

Access to Benefits. Simplified.

External Page
User Guide

PURPOSE

The purpose of this guide is to provide users with step-by-step instructions on completing an online Application and submitting the application through the internet. This guide can also be used by County Staff, Community Based Organization, or Help Desk Staff to aid users in completing the application.

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AM I ELIGIBLE?

PURPOSE The purpose of **Am I Eligible?** is to gather minimal information to determine potential eligibility for Food Stamps.

STARTING POINT The user has navigated to the C4Yourself Home Page, clicked the Food and Nutrition hyperlink and clicked [Am I Eligible?](#)

STEP	ACTION
1	Enter Zip Code in the first text box.
2	In the second box, click the select arrow to display the number drop-down list and select the total number of people that will be included in this application.
3	Enter the household's Total Gross Income for the month in the last text box.
4	Click the Next button.

The screenshot shows the 'Am I Eligible?' form on the C4Yourself website. The form has a blue header with the C4Yourself logo and 'Access to Benefits. Simplified.' text. On the right, there are links for 'Home' and 'Help', and a language dropdown set to 'English'. The main content area is titled 'Am I Eligible?' and includes a note: '* You must answer these questions.' Below this are three questions, each with a corresponding step number in a green arrow pointing to the input field:

- Step 1:** '* What is your ZIP code?' with a text input box.
- Step 2:** '* How many people in your home are applying for Food Stamp Program?' with a 'Select One' dropdown menu.
- Step 3:** '* How much total money (before taxes) did all the people in your home get last month?' with a text input box.

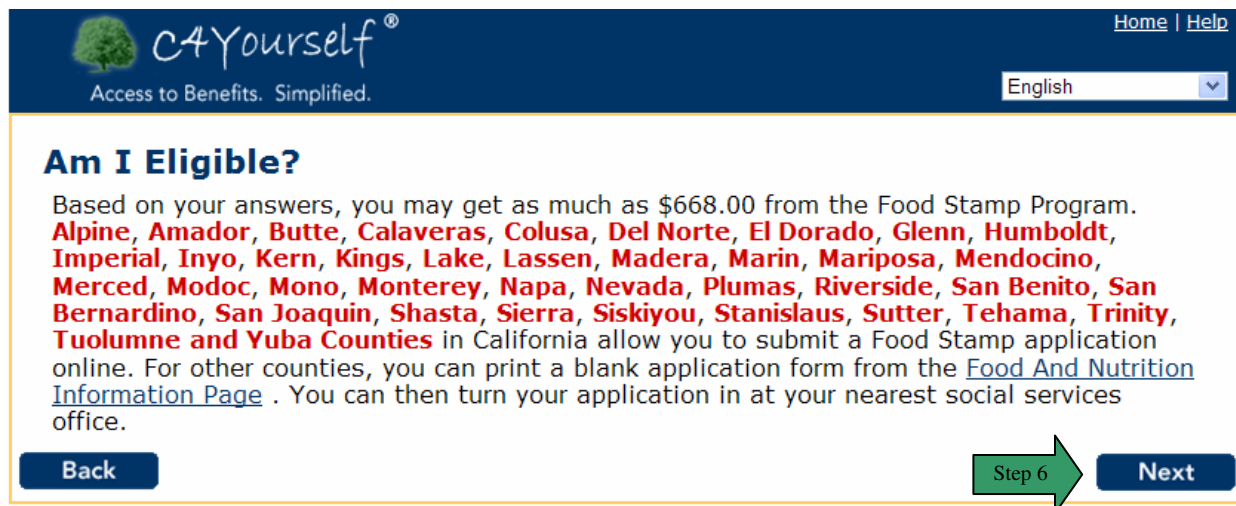
At the bottom left is a 'Back' button, and at the bottom right is a 'Next' button. A green arrow labeled 'Step 4' points from the 'Next' button towards the right side of the page.

TROUBLESHOOTING This section provides a guide on error messages that might display if the user does not enter the correct information or leaves a field blank.

	Message	Action
1	Please enter a valid ZIP Code.	Have the user verify they have entered a ZIP Code. This is a 5 digit-code.
2	Please select how many people are applying for Food Stamps.	Have the user verify they have selected the number of people they are applying for.
3	Please enter your income.	Enter the total amount of income for all people in the home received last month. If zero was received, enter 0.

