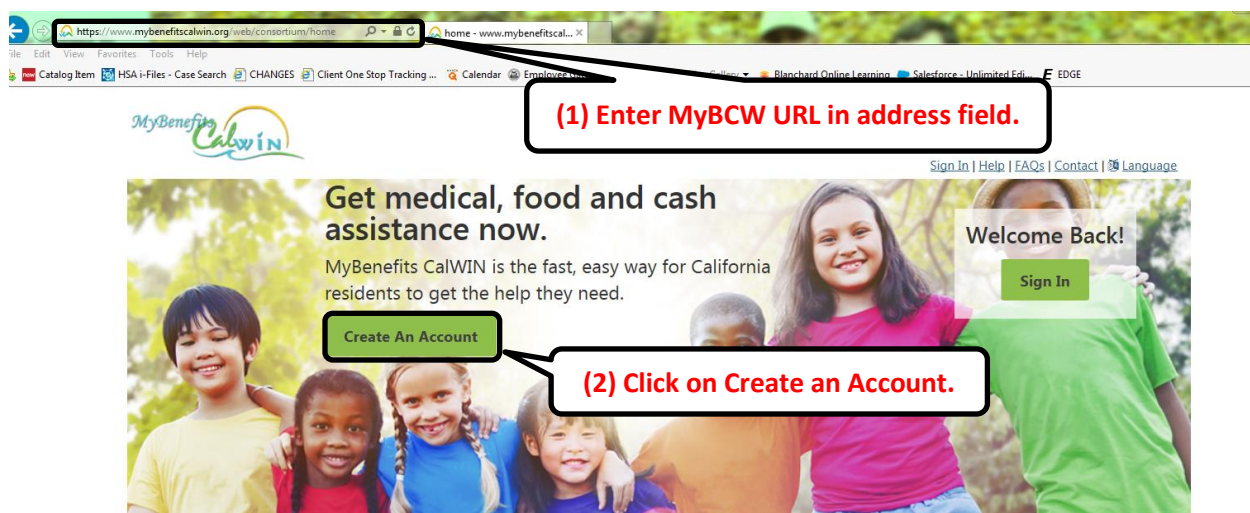This guide will show how to assist a client in applying for CAAP through the My Benefits CalWIN website.

Begin by typing in www.mybenefitscalwin.org.

![MyBenefits CalWIN logo]

| Home | MyBenefits CalWIN Account |

(1) Select County **(2)** Personal Info **(3)** Sign-In Info **(4)** Detail Info **(5)** Confirm

Create A MyBenefits Account

Select Your County of Residence

We need to know the County in California where you live. Select your County:

Alameda >	Kings >	Placer >	Sierra >
Alpine >	Lake >	Plumas >	Siskiyou >
Amador >	Lassen >	Riverside >	Solano >
Butte >	Los Angeles >	Sacramento >	Sonoma >
Calaveras >	Madera >	San Benito >	Stanislaus >
Colusa >	Marin >	San Bernardino >	Sutter >
Contra Costa >	Mariposa >	San Diego >	Tehama >
Del Norte >	Mendocino >	San Francisco >	Trinity >
El Dorado >	Merced >	San Joaquin >	Tulare >
Fresno >	Modoc >	San Luis Obispo >	
Glenn >	Mono >	San Mateo >	

(3) Click on San Francisco.

| Home | MyBenefits CalWIN Account |

Create A MyBenefits Account

Let's make sure we have your correct contact information.

You must answer all questions that are marked with an *

Your Name

* First Name   Suzi

Middle Initial

* Last Name   Sunshine

Your Email Address

* Email Address   suzi_sunshine@yahoo.com

* Retype Email Address   suzi_sunshine@yahoo.com

* Email Language   English

(4) Enter name and email address.

Choose language from drop down.

Don't have an email account?
Learn how to get a free email address

(5) Click Next   Next ⊕

MyBenefits CalWIN

Create A MyBenefits Account

Enter Your Sign-In Information

You must answer all questions that are marked with an *

Sign In Information

* Username (5 to 20 letters, numbers or special characters (_.@!))

SSunshine52

Password Tips

The password must be a minimum of 8 characters and must contain each of the following:
- at least one UPPERCASE letter.
- at least one lowercase letter.
- at least one number.

