCH meal at NO CHARGE each day of the 2019-2020 school year. No further action is required of families. Children attending these schools are able to participate in this meal program without having to pay a fee or submit an application.

Students enrolled at all other sites in ACUSD will still need to submit an application. If the family qualifies, the student will receive either free meals or reduced-price meals while in school.

Free Summer Meals

During the summer when school is out of session, ACUSD runs a summer lunch program throughout the county. A free bag lunch is offered to children at multiple locations, and breakfast may be offered at select locations. These free meals are available to any child under age 18, with no income restrictions and no sign-up or enrollment required. ACUSD Food Services will post a schedule with locations and more details on their website by the end of the 2019-2020 school year:

<https://amadorcoe.org/departments/food-services/>.

School Year 2019-2020 AMADOR COUNTY UNIFIED SCHOOL DISTRICT Application for Free and Reduced-Price Meals -One application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.amadorcoe.org. This institution is an equal opportunity provider.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 – STUDENT INFORMATION Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
	Lincoln Elementary	1st		12-15-2010	Foster	Homeless	Migrant
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	Enter Case Number:
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STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly	Total Student Income	How Often
\$		

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)	<input type="text"/>	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	<input type="text"/>	Check the box if NO SSN <input type="checkbox"/>
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STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American White

Native Hawaiian or other Pacific Islander

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

One application per household

School Year 2019-2020 PRICING LETTER TO HOUSEHOLDS FOR FREE AND REDUCED PRICE MEALS

California Department of Education February 2017

Dear Parent or Guardian: **Amador County Unified School District** participates in the State Meal Program by offering nutritious meals every school day. Students may buy lunch for \$2.50/\$2.75 and breakfast for \$1.25/\$1.50. Eligible students may receive meals free of charge or at the reduced-price rate of \$.40 for lunch and \$.30 for breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application. This application is available at www.amadorcoe.org/departments/food-services/.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

Effective July 1, 2019–June 30, 2020					
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add					
	\$8,177	\$682	\$341	\$315	\$158

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are

automatically certified for free meals. If you did not receive a letter, please complete an application.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 209-257-7792.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Amy Slavensky, Superintendent, 217 Rex Ave. Jackson, CA 95642, 209-257-5353. Collect calls will be accepted.

ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for

meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Amador County Unified School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.

QUESTIONS/NEED ASSISTANCE: Please contact Mike Pingree, Food Service Director at 209-257-7792.

SUBMIT: Please submit a complete application to your child's school or the nutrition office at 217 Rex Ave. Jackson, CA 95642. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Mike Pingree, ACUSD Food Service Director

Senior Lunches

Amador Senior Center

<https://amadorseniorcenter.org/>

(209) 223-0442

The Amador Senior Center offers daily lunches for seniors in three locations. This program is a \$4 suggested contribution for 60+ upon completing an annual intake form and a fee of \$6 for those under 60 or those choosing to not complete an intake form.

Congregate meal intake forms may be provided to persons who meet eligibility requirements, including: 1) age 60+; 2) spouse of age 60+ participant, regardless of spouse's age; 3) disabled, regardless of age, who reside in senior housing at which a nutrition site is located; and (4) disabled, regardless of age, who reside with a senior meal participant and accompany the senior to the site.

Services will not be refused for seniors who qualify and are unable to contribute.

More information and weekly menus are available by calling (209) 223-0442 or at:

<http://www.amadorseniorcenter.org/programs-services/senior-lunch-program/>

Location	Days	Time
Amador Senior Center 229 New York Ranch Road Jackson, CA 95642	Monday – Friday (all weekdays)	11:30am – 12:30pm
Ione Community Methodist Church 150 W. Marlette Street Ione, CA 95460	Thursdays	11:30am – 12:30pm
Plymouth Town Hall 9426 Main Street Plymouth, CA 95469	Wednesdays	11:30am – 12:30pm

Meals on Wheels

Common Ground Senior Services

<https://www.commongroundseniorservices.org/meals-on-wheels-amador-calaveras-counties/>

(209) 223-3015 or Toll Free: (800) 303-4799

The Meals on Wheels Program delivers nutritious frozen meals to frail or homebound residents of Amador and Calaveras counties. Program participants must be age 60 or older, or the spouse of someone age 60 or older. Begin the application process by calling (209) 223-3015 to arrange for a home visit from an application specialist, who will assist with completing the application.

Our Mission

Founded in 2000, Common Ground Senior Services is a local, private not-for-profit organization serving the Mother Lode. The primary focus of our agency is to assist those with food insecurity, isolation, and loneliness with the ability to stay independent and in their own homes.

Our services are directed towards those with the greatest physical, social and economic needs. The seniors we serve are often frail, have limited capacity to purchase or prepare meals, and have little or no support from family or caregivers. Many of our seniors are physically challenged due to chronic illness and/or a variety of other conditions.

Common Ground works in collaboration with other similarly involved groups who are engaged in complimentary activities. Staff of the organization advocate for older adult issues at the county, state and federal level.

Services include providing nutritional meals and education to residents of Amador & Calaveras counties. Additionally, we provide non-emergency transports to health and wellness appointments for those residing in Amador, Calaveras and Tuolumne counties.