AM I ELIGIBLE? (continued)

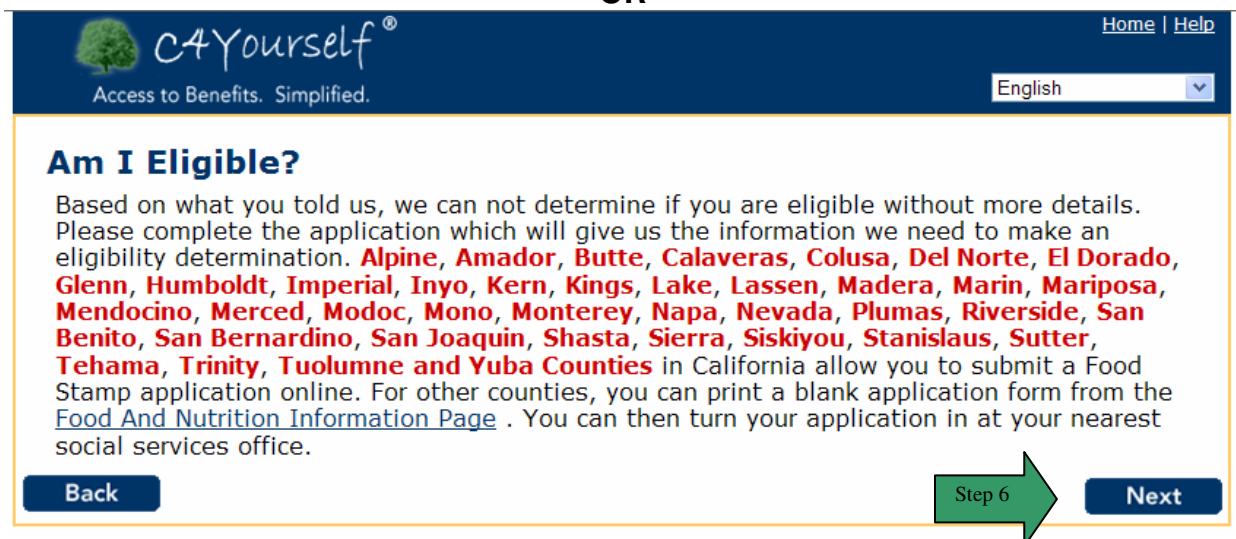
STEP	ACTION
5	The user will see one of two messages: 5.1 Based on your answers, you may get as much as..... OR 5.2 Based on what you told us, we can not determine if you are eligible.....
6	Click the Next button to continue.



Am I Eligible?

Based on your answers, you may get as much as \$668.00 from the Food Stamp Program. **Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne and Yuba Counties** in California allow you to submit a Food Stamp application online. For other counties, you can print a blank application form from the [Food And Nutrition Information Page](#) . You can then turn your application in at your nearest social services office.

Back **Next**

OR


Am I Eligible?

Based on what you told us, we can not determine if you are eligible without more details. Please complete the application which will give us the information we need to make an eligibility determination. **Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne and Yuba Counties** in California allow you to submit a Food Stamp application online. For other counties, you can print a blank application form from the [Food And Nutrition Information Page](#) . You can then turn your application in at your nearest social services office.

Back **Next**

LANGUAGE SELECTION

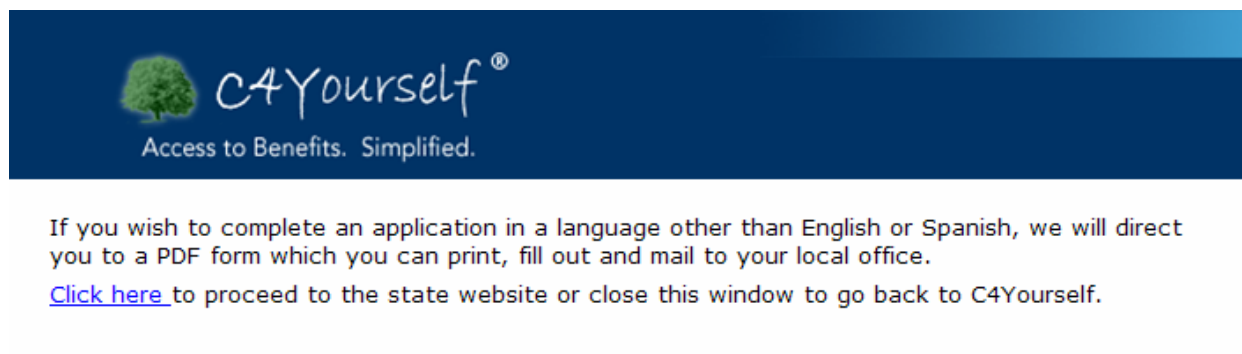
PURPOSE

The purpose of **Login** is to allow a returning user who created a user name and password to sign in and view or complete an E-App or access their C4 Yourself account, through the secured website.

Currently, C4Yourself supports English and Spanish. If you would like to fill out an application in another language, you can select the language from the drop down box of the Home page, in the top right corner.



When a language other than Spanish or English is selected, the screen below will display in a new window.