Note: Password cannot contain the Username or any part of your name. Example: Sample123

*Password ●●●●●●●●●●

*Retype Password ●●●●●●●●●●

(6) Create a username and password.

Select Secret Questions & Answers

Please select your secret questions and provide the answers. If you forget your password this information will help us retrieve your password for you.

* Secret Question 1: What city was your spouse born in?

Answer to Question 1: French Camp

* Secret Question 2: Who is your favorite musical artist?

Answer to Question 2: Pink

* Secret Question 3: What is your favorite food?

Answer to Question 3: Mexican

(7) Select Secret Questions and enter answers.

Your Sign-In Picture

A Sign-in Picture is a secret photo that will display on this account only. This security photo will protect you from accidentally signing in to a fake website. You will always see your photo after entering your username. If you do not see this photo, you should not enter your password and contact your county.

* Choose Your Image:

*Choose an Image Type: Animals   Go

(8) Choose Image Type from drop down and click Go.

*Choose New Image

○ Baby Monkey   ○ Deer   ● Tiger   ○ Elephant   ○ Horse

○ Lion   ○ Pandas   ○ Polar Bear   ○ Rabbit   ○ Sea Lion

(9) Choose an image and enter a name.

* Name this Image: Tony

Please give your security photo a name. The photo and name you give it will show every time you enter your username in to MyBenefits CalWIN. When you see your photo with the name you give it, you will know you are on the official MyBenefits CalWIN website and it's ok to enter your password.

(10) Click Next   Next ⊕

![MyBenefits CalWIN logo]

Create A MyBenefits Account

Enter your Detail Information

You must answer all questions that are marked with an *

Do you want to view your case (benefit) information on this website?

If you want to view your case (benefit) information on this website then you need to select YES below and provide a social security number and date of birth for a person applying for or receiving benefits. If you select NO you will not be able to see your case (benefit) information on this website.

Do you want to view your case (benefit) information on this website?

● Yes, I want to view my case information on this website (Please provide a social security number and date of birth below)

○ No, I do not want to view my case information on this website (You do not need to provide a social security number or date of birth below.)

> **(11) If you want to view benefits online, and check appropriate box.**

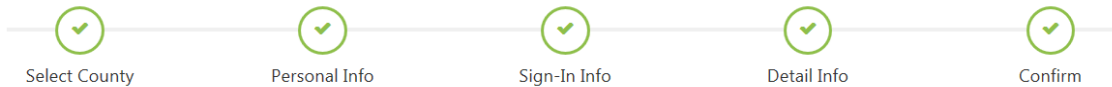* Social Security Number: `110-02-5658`

* Date Of Birth: `02/12/2000`

Example:
MMDDYYYY

> **(12) If yes, enter SSN and DOB here.**

> **(13) Click Next** [Next ⊙]

An email will be sent to your email address for verification.

