



**888-472-4463**

Apply online at [vchsa.org](http://vchsa.org)  
TTY 800-735-2929 or 711

## Locations

**America's Job Center of California – Oxnard**  
2901 N. Ventura Road, 3rd Floor, Oxnard | 888-472-4463

**Ventura Community Service Center**  
4651 Telephone Road, Ventura | 805-658-4100


**Santa Clara Valley Community Service Center**  
725 E. Main Street, Santa Paula | 805-933-8300

**Fillmore Community Service Center**  
828 Ventura Street, Suite 200, Fillmore | 805-524-8666

**East County Community Service Center**  
2900 N. Madera Road, Suite 100, Simi Valley | 805-584-4842

**Moorpark Community Service Center**  
(Ruben Castro Human Services Center)  
612B Spring Road, Suite 301, Moorpark | 805-523-5444

**Thousand Oaks Community Service Center**  
80 E. Hillcrest Drive, Suite 200, Thousand Oaks | 805-449-7320

For information 24/7 about  
community resources near you  **211**  
Help Starts Here


# Human Services Agency Assistance Programs

*CalFresh, Medi-Cal, CalWORKs, and General Relief*



# Health Care Coverage Options

All California residents are required to have health insurance or pay a penalty of up to \$2,000 or more.

Plan	Eligible Populations	When Available	Where to Apply
Medi-Cal	<p>Qualifying populations include:</p> <ul style="list-style-type: none"> <li>Individuals/Families with annual income up to 138% of the Federal Poverty Level (FPL) (less than \$20,121 for a single individual and \$41,400 for a family of four*)</li> <li>Individuals who are blind, disabled, or aged (subject to different eligibility criteria)</li> <li>Pregnant women and infants up to age 1</li> <li>Youth in out-of-home care up to age 26</li> <li>Children and young adults under the age of 26 and those 50 and over, regardless of immigration status</li> </ul>	You may enroll at any time.	<p>Online: <a href="http://vchsa.org/apply">vchsa.org/apply</a></p> <p>By Phone: Call 888-472-4463</p> <p>In Person: Visit a Community Service Center</p> <p>See page 4 for more information.</p>
Low-Cost Medi-Cal for Children	<ul style="list-style-type: none"> <li>Children and young adults under age 19 with yearly household income up to 266% (\$79,800 for a family of four*) of the FPL</li> </ul>		
Covered California  	<p>All income levels may seek health benefits coverage through Covered California:</p> <ul style="list-style-type: none"> <li>Up to 400% of the FPL receive tax credits or subsidies (annual income of less than \$58,320 for a single individual and \$120,000 for a family of four*)</li> </ul>	If you have had a life-changing event within the past 60 days (for example, job loss, marriage, divorce, or birth of a child) you may qualify to enroll in Covered CA now.	<p>Online: <a href="http://coveredca.com">coveredca.com</a></p> <p>By Phone: Call 800-300-1506</p> <p>In Person: Visit a Community Service Center.</p>

\*These figures are current through December 31, 2023.

See page 4 for how and where to apply.

# General Relief

General Relief provides temporary assistance to eligible adults ages 18–64, with no dependent children. When no other source of assistance is available, General Relief can help with the most basic living needs, including rent, utilities, and incidentals. Eligible adults may receive direct payments to their landlord and/or utility companies, up to a maximum of \$310 per month, for a household of one. General Relief payments are considered a loan and must be repaid to the County.

Eligibility: Factors used to determine eligibility and benefits for General Relief include income, identification, property, citizenship/immigration status, age, and residency. An assessment will be conducted to determine if you are able to work. There will be certain activities that will be required of you, based on your individual situation. If you are a person with disabilities, you will be required to apply for social security disability benefits.

Your property and income from any source will be considered to determine whether you qualify for General Relief and your benefit amount. Your income must be within the allowable income limits, your property value cannot exceed \$1,000, and your liquid resources (cash on hand, checking/saving accounts, stocks, etc.) cannot be over \$100.

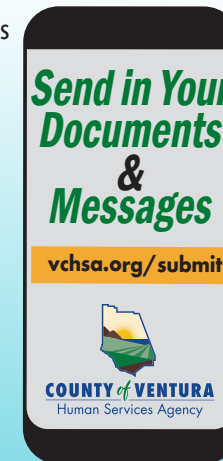
## Other Ways to Submit and Receive Information

**VCSSubmit**  
[vchsa.org/submit](http://vchsa.org/submit)

You can now submit documents and send email messages for CalWORKs, CalFresh, Medi-Cal, General Relief and CAPI benefits.

Here's how:

- Go to [vchsa.org/submit](http://vchsa.org/submit)
- Fill out the online form
- Take a photo or scan of the document
- Upload the photo or pdf
- Hit submit!



**888-HSA4info**

Medi-Cal, CalFresh, and CalWORKs clients may call an automated phone line 24/7 for current information.

Call 888-HSA-4-INFO (888-472-4463) and select from the menu options available in English, Spanish, Vietnamese, Cantonese and Farsi.

For information about your case  
**24 hours/day**  
**7 days/week**

**888-472-4463**



See page 4 for how and where to apply.