After clicking on "[Click Here](#)", you will be redirected to the California Department of Social Services (CDSS) website, to forms in the language you selected. You will need to scroll down the page and find the form called "SAWS2 Statement of Facts". This form is an acceptable application for Food Stamps, CalWORKs, Medi-Cal and CMSP.

For example: If Farsi is selected, this is the screen that will display after you click on "Click Here"



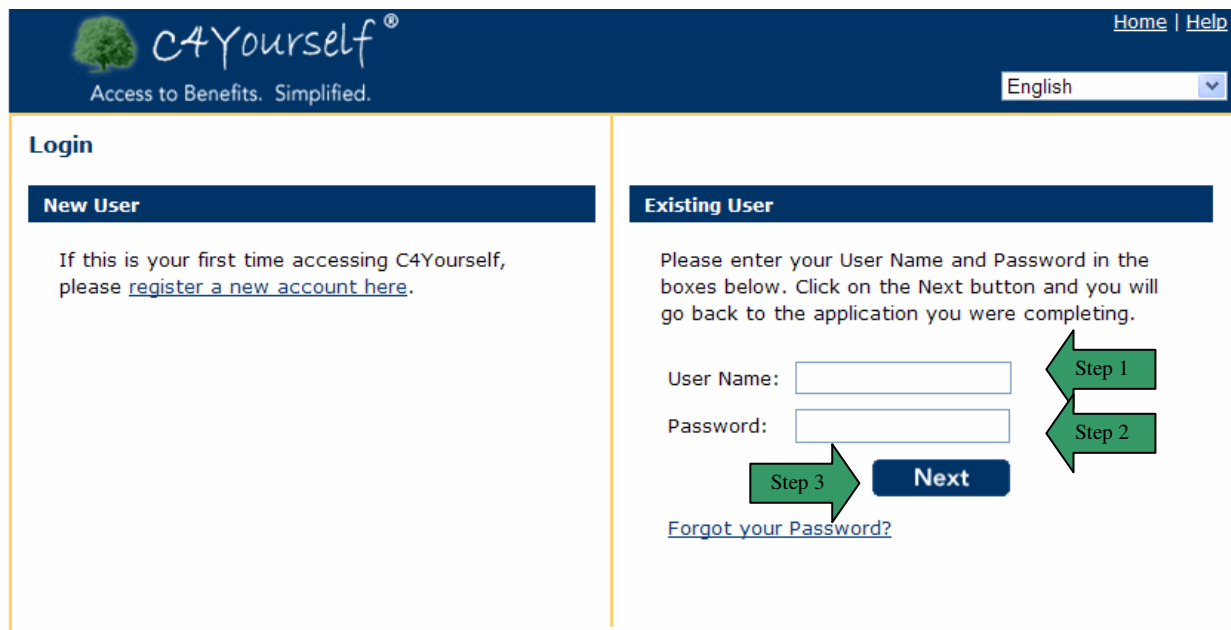
The screenshot shows the top of the C4Yourself website. On the left is the CA.GOV logo. In the center is the Department of Social Services CDSS logo. To the right is a search bar with a dropdown menu showing 'This Site' and 'Calif'. Below the logo is a navigation bar with links: Home, Find Services, Care Providers, Forms/Brochures, Program Rules, Reports, Policy/Planning, and Fis. Below the navigation bar is a section for the Office of Governor Edmund G. Brown Jr. with a 'Visit his Website' button. To the right of this is a 'Farsi Translations' section with a link to 'Problems with downloading forms?' and a link to 'Tips for Us PDF Files'. Below this is a link to 'For Farsi forms beginning with the following letters click below:'.

LOGIN-RETURNING USER

PURPOSE The purpose of **Login** is to allow a returning user who created a user name and password to sign in and view or complete an E-App or access their C4 Yourself account, through the secured website.

STARTING POINT The user has navigated to the C4Yourself Home Page and clicked the [Open Saved Applications](#) hyperlink.

STEP	ACTION
1	Enter User Name in the first text box (This field is case sensitive).
2	Enter Password in the second text box (This field is case sensitive).
3	Click the Next button to continue.



The screenshot shows the C4Yourself login page. The header includes the C4Yourself logo, the tagline 'Access to Benefits. Simplified.', and links for 'Home' and 'Help'. A language dropdown menu is set to 'English'. The page is divided into two main sections: 'New User' and 'Existing User'. The 'Existing User' section contains the login form. The form has two text boxes: 'User Name:' and 'Password:'. Below these is a 'Next' button. A link for 'Forgot your Password?' is also present. Three green arrows with labels indicate the steps: 'Step 1' points to the 'User Name' box, 'Step 2' points to the 'Password' box, and 'Step 3' points to the 'Next' button.

