

Contra Costa CalFresh/ABAWD (Work Requirement) Medical Exemption Form

Dear Provider: The CalFresh program (formerly the Food Stamp program), limits certain adults between the ages of 18-49 to only 3 months of CalFresh benefits (ABAWDs). This rule applies unless the adult is working a minimum of 20 hours per week or qualifies for an exemption.

If the individual is unable to work due to a physical or mental health condition, the individual may be exempted from this work requirement. Please help us determine whether your patient meets the medical exemption by completing the sections below.

Qualified medical or mental health professionals include, but are not limited to: audiologist, dentist, optometrist, osteopath, designated representative of the physician's office, drug and/or alcohol counselor, mental health counselor, psychologist, midwife, nurse, nurse practitioner, physical therapist, occupational therapist, physician, physician assistant, podiatrist, social worker, etc. Questions? Contact the Food Bank of Contra Costa and Solano at 925-603-3316 or calfresh@foodbankccs.org.

Patient/Client Name: _____ **Date of Birth:** _____

This patient/client has a physical or mental health condition that restricts their ability to work 20 hours a week.

This patient/client is pregnant. If yes, expected delivery date: _____

Patient/Client Release of Information:

I, _____ (printed patient/client name) authorize the release of the medical information requested to Contra Costa Employment and Human Services. I understand that this information will only be used to determine my eligibility for CalFresh benefits and will not be shared with anyone else.

Patient/Client Signature: _____ **Date:** _____

Medical Provider Information:

Name of Medical Provider

Title/Position

Name of Hospital/Clinic/Organization

Medical Provider Phone Number

I certify that the information provided above is true and correct

Provider Signature: _____ **Date:** _____

Provider/Organization instructions: Complete all areas of this form and then submit one of two ways: