

CalWORKs Special Needs Request Form

You can get extra money for special needs you may have that are not common to most families. If you need one of the items listed below, fill out this form and turn it in.

County: Please issue a receipt for this, if turned in in-person.

I, _____, request the following special needs:
(Print Name)

I. RECURRING SPECIAL NEEDS

- \$15/month therapeutic diet** (medical verification attached)
- Diabetic**, 2200 calories or more
- High calorie** **high protein**, including special infant formula
- Lactation** (while breast feeding)
- \$9/month therapeutic diet** (medical verification attached)
- Diabetic**, under 2200 calories
- Bland**
- Low fat** - **low cholesterol**
- Low salt** (sodium under three grams)
- Special transportation** (if for medical treatment, verification attached)
- Special laundry** (if for medical condition, verification attached)
- Chore worker** (wages for someone to do cooking, household cleaning and other chores) because household cannot do them/no IHSS
- Special telephone service or equipment** (medical report attached)
- Money for high use of utilities** for a reason not common to a majority of recipients and essential for your support; \$5 without verification or attached is a medical report verifying the diagnosis and need.

II. NON-RECURRING SPECIAL NEEDS

- To **repair or replace clothing or household equipment, damages to the home or for interim shelter because of an emergency** resulting from sudden and unusual circumstances beyond our control
- Eviction Prevention** funds (up to 2 month's rent) – must turn in a "Pay Rent" notice
- Temporary homeless assistance** for up to 16 days
- Permanent homeless assistance:** security deposit, last month's rent, utility deposit(s), credit check or other move-in costs

Case # or SSN : _____

_____, 200__
Date Signed

Signature

State regulation, MPP Section 44-211, covers all the special needs listed here.

MAKE AND KEEP A DATED COPY FOR YOURSELF!