LOGIN-RETURNING USER (continued)

STEP	ACTION
4	The My Applications page displays.
5	If the user has submitted applications in the past, the application will display in a list under Previous Applications . The user can click on the E-App Number hyperlink to view the E-App Summary .
6	To continue an application that has not been submitted, click the Continue button.

The screenshot shows the C4Yourself website header with the logo and navigation links (Call Me, Live Chat, Home, Help). Below the header is a blue navigation bar with tabs: My Messages, My Things To Do, My Benefits, My Forms, and My Applications (highlighted in orange). The main content area is titled 'My Applications' and contains several sections: 'Start a New Application' with a 'Next' button, 'Applications for Renewal/Recertification' (stating 'You have no renewals to submit.'), 'Applications Missing Information' (stating 'There are no applications missing any information.'), and 'Previous Applications'. Below these sections is a table with two columns: 'E-App Number' and 'E-App Date'. The first row shows 'CIV-11-182-008730' and '07/01/2011'. A green arrow labeled 'Step 5' points to the 'Next' button.

OR

The screenshot shows the C4Yourself website header and navigation bar, identical to the previous one. The 'My Applications' section is expanded to show the 'Current Application' section, which includes a 'Continue' button. A green arrow labeled 'Step 6' points to the 'Continue' button. Below the 'Current Application' section are the same sections as before: 'Applications for Renewal/Recertification', 'Applications Missing Information', and 'Previous Applications'. The table at the bottom also shows the same 'E-App Number' and 'E-App Date'.

OR

LOGIN-RETURNING USER (continued)

STEP	ACTION
7	The My Applications page displays. This is an example of when the user creates a user name and password but does not start an application. To start the application, click the Next button.

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[Call Me](#) | [Live Chat](#) | [Home](#) | [Help](#)

English

My Messages | My Things To Do | My Benefits | My Forms | **My Applications**

My Applications

My Applications

Start a New Application

Click the next button to start a new application. **Next**

Applications for Renewal/Recertification

You have no renewals to submit.

Applications Missing Information

There are no applications missing any information.

Previous Applications

E-App Number	E-App Date
CIV-11-182-008730	07/01/2011

LOGIN PROBLEMS

PURPOSE

The purpose of this guide is to give the user a description of messages that may display when they are trying to log into the C4Yourself application.

STARTING POINT

The user has navigated to the C4Yourself Home Page and clicked on the hyperlink [Click here](#) under Apply for Benefits. The user has entered their user name and password and received an error message. The error message reads: **Your login information did not match our records, Please try again.**

STEP	ACTION
1	Re-enter User Name in the first text box (This field is case sensitive).
2	Re-enter Password in the second text box (This field is case sensitive).
3	Click the Next button to continue.

The screenshot shows the C4Yourself login interface. The header includes the C4Yourself logo, the tagline "Access to Benefits. Simplified.", and links for "Home" and "Help". A language dropdown menu is set to "English".

The "Login" section is divided into two columns:

- New User:** Contains the text: "If this is your first time accessing C4Yourself, please [register a new account here](#)."
- Existing User:** Contains the text: "Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing."

Below the "Existing User" section, an error message is displayed in red: **Your login information did not match our records. Please try again.**

The login fields are:

- User Name:
- Password:

A "Next" button is located below the password field. A diagram with three green arrows indicates the steps:

- Step 1: Points to the User Name field.
- Step 2: Points to the Password field.
- Step 3: Points to the Next button.

At the bottom of the "Existing User" section, there is a link: [Forgot your Password?](#)

FORGOT USER NAME

PURPOSE The purpose of the **Forgot User Name** guide is to give the user instruction on what steps are necessary if the user forgets their user name.

STARTING POINT The user has navigated to the C4Yourself Home Page and clicked the hyperlink [Click here](#) under Apply for Benefits.

STEP	ACTION
1	If the user has forgotten the user name, they will need to follow the steps for applying for benefits on page on page 16 to create a new user name and password. The information entered previously cannot be recovered.

FORGOT PASSWORD

PURPOSE The purpose of the **Forgot Your Password** section is to give the user instruction on what process is needed if they forget their User Password.

STARTING POINT The user has navigated to the C4Yourself Home Page and clicked the hyperlink [Open Saved Applications](#). The user has forgotten their password.

STEP	ACTION
1	Click the hyperlink Forgot Your Password?

STEP	ACTION
2	The Please Enter Your User name page displays
3	Enter User Name (This field is case sensitive).
4	Click the Next button to continue.

FORGOT PASSWORD (continued)

STEP	ACTION
5	The Secret Questions page displays.
6	Enter the answer to the first Secret Question in the first text box (This field is case sensitive).
7	Enter the answer to the second Secret Question in the second text box (This field is case sensitive).
8	Click the Next button to continue.