## CalWORKs

CalWORKs (California Work Opportunity & Responsibility to Kids) can provide cash assistance to low-income pregnant persons and families who have children. Certain adults in the program are required to participate in welfare-to-work activities, such as looking for a job, attending job training, working, or furthering their education to improve their chances for long-term employment and self-sufficiency. CalWORKs employment specialists help parents develop and achieve career goals and assist with referrals to child care so parents can work. CalWORKs participants are automatically eligible for Medi-Cal and may qualify for CalFresh benefits.

**Eligibility:** To qualify for CalWORKs, you must be a pregnant person or family with dependent children living at home and have low income. Monthly income must be under a certain limit (see chart below). Since there are many kinds of deductions, you are encouraged to apply, even if your income is close to the countable income amount. Also, the property limit is \$10,888, per family or \$16,333 per family if a member is over age 60 or has disabilities. Examples of property include cash, bank accounts, vehicles, and homes, although the home you live in is not included.

Family Size	Monthly Gross Income Limit
1	\$862
2	\$1,415
3	\$1,753
4	\$2,080
5	\$2,373
6	\$2,670
7	\$2,934
8	\$3,193
9	\$3,464
10	\$3,760
Each extra person	\$34

When you apply, you will be asked for photo identification and information about your residency, citizenship, social security number, income, property, and child support. Children must have their immunizations up to date, and must attend school if over the age of 6.

Note: This simplified information is for general reference only. Content within this document does not guarantee eligibility.

*See page 4 for how and where to apply.*

## Medi-Cal & CalFresh

Medi-Cal is California's public health insurance program. It provides needed health care services for individuals with low incomes, seniors, persons with disabilities, children, youth in out-of-home care, pregnant women, and people with low incomes who have specific health conditions such as tuberculosis, breast cancer, or HIV/AIDS.

CalFresh helps people who have little or no income buy nutritious groceries. CalFresh benefits are accessed through an electronic benefits transfer card (EBT) that can be used like a bank debit card to buy food at most grocery stores.

**Applying for Medi-Cal or CalFresh:** When you apply for CalFresh, Medi-Cal, or other health insurance programs offered through Covered California, you will be asked for information about your residency, identity, citizenship, social security number, income, and any other health care coverage you may have. If you and/or your family are eligible for CalFresh benefits, you are likely also eligible for Medi-Cal health coverage.

\*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age, religion, political beliefs or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Number of People in Your Household	If Your Monthly Income* is at or below 130% FPL	If Your Monthly Income** is at or below 138% FPL	If Your Monthly Income** is between 138% and 400% FPL
1	\$1,473	\$1,677	\$1,677–\$4,860
2	\$1,984	\$2,269	\$2,269–\$6,576
3	\$2,495	\$2,860	\$2,860–\$8,288
4	\$3,007	\$3,450	\$3,450–\$10,000
5	\$3,518	\$4,043	\$4,043–\$11,716
You may qualify for: ➔	<b>CalFresh</b>	<b>Medi-Cal</b>	Health insurance premium assistance is available through Covered California. Children in families with income up to 266% FPL may be eligible for no-cost Medi-Cal insurance.

Individuals eligible for Medi-Cal due to other conditions such as blindness, disability, or age may be subject to different income and asset criteria. \*These figures are current through September 30, 2023. \*\*These figures are current through December 31, 2023.

## CalFresh Expedited Services

If entitled to Expedited Services, CalFresh benefits will be issued within three days of application.

Note: This simplified information is for general reference only. Content within this document does not guarantee eligibility.

*See page 4 for how and where to apply.*



## How to Apply for Assistance Programs

Ways to Apply	Use this option if you:	Available Programs				
		Medi-Cal	Interview required (in-person or phone) for all programs except Medi-Cal		CalWORKs	General Relief
			CalFresh	Expedited CalFresh		
<b>Online:</b> Complete and submit an application online: <a href="http://vchsa.org/apply">vchsa.org/apply</a>	<ul style="list-style-type: none"> <li>Are comfortable submitting information electronically, or</li> <li>Are unable to apply during office hours (8 a.m.–5 p.m., Monday–Friday)</li> </ul>	✓	✓	✓	✓	✓
<b>By Phone:</b> 888-472-4463   TTY 800-735-2922 or 711	<ul style="list-style-type: none"> <li>Are not interested in other programs and <b>only</b> want to apply for Medi-Cal or CalFresh</li> </ul>	✓	✓	✓	✓	✓
<b>By Fax:</b> Request an application by phone* or print one from <a href="http://vchsa.org/apply">vchsa.org/apply</a> and fax it to 805-658-4530.	<ul style="list-style-type: none"> <li>Are more comfortable completing paper forms than applying online, or</li> <li>Are unable to apply during office hours (8 a.m.–5 p.m., Monday–Friday)</li> </ul>	✓	✓	✓	✓	✓
<b>By Mail:</b> Request an application by phone* or print one from <a href="http://vchsa.org/apply">vchsa.org/apply</a> and then mail or drop it off at any Community Service Center. (locations listed on back)	<ul style="list-style-type: none"> <li>Are more comfortable completing paper forms than applying online, or</li> <li>Are unable to apply during office hours (8 a.m.–5 p.m., Monday–Friday)</li> </ul>	✓	✓	✓	✓	✓
<b>In Person:</b> Visit a Community Service Center to apply in person or to pick up an application.	<ul style="list-style-type: none"> <li>Aren't sure which program(s) to apply for</li> <li>Can apply during office hours (8 a.m.–5 p.m., Monday–Friday)</li> <li>Need help completing forms</li> </ul>	✓	✓	✓	✓	✓