All programs are donation-based

Programs are partially funded by a variety of grants through agencies such as Caltrans, Area 12 Agency on Aging, local foundations. Fundraising and donations assist in filling the gaps.



Most of you came to our organization seeking help for an older adult in your life. Thank you for that profound act of trust. Now we humbly come to you asking for your help. We need your help to continue our compassionate work of providing excellent senior services in our communities. Will you consider becoming a champion ... by making a gift?... by volunteering? Ask us where your talents can be utilized.



- For every generous donation of \$100.00, a home-bound senior who cannot afford to donate can receive a one month supply of meals.
- For a small donation of \$50.00, a vet can be transported to an out-of-county veteran's medical facility.

Contributions can be made by cash, check, or credit card. Checks should be made payable to Common Ground Senior Services.

Common Ground



Senior Services



providing services to older adults since 2000

Amador Office

Mailing Address

80 Ridge Road Suite A
Sutter Creek CA 95685
(209) 223-3015

Calaveras Office

423 East St. Charles Street
San Andreas CA 95249
(209) 498-2246

Toll Free 1-800-303-4799

Office hours 9:00am - 4:00pm Monday-Thursday
9:00am - 3:00pm Friday

www.commongroundseniorservices.org



Access to transportation is key to independent living for everyone, especially seniors living in our rural communities. For older adults who can no longer drive, trying to get to a much needed doctor's appointment, pick up a prescription, or even get to an annual physical, can be overwhelming. The Agency provides transportation to and from health and wellness appointments for those unable to use traditional transportation options. These appointments can include, but are not limited to:

- Medical appointments
- Dentist appointments
- Chemotherapy
- Physical Therapy
- Tests and X-Ray appointments
- Pharmacy
- Health & Wellness programs
- Group socialization trips

Reservations (209) 498-2246

All vehicles are ADA accessible

Transports specifically designed for older adults, individuals with disabilities and veterans.

Silver Streak Transport is a donation-based program. No eligible participant shall be denied services based on the inability to contribute.



Our Home-Delivered Meal program helps vulnerable older adults maintain a healthy lifestyle and remain living independently by providing nutritious meals, wellness checks, and friendly social interaction.

Who qualifies?

We deliver quality meals to those over 60 years of age who are frail and home-bound and/or unable to prepare their own meals. The meals are nutritious and meet 1/3 of the daily nutritional needs for older adults. The meal consists of an entree, two vegetables, milk and bread. The menu changes on a consistent basis. Contact our Nutrition Manager for more information on eligibility.

Cost

Program has a suggested donation rate of \$4.00 per meal; however no eligible participant shall be denied services based on the ability to contribute.



**Meals-on-Wheels
(209) 223-3015**



Accessibility means having transportation services going where and when you need it.

Our Mobility Manager assists residents with finding the best transportation options to fit their travel needs. This can be assistance with finding the best public transit route to take to an appointment, which transit provider goes out-of-county, and/or who provides transportation to the grocery store and group trips. Other activities include, but not limited to:

- Travel training
- Public Transit timetables
- Referrals
- Veteran facility schedules
- Route planning

Call (209) 498-2246 and ask for our Mobility Manager to discuss your travel needs.



Emergency Food Pantry (Pioneer)

Faith Lutheran Church of Amador County

<http://www.faithlutheranpioneer.org/>

(209) 295-4545

Faith Lutheran Church of Amador County, located in Pioneer, provides a small food pantry for emergency needs. Call (209) 295-4545 for more information.

Break Bread with Friends

St. Katharine Drexel Catholic Parish

<https://www.stkatharinedrexel.com/breakbreadwithfriends>

(209) 296-3154

An ecumenical ministry that provides a hot breakfast, a bag lunch, and fellowship every Saturday morning from 9:00-11:00am. The location is St. Patrick Church Hall, 115 Court Street, Jackson (hall is located behind St. Patrick Church).

About the Amador Connecting Hands Coalition

This resource was created by the Amador County Connecting Hands Coalition and will be updated annually, or more frequently as needed. Please contact Katie Johnson with any questions, additions, or updates to this resource:

ckjohnson@ucanr.edu, (209) 297-1552.



The mission of the Amador Connecting Hands Coalition is to efficiently connect nutrition services and physical activity resources throughout the Amador community.

The Connecting Hands Coalition welcomes new partnerships at any time, but a list of active member organizations is below. Explore the linked websites to learn about additional community resources and services in Amador County.

Amador County Public Health Department

<https://www.amadorgov.org/services/public-health>

First 5 Amador

<https://www.feedamador.org/>

Interfaith Food Bank of Amador County

<https://www.feedamador.org/>

The Resource Connection

<https://trcac.org/>

Amador County Unified School District, Food Service Department

<https://amadorcoe.org/departments/food-services/>

Dairy Council of California

<https://www.healthyeating.org/>

Amador Senior Center

<https://amadorseniorcenter.org/>

University of California Cooperative Extension, Central Sierra – Nutrition, Family and Consumer Sciences

<http://cecentralsierra.ucanr.edu/>