Secret Questions

User Name: Seymour1

Secret question: What is your favorite pastime?

Your answer:

Please enter your answer to your first secret question.

Second Secret question: Which phone number do you remember most from your childhood?

Your answer:

Please enter your answer to your second secret question.

Click the Next button to check your answers against our records.

[Back](#) [Next](#)

FORGOT PASSWORD (continued)

STEP	ACTION
9	The Change Your Password page displays.
10	Enter a new Password in the first text box (This field is case sensitive).
11	Re-enter the Password in the second text box (This field is case sensitive).
12	Click the Next button to continue.

Change Your Password

User Name: Seymour1

Password: **Step 10**

Type in a Password. It must be between 5 and 20 letters or numbers and it should to be different than your User Name.

Re-enter Password: **Step 11**

You must enter the same password again.

Click the Next button to change your Password.

Back **Next** **Step 12**

STEP	ACTION
13	The Your Application page displays. The password has been changed. The user can click on an application if one is displayed or click the Next button to continue.

My Applications

Start a New Application

Click the next button to start a new application. **Next** **Step 13**

Applications for Renewal/Recertification

You have no renewals to submit.

Applications Missing Information

There are no applications missing any information.

Previous Applications

You have no previous applications.

CALL ME

PURPOSE

The purpose of the **Programs** page is to allow the applicant to select the programs they wish to apply for. In order to continue, they must select at least one of the three programs listed, which are Food Stamps, CalWORKs, and Medi-Cal.

NOTE: The Call Me hyperlink is ONLY available for persons who live and are applying in San Bernardino or Kern County.

STARTING POINT

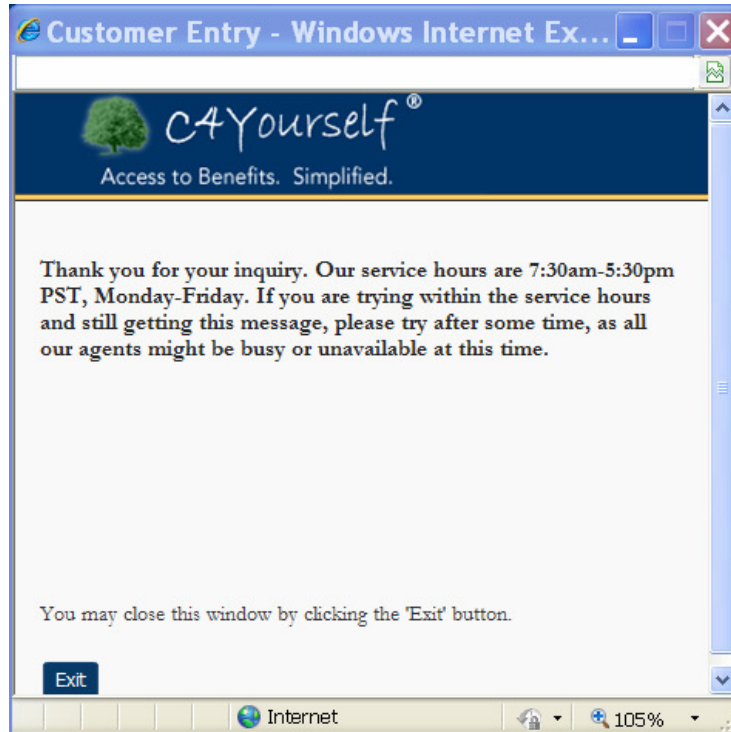
The user has logged into their C4Yourself Account.

STEP	ACTION
1	Click the hyperlink Call Me .
2	Enter your Full Name in the Full Name text box.
3	Enter your Phone Number in the Phone Number text box. Do NOT enter hyphens. Here is an example of how the phone number should be entered: 9095555555
4	Click Call Me , to have a person assist you with your questions/application or click Exit if you do not want someone to call you.

The screenshot shows the C4Yourself web application interface. At the top, there is a navigation bar with the C4Yourself logo and the tagline 'Access to Benefits. Simplified.' On the right side of the navigation bar, there is a 'Call Me' link, a 'Home' link, and a 'Help' link. Below the navigation bar, there is a sidebar on the left with the heading 'My Things To Do' and a list of links: 'Manage My Account', 'Manage My Account Profile', 'Register With My County', 'Deregister From My County', 'Manage My Applications', 'Renew/Recertify My Benefits', 'Start New Application', 'Finish Saved/Incomplete/Unsubmitted Applications', 'Add Missing Application Information', 'See Prior Applications', 'Manage My Forms and Status Reports'. The main content area is titled 'Customer Entry - Windows Internet Ex...' and contains a welcome message: 'Welcome to San Bernardino County's Call Me interface. To help us assist you, please enter your information and click 'Call Me'. (* denotes required field)'. Below the welcome message, there are two text input fields: 'Full Name: *' and 'Phone Number(10 Digits): *'. At the bottom of the form, there are two buttons: 'Call Me' and 'Exit'. Four green arrows with labels 'Step 1' through 'Step 4' point to the 'Call Me' link in the navigation bar, the 'Full Name' field, the 'Phone Number' field, and the 'Call Me' button, respectively.

