BenefitsCal

Submit Date	02/07/2024
Submit Time	11:06 AM
Application Number	10628317

Application Summary

Programs

CalFresh

Cash Aid (GA/GR)

Your Information

Main Applicant	Joseph Mahoney (54)
What language do you prefer to read?	English
What language do you prefer to speak?	English
First Name	Joseph
Middle Name	Bert
Last Name	Mahoney
Suffix	
Other Names	
Are you a person with a disability and need help to apply?	No
Are you a person who is deaf or hard of hearing?	No
Are you applying for benefits for yourself?	Yes
Do you want to authorize someone to help you with your CalFresh case?	No

CalFresh Authorized Representative	
Do you want to name someone to get and spend your CalFresh benefits for you?	No
Spend CalFresh Benefits	
Do you want to authorize someone to help with your health coverage application?	No
Health Coverage Authorized Representative	
Are you a certified counselor, navigator, agent or broker?	
Application Start Date	
Organization Name	
I.D. Number (if applicable)	
Signature	
Have you applied for Medi-Cal or other health insurance through Covered California?	
Covered California Case Number	
Are you experiencing homelessness?	Yes
Can you get mail where you currently stay?	Yes

What county are you currently in?	Ventura
Temporarily Mailing Address	5025 Thacher Rd Ojai,California 93023 Ventura
Home Address	
Do you get your mail at a different address?	
Mailing Address	
Home Phone	
Mobile Phone (for password reset)	(805) 798-3430
Work Phone/Alternate Phone	
Email	berchman@mac.com
Can we email you information about your application?	Yes
Can we email you information about your case?	
Date of Birth	05/01/1969
What's your gender?	Male
Gender Identity	Male

Sexual Orientation	I prefer not to answer
Do you have a Social Security number?	Yes
Social Security Number	059-70-4091
Why don't you have a Social Security number?	
Please explain.	
Have you applied for an Social Security number?	
Marital Status	Separated
Are you a U.S. citizen or national?	Yes
Date Entered U.S. (if you know)	
Do you have an eligible immigration status?	
Immigration Document Type	
Immigration Document Number	
Have you lived in the U.S. continuously since 1996?	
Are you a naturalized or derived citizen?	
Are you a sponsored noncitizen?	
Did the sponsor sign an I-134?	

Did the sponsor sign an I-864?	
Sponsor's First Name	
Sponsor's Last Name	
Sponsor's Phone	
Does the sponsor regularly help you with money?	
Amount	
Does the sponsor regularly help with any of the following?	
Please explain.	
Do you have at least 10 years (40 quarters) of work history?	
Do you have, applied for, or plan to apply for the following: T-Visa, U-Visa, Violence Against Women Act (VAWA) petition	
Did your immigration status change in the last 12 months?	
What's changed?	
Date of Change	
Alien Number	
Are you of Hispanic, Latino, or Spanish origin?	No

What is your Hispanic, Latino, or Spanish origin?	
What ethnic origin do you identify as?	
What is your race and ethnic origin?	White
Ethnic Origin	
Are you a member of a federally recognized tribe?	
What ethnic origin do you identify as?	
Tribe Name	
Did you ever get a service from, or did someone refer you to, Indian Health Service or Tribal Health Programs?	
Are you eligible to get services from the Indian Health Services, tribal health programs or through a referral from one of these programs?	

People

People	
Do you have other people living in your household?	No

Income

Employment Change Information	Joseph Mahoney (54)
Did this occur in the last 60 days?	No
Change Date	05/15/2023
Last Pay Date	05/15/2023
What is the reason for this job change?	I was let go from a remote contract position. I was working for an out-of-state employer. I'm a software designer and have been for 30 years. I have worked for over a decade at corporations, but now I've been 1099 for a while.
Did the County help Joseph get this job?	No

Expenses

Telephone/Mobile Phone	Joseph Mahoney (54)
Amount	$ 80.00
How often?	Monthly
Does anyone outside of your household help Joseph pay for this expense?	No
First Name	
Last Name	
Amount	
How often?	

Assets

Vehicles	Joseph Mahoney (54)
License Plate Number	
Year	2019
Make (Ford, Chevy)	Volkswagen
Model (F-150, Malibu)	Egolf
Is it a leased vehicle?	
Estimated Value	
How did you find the estimated value?	
Amount Owed	
How did you find the amount owed?	
Does anyone else use Joseph's vehicle?	No
How is it being used?	As a home
Was Joseph's vehicle a gift or donation?	
How did Joseph get the vehicle?	

Other Situations

Additional Programs & Services	
Select the programs you want to add to your application, if any.	
Select the services that interest you, if any, and someone will follow-up.	

Convictions and Felony	
Convicted of receiving duplicate food assistance in any state after 09/22/1996?	No
Who received duplicate food assistance in any state after 09/22/1996?	
Convicted of sharing or selling EBT cards worth $500 or more after 09/22/1996?	No
Who was guilty of trafficking (trading or selling) EBT cards worth $500 or more after 09/22/1996?	
Convicted of parole or probation violation?	No
Who was guilty of a parole or probation violation?	
Found guilty of trading food assistance for drugs in any state after 09/22/1996?	No
Who traded food assistance for drugs after 09/22/1996?	
Found guilty of trading food assistance for guns, ammunitions, or explosives after 09/22/1996?	No
Who traded food assistance for guns, bullets, or shells after 09/22/1996?	
Had cash aid stopped for Welfare Fraud?	No
Had cash aid stopped for penalty, sanctions, or noncooperation with eligibility requirements?	No
Hiding or running from the law for a felony crime or attempted felony crime? (This could be to avoid prosecution, being taken into custody, or going to jail.)	No
Who is hiding or running from the law for a felony crime or attempted felony crime?	

Review & Submit

Expedited Food Assistance	
Is your household's monthly gross income less than $150 and cash on hand, checking and savings accounts have $100 or less?	Yes
Thinking about your rent/mortgage and utilities: is your household's gross income and liquid assets less than your rent/mortgage and utilities?	Yes
Are you a migrant/seasonal farm worker household with liquid assets under $100?	No

Immediate Need	
Has their utilities shut off or a shut-off notice	
Will run out of food in 3 days or less	
Needs essential clothing	
Needs rides to get food, clothing, medical care, or other emergency items	
Has an eviction notice or a notice to pay rent or leave	
Has immediate medical needs	
Is a victim of child abuse	
Is a victim of domestic abuse	
Is a victim of elder abuse	
Is pregnant	
Has other emergency which threatens health or safety	
Please explain.	

Interview	
Do you prefer an in-person or phone interview for CalFresh?	Phone
Do you need any other arrangements due to a disability?	No

Voter Registration	
Register to Vote	No
Already Registered to Vote	Yes
Don’t Want to Register to Vote	No

Main Applicant Signature	
First Name	Joseph
Last Name	Mahoney
Date	02/07/2024
I confirm that I read, or had read to me, and understand and agree to the Rights and Responsibilities.	

Spouse/Other Parent/Other Aided Adult/Registered Domestic Partner Signature	
First Name	
Last Name	
Date	
You confirm that you read, or had read to you, and understand and agree to the Rights and Responsibilities.	