



# CalFresh (Food Stamps) Referral Form

**Santa Clara County**  
750 Curtner Avenue  
San José, CA 95125-2118  
408.266.8866 ph  
408.266.9042 fax

**San Mateo County**  
1051 Bing Street  
San Carlos, CA 94070-5320  
650.610.0800 ph  
650.610.0808 fax

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please call me to learn about my eligibility for CalFresh and other Food Bank programs**

**Your Information:**

<b>Name</b>	
<b>Phone</b>	
<b>Best Time to Call</b>	
<b>Language/s</b>	

Please fax completed form to Second Harvest Food Bank at (408) 266-9042.

For Office use only:

Call History:

Outcome: FH BB PM CF

Initials: \_\_\_\_\_

Is HH interested in CalFresh?	Yes	No	
Is any other HH member already on CalFresh?	Yes	No	
Is HH eligible for CalFresh?	Yes	No	
Was HH scheduled for appointment in the field?	Yes	No	Site:
Was application taken over the phone?	Yes	No	