CALL ME (continued)

After you click “Call Me” the following screen will display indicating your request has been submitted.



APPLY FOR BENEFITS

PURPOSE

The purpose of the **Apply for Benefits** link is to have the **user** create a user name and password. By creating a user name and password, the applicant will be able to leave the C4Yourself application and return to it without losing the information they already entered. After creating a user name and password, the user will start the application.

NOTE: The User Name, Password and Secret Questions/Answers should only be entered by the Primary Applicant/Recipient applying and **should not be shared** with relatives, friends, county staff, or county based organizations (hospitals, clinics, etc.).

STARTING POINT

The user has navigated through the following pages:

1. **C4Yourself Home Page**
2. Click the hyperlink [Click here](#) under **Apply for Benefits**.

The **Login** page is displaying.

STEP	ACTION
1	Click the register a new account here hyperlink.

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Home | Help

English

Login

New User

If this is your first time accessing C4Yourself, please [register a new account here](#). **Step 1**

Existing User

Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing.

User Name:


Password:

Next

[Forgot your Password?](#)

USER NAME AND PASSWORD

STEP	ACTION
2	The User name and password page displays.
3	Select the County that you live in from the County drop down box.
4	Enter a User Name in the text box. The user name must be between 5 and 20 characters long and is case sensitive.
5	Enter Password in the text box (This field is case sensitive).
6	Re-enter Password in the text box (This field is case sensitive).
7	Click the select arrow box to display the drop-down list and select the First secret question .
8	Enter your answer in the first Your answer text box (This field is case sensitive).
9	Click the select arrow box to display the drop-down list and select the Second secret question .
10	Enter your answer in the second Your answer text box (This field is case sensitive).
11	Click the Next button.


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[Home](#) | [Help](#)
 English

Create User Account

Note: *You must answer these questions.

County:*

Please select the county in which you live. This selection will be associated to your account. You will be able to change this later if you need to.

User Name:*

Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.

Password:*

Type in a Password. It must be between 5 and 20 letters or numbers and it should be different than your User Name.

Re-enter Password:*

You must enter the same Password again.

First secret question:*

Select a secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.

Your answer:*

Make sure your answer is easy for you to remember.

Second secret question:*

Select another secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.

Your answer:*

Make sure your answer is easy for you to remember.

Click the Next button to create the User Name and the Password.

USER NAME AND PASSWORD (continued)

If you select a county that is NOT a C-IV supported county, you may see an error message after you click the Next Button in Step 11. **If you live in a non-C-IV county you can still complete an application online by clicking the “[Click Here](#)” hyperlink.** This hyperlink will take you to the California Benefits Portal, which will direct you to another website where you can apply online.

Create User Account

Note: *You must answer these questions.

County:*	Los Angeles
C4Yourself cannot send applications to the selected county. Please click here to proceed further.	
Please select the county in which you live. This selection will be associated to your account. You will be able to change this later if you need to.	

STEP	ACTION
12	The User name and password page displays with a message that states: You have successfully created your user name and password.
13	Click the Next button.

FIRST SECRET QUESTIONS

What is your Father's middle Name?
 What was the name of your first school?
 Who was your childhood hero?
 What is your favorite pastime:
 What is your all-time favorite sports team?

SECOND SECRET QUESTIONS

What was the first and last name of your first boyfriend or girlfriend?
 Which phone number do you remember most from your childhood?
 What was your favorite place to visit as a child?
 Who is your favorite actor, musician, or artist?
 What is your favorite movie?

MY APPLICATIONS

STEP	ACTION
14	The My Application page displays.
15	Click the Next button.

