

Application Forms and Verifications

The following is a list of commonly used forms and verifications for Medi-Cal and CalFresh applications in San Diego County.

Form # & Type	Title
1. <u>SAWS 2 Plus</u>	Application for Medi-Cal, CalWORKs, CalFresh, CMS
2. <u>07-21 HHSA</u>	Employment Verification
3. <u>07-66 HHSA</u>	Self-Employment Income
4. <u>16-45 HHSA</u>	HHSA homeless form
5. <u>16-64 HHSA</u>	Voter registration
6. <u>20-46 HHSA</u>	Language Needs Determination
7. <u>CF37</u>	Recertification for CalFresh Benefits
8. <u>CW 2200 HHSA</u>	Request for Verification
9. <u>RFTHI HHSA</u>	Request for Tax Household Information (RFTHI)
10. <u>DHCS 0005</u>	Receipt of Citizenship and Identity Documents
11. <u>DHCS 6168</u>	Potential Third-Party Liability Notification
12. <u>DHCS 7068</u>	Responsibilities of Public Guardians/ Conservators or Applicant/ Beneficiary Representatives
13. <u>DHCS 7077</u>	Notice Regarding Standards for Medi-Cal Eligibility
14. <u>HCPA 14-187</u>	Release of Information
15. <u>MC 05/CW 05</u>	Military Verification and Referral
16. <u>MC 13</u>	Statement of Citizenship, Alienage, and Immigration Status
17. <u>MC 210A</u>	Supplement to Statement of Facts for Retroactive Coverage/Restoration
18. <u>MC 212</u>	Medi-Cal Residency Declaration (Eng/Sp)
19. <u>MC 214</u>	Important Information About Residency
20. <u>MC 219</u>	Important Information for Persons Requesting Medi-Cal
21. <u>MC 322</u>	Real and Personal Property – Supplemental
22. <u>MC 371</u>	Additional Family Members Requesting Medi-Cal
23. <u>MC 382</u>	Appointment of Authorized Representative
24. <u>MC 383</u>	Authorized Representative Standard Agreement for Organizations
25. <u>MC 604</u>	Additional Income and Property Information

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Form # & Type	Title
26. SAR 7	CalFresh Semi-Annual Report
27. Sworn Statement	Sworn Statement