

Documentos obligatorios para solicitar una tableta gubernamental gratuita en California

Para solicitar tabletas gubernamentales gratuitas en California, debe tener documentos verificados con la solicitud del departamento que está utilizando. Si usa sus beneficios del Seguro Social, necesita documentación con los beneficios de la oficina del seguro social. Si usa SNAP/Cupones para alimentos, necesita documentos con un número de caso y su nombre en la declaración del departamento de servicios sociales.

Puede proporcionar cualquiera de los siguientes:

- Carta de oferta del gobierno
- Certificados de participación
- Carta de otorgamiento de beneficios

Si reúne los requisitos en función de los ingresos, necesitará un documento de fuente gubernamental que muestre su declaración de ingresos anual.

Puede presentar uno de los siguientes documentos:

- Declaración de ingresos actual o un talón de cheque de pago
- Una declaración de beneficios de jubilación/pensión
- Una declaración de beneficios de compensación laboral/desempleo
- Una declaración de beneficios del Seguro Social
- Una declaración de beneficios de la Administración de Veteranos (no se aceptan tarjetas VA solas)
- Declaración de impuestos estatales, federales o tribales del año pasado

Si es necesario que proporcione más información para su programa. Aquí hay algunos enlaces útiles y ejemplos del papeleo necesario.

SNAP/EBT or MediCal : www.mybenefitscalwin.org

SSI: www.ssa.gov/myaccount

MediCaid/Seguro Social: Necesita comprobante de ingresos o declaración de impuestos de los últimos años

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

WIC: Ver formulario adjunto

Beneficios para veteranos: 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.

SAMPLE



Social Security Administration Benefit Verification Letter

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

JOHN DOE
555 YOUR ADDRESS
CITY, CA 93711

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



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

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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