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[Home](#) | [Help](#)

English

My Messages | My Things To Do | My Benefits | My Forms | **My Applications**

My Applications

My Applications

Start a New Application

Click the next button to start a new application. **Next**

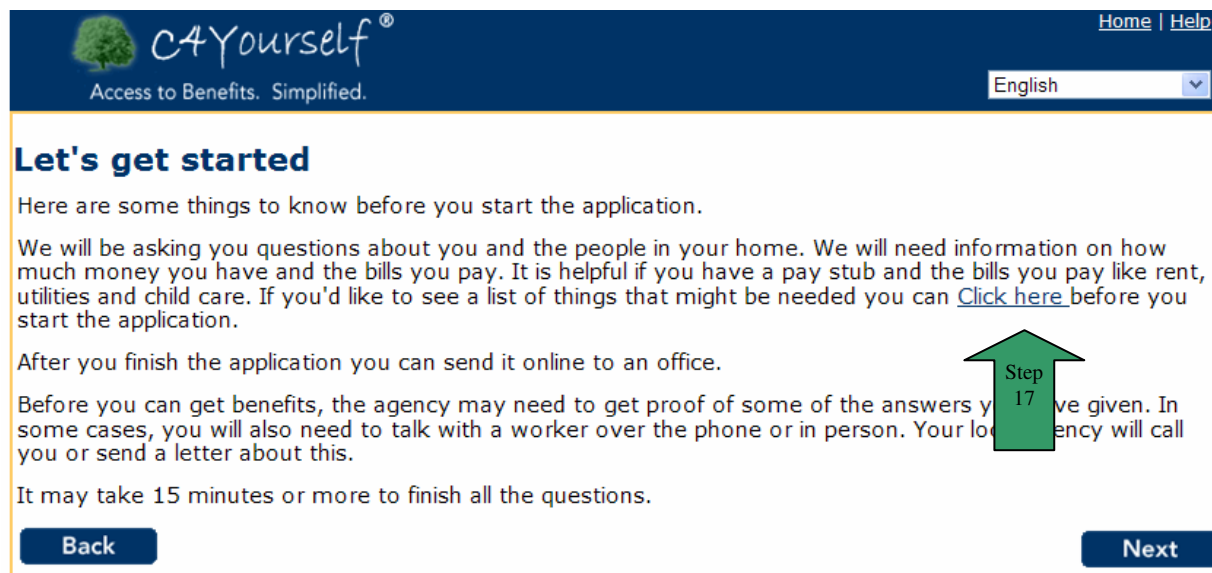
Applications for Renewal/Recertification

You have no renewals to submit.

Applications Missing Information

LET'S GET STARTED

STEP	ACTION
16	The Let's get started page displays. Note: The user must complete the Start Application section, in order for the information to automatically be saved.
17	To view a list of verifications the user might need to complete the application, click the hyperlink Click here .



Let's get started

Here are some things to know before you start the application.

We will be asking you questions about you and the people in your home. We will need information on how much money you have and the bills you pay. It is helpful if you have a pay stub and the bills you pay like rent, utilities and child care. If you'd like to see a list of things that might be needed you can [Click here](#) before you start the application.

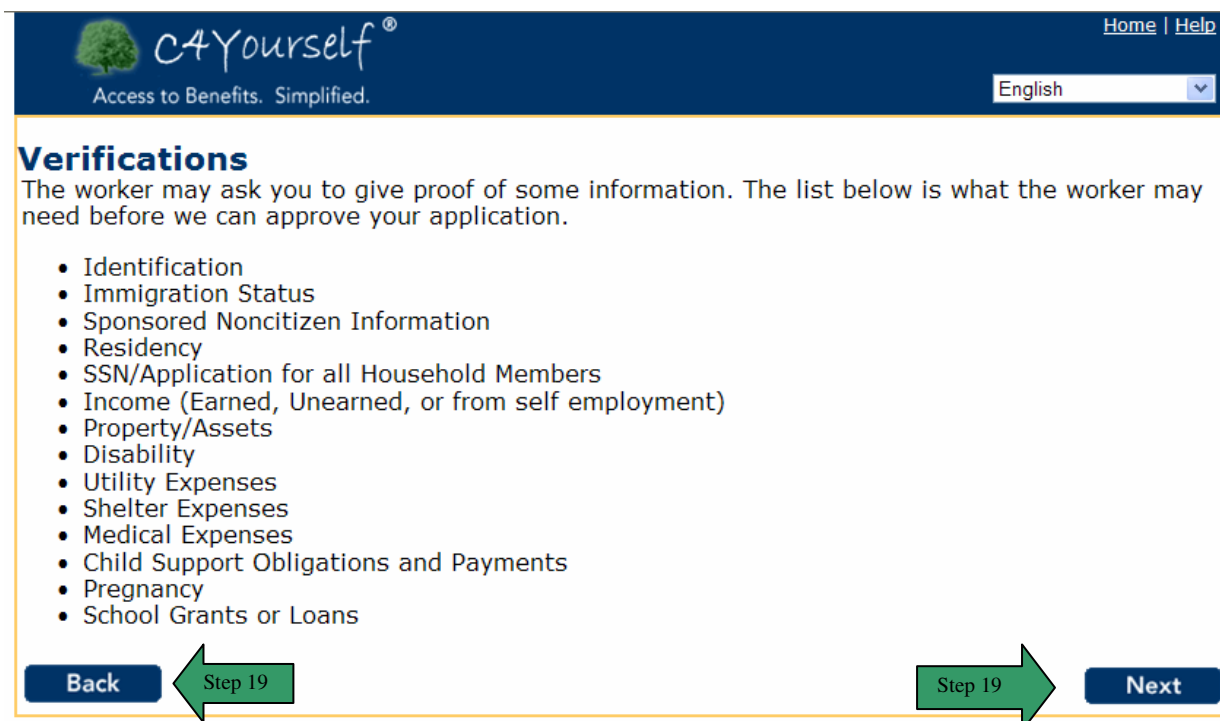
After you finish the application you can send it online to an office.