✓ Select County   ✓ Personal Info   ✓ Sign-In Info   ✓ Detail Info   ✓ Confirm
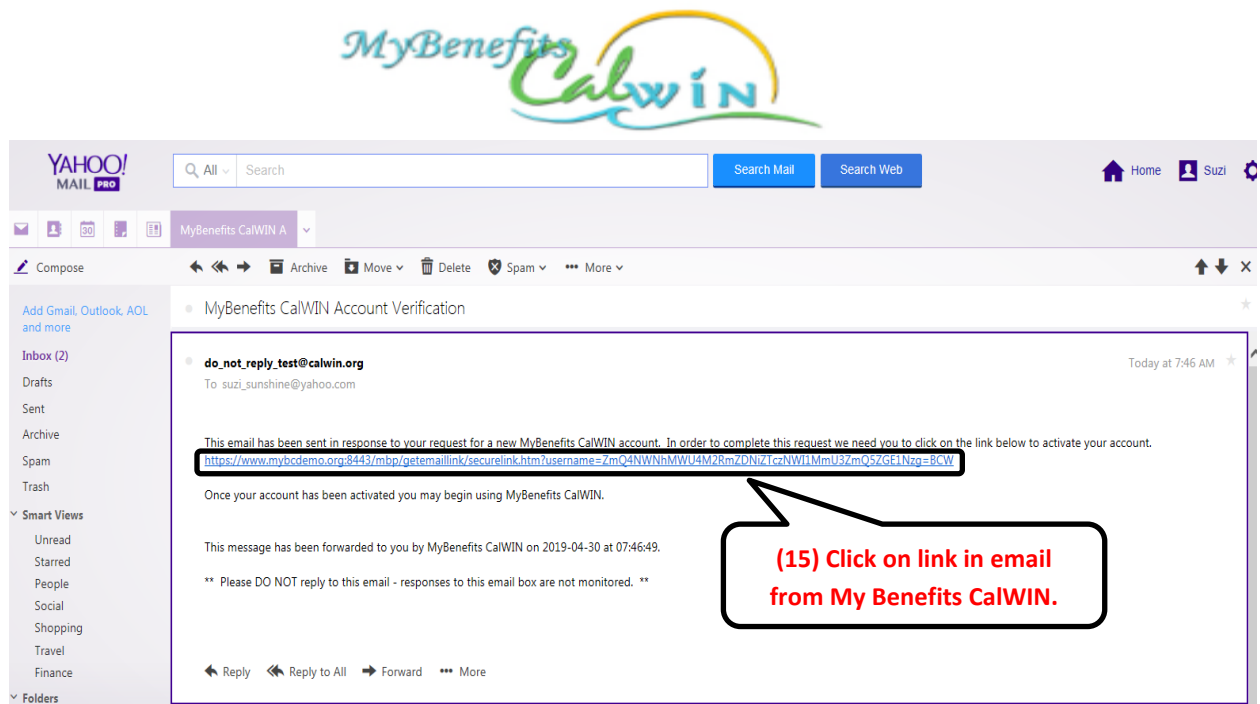
Create A MyBenefits Account

Check your email and confirm

> **(14) Check your email and confirm.**

You're almost done. To complete your account set up, please follow the steps in the email we just sent to suzi_sunshine@yahoo.com. Please check your email account and click on the confirmation link in the email we sent you.

MyBenefits CalWIN

Yahoo Mail Pro interface:

MyBenefits CalWIN Account Verification

do_not_reply_test@calwin.org — Today at 7:46 AM
To suzi_sunshine@yahoo.com

This email has been sent in response to your request for a new MyBenefits CalWIN account. In order to complete this request we need you to click on the link below to activate your account.

https://www.mybcdemo.org:8443/mbp/getemaillink/securelink.htm?username=ZmQ4NWNhMWU4M2RmZDNiZTczNWI1MmU3ZmQ5ZGE1Nzg=BCW

Once your account has been activated you may begin using MyBenefits CalWIN.

This message has been forwarded to you by MyBenefits CalWIN on 2019-04-30 at 07:46:49.

** Please DO NOT reply to this email - responses to this email box are not monitored. **

(15) Click on link in email from My Benefits CalWIN.

You are now back on the Sign In page that contains the picture and name you chose.

Home | MyBenefits CalWIN Account

Secure Password Entry

Seeing your Sign-In Picture on this page helps you know that you are on the official MyBenefits CalWIN website, and that it's safe to enter your password.
You must answer all questions that are marked with an *

Your Sign-In Picture

You named this picture: Tony
If you don't recognize this picture, then don't enter your password

* Password [●●●●●●●●●]

(8-20 characters, case sensitive)

(16) Enter Password

(17) Click Sign In [Sign In]

Forgot Password?

MyBenefits CalWIN

| Overview | Benefits ▾ |

📣 **Announcements** (Your reporting process is changing from every quarter to every six months. If your day to complete the report on-line is August 30, 2013 at 5pm. After this date and time you may mail office after August 30th ' Beginning with September reports the form has changed to what is now cal

MyBenefits CalWIN Account

Congratulations,

You have successfully setup your MyBenefits CalWIN Account. What would you like to do next?

If you see this message, you've completed your account setup.

Now you can apply for your benefits!

I would like to...

View MyBenefits >

See if I Am Eligible >

Apply for Benefits >

View or Continue an Application >

Affordable Health Insurance >

(1) To start your application, click on this link to the Apply for Benefits page below.

| Overview | Benefits ▾ |

Apply for Benefits

Please provide your contact information, so we can process your application more quickly.

