



<input type="checkbox"/> Arroyo Grande 1086 Grand Ave. CA 93420-2505 (805) 474-2000	<input type="checkbox"/> Atascadero 9630 El Camino Real CA 93422-5513 (805) 461-6000	<input type="checkbox"/> Morro Bay 600 Quintana Rd. CA 93442-1939 (805) 772-6405	<input type="checkbox"/> Nipomo 681 W. Tefft St, Ste #1 CA 93444-7901 (805) 931-1800	<input type="checkbox"/> Paso Robles 406 Spring St. CA 93446-3126 (805) 237-3110	<input type="checkbox"/> San Luis Obispo 3433 S. Higuera St. CA 93401-8119 (805) 781-1600
---	--	--	--	--	---

CalWORKs Application Forms Packet

You have been provided this packet because you applied for CalWORKs (CW).

This packet includes forms that must be completed and returned to Social Services before eligibility can be determined. At the back of the packet are some additional informational pages that CalWORKs (CW) applicants and recipients need to be aware of.

Instructions for some of the forms are listed below:

- ☛ Rights, Responsibilities and Other Important Information (*form #SAWS 2A SAR*)
 - ⇒ Review the document as you will be asked questions about it. Also, if you have access to YouTube, please view the following video about your rights and responsibilities: https://www.youtube.com/watch?v=w90eVK1_yx8.
 - ⇒ If a 2-Parent household, both parents must watch the video and sign the SAWS 2A SAR.

If 2-Parent Household, each parent must complete the following forms:

- ☛ NVRA Voter Preference Form
- ☛ Confidential Self-Assessment for Services & Referral (*form #DSS 821*)
- ☛ CalWORKs Requirements and Services (*form #DSS ES 259*)
- ☛ CalWORKs Exemption Request Form (*form #CW 2186A*)
- ☛ CalFresh Work Registration and ABAWD Questionnaire (*form #DSS CF 600*)

If there is an absent parent, the following forms must be completed for each absent parent:

- ☛ Notice and Agreement for Child, Spousal, and Medical Support (*form #CW 2.1 Notice & Agreement*)
- ☛ Support Questionnaire (*form #CW 2.1 (Q)*)

Optional Forms:

- ☛ Changes to Child Support Rules and Payment Opt-In Form (*form #CW 52*)
- ☛ Immunization Good Cause Request Form (*form #CW 2209*)
- ☛ Demographic Questionnaire for CalWORKs.... (*form #CW 2223*) – For each adult in the home
- ☛ CalWORKs Home Visiting Program (HVP) (*form #CW 2224*)
- ☛ CW Housing Support Program HSP Application (*form #DSS HSP 1*)
- ☛ EBT Service Request (*form #TEMP 2202*)

If you have any questions about any of the documents in this packet, you can contact your case manager.