

Documents mandated to apply for a free Government tablet in California

To apply for free government tablets in California, you need to have verified documents with application from that department you are using. If using your Social Security benefits, you need paperwork with benefits from social security office. If using SNAP/ Food Stamps, you need paperwork with case number and your name on the statement from department of social services.

You can provide any one of the following –

- Government offer letter
- Participation certificates
- Benefit award letter

If you qualify on an income basis, you will need a government source document showing your annual income statement.

You can submit one of the following documents –

- Current income statement or a paycheck stub
- A retirement/pension statement of benefits
- An Unemployment/Workmen's Compensation Statement of benefits
- A Social Security statement of benefits
- A Veteran Administration statement of benefits (VA cards alone are not accepted)
- Last year's state, federal, or tribal tax return

If you are required to supply more information for your program. Here are some helpful links and samples of the paperwork needed.

SNAP/EBT or MediCal : www.mybenefitscalwin.org

SSI: www.ssa.gov/myaccount

MediCaid/Social Security: Need proof of income or last years tax return

Section 8 Housing: www.ssa.gov/myaccount/

WIC: See attached form

Veteran Benefits: www.myhealth.va.gov/mhv-portal-web/user-login

VERIFICATION OF RECEIPT OF MEDI-CAL

John Doe
555 ABC Road
Fresno, CA 93711-4785

Case Name: John Doe
Case Number: 5B0LF47
Worker Name: Service Center CW
Worker Number: 24CO
Worker Telephone: (855) 832-8082
Date: 05/17/2023

This is to verify that John Doe is currently receiving Medi-Cal.

His/Her share of cost is \$0.00 per month.



Social Security Administration Benefit Verification Letter

Date: May 18, 2023
BNC#: 5XR5Y58BT47
REF: A

JOHN DOE
555 YOUR ADDRESS
CITY, CA 93711

0101BEV3U3GT96B CCM.M72.BEV3U.R230518

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2022, the full monthly Social Security benefit before any deductions is \$2,694.10.

We deduct \$428.60 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,265.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2021 to November 2022, the full monthly Social Security benefit before any deductions was \$2,478.50.

We deducted \$442.30 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,036.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning May 2013.

See Next Page

You are entitled to medical insurance under Medicare beginning May 2013.

Your Medicare number is . You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is May 6, 1948.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-866-320-2587**.

SOCIAL SECURITY
510 COMMERCE CT
MANTECA CA 95336

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration



DEPARTMENT OF VETERANS AFFAIRS

June 12, 2023

John Doe
1234 Address
Anytown, CA 93245

In Reply Refer
to: xxx-xx-1234
27/eBenefits

Dear Mr. Doe:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-2229

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Air Force	Honorable	October 01, 1986	February 05, 1987
Air Force	Honorable	January 25, 1991	April 25, 1991

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	70%
Your current monthly award amount is:	\$1663.06
The effective date of the last change to your current award was:	December 01, 2022
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

Regional Office Director





Women, Infants and Children (WIC)
California Department of Public Health, WIC Division
3901 Lennane Drive
Sacramento, CA 95834
1-800-852-5770 • Email form to: WIC@CDPH.CA.GOV

Request for Verification of Participation in the California WIC Program

By submitting this form to the WIC Program, you are requesting verification of past or present participation in the California WIC Program for you and/or your child(ren). Please provide the following information:

1. I am a current or former WIC participant: ☐ Yes ☐ No
2. My relationship to the WIC participant(s) listed below is:
☐ Self ☐ Parent / Guardian ☐ Both
3. I am asking for verification of WIC participation for the following current or former WIC participant(s):
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

4. The address(es) for myself and/or my child(ren) while on the California WIC Program:

5. I would like to receive the verification of participation letter: ☐ By e-mail ☐ By mail

Name of Participant/Parent/Guardian (Printed)	Signature	Date
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Current **e-mail address** for Participant/Parent/Guardian

Current **phone number** for Participant/Parent/Guardian (**Optional**)

Current **mailing address** for Participant/Parent/Guardian

IDENTIFICATION REQUIRED: Page 2 of this form must be completed for processing.

This institution is an equal opportunity provider.

Identification is required to process your request for verification of participation.

- **Current or former WIC participant – verification for self and/or minor child(ren):** If you are a current or former WIC participant requesting verification of participation for yourself and/or your minor child(ren), you must submit a copy of identification for yourself as described below. The identification must include your full name.
- **Non-participant parent or guardian – verification for minor child(ren):** If you are the parent or guardian of a current or former WIC participant and have never participated in the California WIC Program, you must submit a copy of identification for both yourself and your minor child(ren) as described below. Both forms of identification must include full names.

INSERT I.D. HERE
OR ATTACH TO
THIS FORM

INSERT I.D. HERE
OR ATTACH TO
THIS FORM

Identification Options for Adult Participant or Parent/Guardian: Aid Verification Letter/Notice of Action • Birth Certificate • Car/Vehicle Registration • Court Order • Foster Child Placement Letter/Notice • Immigration or Naturalization Papers • Immunization Record • Medi-Cal, Health, HMO, or County Services Access Card • Medical Records/Hospital Discharge Forms • Medical Referral Form • Military ID • Official School Documents/Financial Aid Documents • Paystub/Checks with Pre-Printed Name/Bank Documents • Photo Identification (Driver's License/Passport) • Rent/Mortgage/Lease/Property Tax Statement • School ID Card • Social Security Card • Tribal ID Card • Unemployment Benefits Card/Letter • Voter Registration • Work ID Card

Identification Options for Infant/Child Participant: Adoption Papers • Aid Verification Letter/Notice of Action • Baptismal Certificate • Birth Certificate/Hospital Birth Verification/Crib Card • Court Order • Foster Child Placement Letter/Notice • Immigration or Naturalization Papers • Immunization Record • Medi-Cal, Health, HMO, or County Services Access Card • Medical Records/Hospital Discharge Forms • Medical Referral Form • Official School Documents • Photo Identification/Passport • Social Security Card • Tribal ID Card

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