What To Expect When Applying for Benefits

You must answer all questions that are marked with an*

You will be asked information about your household's resources, income, and expenses. You might want to gather the following information to help you complete the application:

- Copy of your pay stub
- Bills you pay, like rent, utilities, childcare
- View a list of documents you will be asked to provide

When you sign in with a MyBenefits CalWIN account your information is saved as you complete each page, that way you can return later if you don't finish the first time.Your work will be available for 60 days.

When you have answered all questions, you can upload electronic copies of required documents.

You will also have an opportunity to register to vote.

At the end of the application process you will see a Confirmation Page. If you do not see this page your application has not been submitted.

(2) Click Next   Next ⊙

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the buttons on your web browser (do not use the arrow buttons at the top).

NOTE: If you wait too long to click **Next**, it will kick you back to the What Would You Like to Do page.

If that happens, just click **Apply for Benefits** again.

Apply for Benefits
<div align="right">San Francisco County</div>

🛒💲🏥 READ ME FIRST - IMPORTANT

APPLICATION FOR 🛒 CALFRESH , 💲 CASH AID , AND/OR 🏥 MEDI-CAL/HEALTH CARE PROGRAMS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English the County will get someone to help you at no cost to you.

How do I apply?

Use this application if you are for applying for food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids or Refugee Cash Assistance), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage. Do not use this application if you are applying for only health care.

You can also apply for these programs online by going to http://www.benefitscal.org/.

• Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1 of the application) to begin the

🖨 View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☑ *I understand

(3) Check box for I understand.

(4) Click Next   Next ⊘

Apply for Benefits
<div align="right">San Francisco County</div>

🛒💲🏥 Certification   ❓

RIGHTS AND RESPONSIBILITIES

You have a responsibility to:

• Give the County all information needed to determine your eligibility.
• Give the County proof of the information you have when it is needed.
• Report changes as required. The County will give you information about what, when, and how to report. For CalFresh and cash aid if you don't meet your household's reporting requirements your case may be closed or your benefits may be lowered or stopped.
• Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your case.
• Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
• Pay back any cash aid or CalFresh benefits that you were not eligible to get.

You have the right to:

• Turn in an application for CalFresh giving only your name, address, and signature

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☑ *I understand

(5) Check box for I understand.

(6) Click Next   Next ⊘

NOTE: If you do not agree with either the Application process or the Rights and Responsibilities, you can click **Exit** to stop the process.

Apply for Benefits

San Francisco County

Already applied through Covered CA?

During the last 90 days, have you applied through Covered CA for Medi-Cal or other health insurance program?

Please provide your Covered CA case number to assist with processing your application.

Covered CA case number:

(7) If you have Covered CA, you can enter the case number here.

If you have not applied through Covered CA, please leave the field empty and select the Next button.

Not sure what your case number is? Here are ways to find your Covered CA case number.

- If you came directly from the link at the end of your application, the webpage with your case number should still be open in another window. Click on the other window and find your case number in the upper left hand corner.
- You can go to www.coveredca.com and login to your account.
  - To login on the Covered California website click on the "Account Sign-in" in the upper right hand corner.
  - Enter your "User Name" and "Password" in the "LOGIN OR CREATE AN ACCOUNT" box. This will take you to your "Home Page".
  - From the Home Page" click one of the top navigation bar links: "Summary, Household, Personal Data, Income or Eligibility" and you will be taken to that section of your case.
  - Your case number will display in the upper left hand corner.

Not able to get your Covered CA case number?

- The County will work with you later to get more information. Select Next button below to continue.

(8) Click Next

✖ Exit   Next ➡

Apply for Benefits

San Francisco County

Request for Assistance

This application is a fast and easy way for California residents to apply for medical, food, and cash assistance programs.

What would you like to apply for?

$ Cash Aid Programs

☐ Cash Aid for Families with Children (CalWORKs)

CalWORKs is a cash aid program for low income families with children to meet their basic needs. It also provides education, employment, and training programs to help families get jobs and move towards self-sufficiency. *A face-to-face interview is required after you submit this application.

☐ Refugee Cash Assistance (RCA)

Needy refugees without children, who are not otherwise eligible for any other cash a[...]viduals may also be eligible to receive employment and other social services during the same 8-month[...]

