NEIGHBORHOOD HEALTHCARE

— SERVING OUR COMMUNITIES AS A NONPROFIT SINCE 1969 —

# WE CAN HELP PROVIDE YOUR FAMILY WITH BETTER NUTRITION

## Eligibility Criteria

- Low or fixed income
- You have limited assets, NOT including your car
- If you are a legal immigrant, you or your family may still qualify for Cal Fresh
- Getting Cal Fresh will not affect your application to become a Legal Permanent Resident or Citizen
- And if your gross monthly income is below the guidelines (different rules apply to those age 60+ or disabled)

## Documents Required

- Identification of the adults applying
- Social Security Cards
- Birth Certificate
- Childs Immunizations Shot record
- Proof of income for the most recent month

* If legal permanent resident, please provide card.

- Rent receipt most recent
- Bank Statements
- All utilities Bills:
  - Gas & Electric
  - Telephone
  - Water/Sewer/Trash

## San Diego Cal Fresh Program

The Cal Fresh benefit is not Cash Aid. It is a nutrition assistance program to help low income people buy nutritious food for themselves and their families.

| Household Size | Monthly Gross Income Limit | Approximate Maximum Allotment Level |
|---|---|---|
| 1 | $2,010 | $192 |
| 2 | $2,708 | $352 |
| 3 | $3,404 | $504 |
| 4 | $4,100 | $640 |
| 5 | $4,798 | $760 |
| 6 | $5,494 | $913 |
| 7 | $6,190 | $1,009 |

**Contact a Certified Enrollment Counselor (CEC) for additional information.**

**Neighborhood Healthcare** – 425 N. Date St (Wellness Center) Escondido 92025

**Neighborhood Healthcare** – 16650 Highway 76 Pauma Valley

Damaris (760) 690-5907 o Jessica (760) 520-8339 o Lupe (760) 520-8308

*Funded by the County of San Diego and the San Diego Hunger Coalition*

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# PODEMOS OFRECELE MEJOR NUTRICIÓN PARA SU FAMILIA

## Requisitos para Elegibilidad

- Tiene un ingreso bajo o fijo
- Tiene pocos bienes, SIN incluir su casa o su carro
- Si es residente legal usted o su familia podrían calificar para Cal Fresh.
- El recibir Cal Fresh no afectará su solicitud para hacerse residente legal o ciudadano.
- Si los ingresos brutos mensuales de su familia son menos del limite indicado (los ingresos se calculan diferente para personas mayores de 60 años o con una discapacidad)

## Documentos Necesarios

- Identificación de los adultos que viven en casa
- Tarjetas de Seguro Social
- Actas de nacimiento
- La tarjeta de vacunas de los niños
- Comprobante de ingreso mas reciente

* Si es residente legal, favor de traer su mica.

- Recibos de renta mas reciente
- Estado de cuentas bancarias
- Recibos de utilidades:
  - Electricidad y Gas
  - Teléfono
  - Agua/Drenaje/Basura

## El Programa de Cal Fresh de San Diego

El programa de Cal Fresh no es asistencia monetaria. Es un programa de asistencia nutritiva para ayudar a personas de bajos ingresos alimentar a si mismos y a sus familias nutritivamente.

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**Para obtener información adicional contacte a un asistente certificado de aplicaciones**
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**Neighborhood Healthcare** – 16650 Highway 76 Pauma Valley
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*Patrocinado por el Condado de San Diego y San Diego Hunger Coalition*

# UN-INSURED?
# We can Help!

NEIGHBORHOOD HEALTHCARE

a california health+ center

Do you or someone you know need affordable healthcare coverage? Certified Enrollment Counselors are here to answer questions, provide FREE support and assist you with:

- Medi-Cal
- Covered California
- Open enrollment Information, Annual Renewal & assistance with selecting a health plan.

**Please call today and schedule an appointment :**

⇒ Tonia (619)440-7616 ext 1204

⇒ Maria (619)440-7616 ext 1218

## Neighborhood Healthcare Enrollment Locations:

⇒ 855 East Madison Ave,
El Cajon, CA 92020
(619)440-2751

⇒ 10039 Vine Street,
Lakeside, CA 92040
(619)390-9975

www.nhcare.org

COVERED CALIFORNIA

Medi-Cal

*** Qualifying Life Event for Special Enrollment include: Marital status change, loss of health coverage, number of people in household changes, and change in residency. Consumers have 60 days from the date of the qualifying life event to select a health plan through Covered California.

# SIN SEGURO MEDICO?

# Podemos Ayudarle!

NEIGHBORHOOD HEALTHCARE

a california health+ center

¿Necesita usted o alguien que usted conozca cobertura médica accesible? Consejeros de Inscripción Certificados están aquí para contestar sus preguntas, y ofrecer apoyo GRATUITO con:

- Medi-Cal
- Covered California
- Información de Inscripción Abierta, Renovación Anual y Asistencia en la Elección de un Plan de Salud.

**Por favor llame hoy y haga una cita :**

⇒ Maria (619)440-7616 ext 1218

## Lugares de Inscripción de Neighborhood Healthcare:

⇒ 855 East Madison Ave,
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(619)440-2751

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COVERED CALIFORNIA

Medi-Cal

*** Eventos de Inscripción Especiales que califican incluyen: Cambio de estado civil, perdida de cobertura de salud, cambios en el número de personas en el hogar, mudarse de estado o condado. Tiene 60 días a partir de que ocurra el cambio para inscribirse en un plan de Covered California.