

## CALFRESH QUESTIONS FOR ADULTS AGES 18-49 (complete 1 worksheet for each adult)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

As of September 1, 2019, adults aged 18-49 in your county who do not have children in the home must complete work activities for an average of 20 hours a week (at least 80 hours a month) to receive CalFresh for more than three full months in a 36-month period, unless they are excused from the rule.

Please answer the questions below to see if these rules apply to your client. There are no right or wrong answers. All answers are confidential and will only be used to help clients with their CalFresh application. Please print legibly. For electronic applications, upload this document as an attachment – for paper applications, send this along with the application.

- 1. Do you live with anyone under the age of 18?**  
*They must share at least 50% of their food.*  
YES  NO
- 2. Are you taking care of someone who can't take care of themselves or a child under the age of 6?**  
*They do not have to live in the house with you.*  
YES  NO
- 3. Are you working?**  
This includes working a job or having your own business. Examples of self-employment:
  - Selling crafts online
  - Babysitting
  - Driving for Uber, Lyft, etc. YES Hours per week? \_\_\_\_\_  NO
- 4. If yes, do you make \$217.50 a week or more before taxes?**  
YES  NO
- 5. Do you work in seasonal employment or will you in the next 30 days?** This could include farm work or seasonal retail employment, etc.  
YES  NO
- 6. Do you volunteer or do community service?**  
Volunteer at a faith based or non-profit organization  
 YES Hours per week? \_\_\_\_\_  NO
- 7. Are you doing any in-kind work in exchange for goods or services?** Ex: Doing work around the home in exchange for free housing, child care, rides, or food.  
YES  NO
- 8. Are you in an employment training program?**  
 YES Hours per week? \_\_\_\_\_  NO
- 9. If yes, which program?**  
\_\_\_\_\_
- 10. Are you getting or have you applied for disability benefits or veterans disability?**  
Public or private benefits count.  
YES  NO
- 11. Are you getting or have you applied for unemployment insurance?**  
YES  NO
- 12. Are you going to school at least half-time?**  
YES  NO
- 13. Are you pregnant?** YES  NO
- 14. Were you ever in foster care?**  
YES  NO
- 15. Do you have a child in foster care?**  
YES  NO
- 16. Are you without a home or a regular place to sleep?** *This includes couch-surfing, or other temporary living situations.* YES  NO

**17. Does your physical, mental, or emotional health prevent you from working an average of 20 hours a week (80 hours/month)?**

YES  NO

If client discloses, please describe:

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**18. Are you experiencing or escaping violence or abuse?**

YES  NO

**19. Are you unable to work due to alcohol or drug use or in a drug or alcohol treatment program?**

YES  NO

**20. Do you have a criminal record, or are on probation?**

YES  NO