☑ Cash Aid for Needy Adults (General Assistance/General Relief)

(9) To apply for CAAP, check box for Cash Aid for Needy Adults.

The General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to needy adults who are not able to support themselves by their own means, other public funds, or assistance programs. Each county's GA/GR program issues benefits, sets payment levels and eligibility requirements. The next page will provide more information on this program.

🛒 Food Assistance Programs

☐ Food Assistance (CalFresh)

The CalFresh Program, formerly known as Food Stam[...] healthy and nutritious food on the table. The p[...] stores.

(10) To receive CAAP, you must also apply for or receive Medi-Cal and Food Assistance (CalFresh). Check both boxes if you need to also apply for those two programs. If you do not check the boxes to apply, MyBCW will automatically apply for both programs for you.

🚑 Medi-Cal/Health Care Programs

☐ Insurance Affordability Programs (IAP)

Insurance Affordability Programs (IAP) include Medi-Cal, A[...]

☐ County Medical Services Program (CMSP)

The County Medical Services Program (CMSP) provides health coverage for needy adults.

(12) Click Next

Exit   Next ➡

Apply for Benefits

San Francisco County

🛒$🚑 General Assistance/General Relief

Please review the General Assistan...

(12) This box is automatically checked. Do NOT uncheck the box, or you will not be able to move forward in the application process.

No announcements available.

☑ I want to apply for General Assistance/General Relief. I understand that I must also apply for Food Assistance and Insurance Affordability Programs (IAP) programs if I am not already receiving those benefits.

(13) Click Next

✖ Exit   Next ➜

Apply for Benefits

San Francisco County

①	②	③	④	⑤
People	Income	Resources	Expenses	Finish

🛒$🚑 Important Information for Applicants

No announcements available.

You do not need to enter information into this box. It is for CalWIN announcements when they are issued.

protected by reCAPTCHA
Privacy · Terms

(14) Click Next

✖ Exit   Next ➜

Now you are ready to enter your application information to CalWin. Answer the applicable questions below and click NEXT to submit it to CalWin.

Apply for Benefits

San Francisco County

3% Completed

1	2	3	4	5
People	Income	Resources	Expenses	Finish

People – Your Info

These questions are about you.

Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received. Applications submitted online after 5:00 pm will be effective the next business day. If our office is closed on a working business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.

🛒$🚚 ***Your Name**

First Name	Suzi
Middle Initial (optional)	
Last Name	Sunshine
Maiden/Other Name (optional)	
Suffix (optional)	\<click here to choose\> ⌄

🛒$🚚 ***Where You Live**   ❓

What county do you live in?	San Francisco ⌄
Are you homeless?	○ Yes ○ No

Home Address

Is your Home Address permanent?	○ Yes ○ No
Address Type:	○ Is this address a Street Address?
	○ Is this address a Rural Route Address?
	○ Is this address a PO Box Address?
	○ Do you get your mail at the Post Office General Delivery?

Mailing Address

Is your mailing address the same as your home address?	○ Yes ○ No

🛒$🚚 **Contact Information**

* Please provide a phone number or email address.

If you do not have a phone or an email address please check this box:	☐ I do not have a phone or an email address.
Contact Phone	
Alternate/Cell Phone	
Message/Work	

Extension	
Email address	suzi_sunshine@yahoo.com
Alternate email address	
What is the best way for the county to contact you?	<click here to choose> ▾

*Disclaimer - supported communication methods vary by county.

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?	
What is your preferred method of communication?	<click here to choose> ▾
What language do you prefer to speak (if not English)?	▾
We may send you written information in the future. What language do you prefer to read (if not English)?	▾

The County now offers options to receive information about your case by email. The questions below let us know your interest and will not sign you up for emails. Your answers will not prevent you from getting information mailed to you. Learn how to sign up to receive Electronic Notices and Alerts and text messages.

I want to get information about this application by email	○ Yes ○ No
I want to get information about my case by email	○ Yes ○ No

Why wait for the mail?
Learn how to update your contact settings

[← Back]   [✕ Exit]   [Next ⊙]

Once the application is received, a case worker will contact you within 3 days for a phone interview. Let the worker know if you prefer an in-person interview at our office.

If you have any further questions, please contact CAAP at 415 558-2227.