Before you can get benefits, the agency may need to get proof of some of the answers you have given. In some cases, you will also need to talk with a worker over the phone or in person. Your local agency will call you or send a letter about this.

It may take 15 minutes or more to finish all the questions.

[Back](#) [Next](#)

STEP	ACTION
18	The Verifications page displays.
19	Click the Back button or the Next button to return to the Let's get started page.



Verifications


The worker may ask you to give proof of some information. The list below is what the worker may need before we can approve your application.

- Identification
- Immigration Status
- Sponsored Noncitizen Information
- Residency
- SSN/Application for all Household Members
- Income (Earned, Unearned, or from self employment)
- Property/Assets
- Disability
- Utility Expenses
- Shelter Expenses
- Medical Expenses
- Child Support Obligations and Payments
- Pregnancy
- School Grants or Loans

[Back](#) [Next](#)

LET'S GET STARTED

STEP	ACTION
20	The Let's Get Started page redispays.
21	Click the Next button to continue.


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[Home](#) | [Help](#)
 English

Let's get started

Here are some things to know before you start the application.

We will be asking you questions about you and the people in your home. We will need information on how much money you have and the bills you pay. It is helpful if you have a pay stub and the bills you pay like rent, utilities and child care. If you'd like to see a list of things that might be needed you can [Click here](#) before you start the application.

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Before you can get benefits, the agency may need to get proof of some of the answers you have given. In some cases, you will also need to talk with a worker over the phone or in person. Your local agency will call you or send a letter about this.

It may take 15 minutes or more to finish all the questions.

Back

Step 21

Next

INSTRUCTIONS

STEP	ACTION
22	The Instructions page displays.
23	Click the Next button to continue with the application.

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Home | Help

English

Instructions

Here are some tips for using this website.

Start Application People **Job** Income Expenses Property Other Send Application

The tabs above tell you what kind of questions we will be asking. You will not have to answer all the questions. It is best to answer as many questions as you can. The more complete your application is, the faster the worker will be able to process it.

30%

This bar tells how close you are to finishing the application.

You'll see some questions with a star * - next to them. You must answer these questions before you can go on to the next page.

Check this ☐ box next to the item you want to select.

Check this ☐ button next to the item you want to select.

Next

The Next button takes you to the next page.

Back

The Back button takes you to the page before the one you are on now.

Exit

The Exit button ends your application. If you created a user name and password, all your information will be saved. If you do not have a user name and password, you will be asked to create one so that your application can be saved.

Remove

The Remove button removes the person or information from your application.

Edit

The Edit button takes you to a person's information so you can make changes.

Link Text

Text that is underlined and blue is a hyperlink. Clicking this text will direct you to another web page.

Send Application

The Send Application button sends your application. If you click this button, it will send your application to the county office.

Home My C4Yourself Help

The Help link shows help for the page you are on. If you click this button, it will show information to help you understand the questions on the page.

OK. Let's start the application.

Back **Next**

Step 23

START APPLICATION TAB

PURPOSE

The purpose of the **Programs** page is to allow the applicant to select the programs they wish to apply for. In order to continue, they must select at least one of the three programs listed, which are Food Stamps, CalWORKs, and Medi-Cal.

NOTE: Persons applying for CMSP should select Medi-Cal on the Programs page. CMSP will be a selection on a subsequent page.

STARTING POINT

The user has navigated through the following pages:

- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**

The **Programs** page is displaying.

Step	Action
1	Check the box for each program being applied for. NOTE: If the person is applying for CMSP or Path2Health, Medi-Cal should be selected.
2	Click the Next button to continue.

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Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

100%

Programs

Please select the programs you wish to apply for. You must apply for at least one program. You may apply for as many programs as you wish.

<input type="checkbox"/> Food Stamps	The Food Stamp Program provides a monthly benefit for you to buy food. The amount is based on your household's size, income, property and bills. We will look at your application and review it for Expedited Service within three days. Here are some reasons why you may be entitled to Expedited Service: Your household's gross income and liquid resources are less than your rent/mortgage and utility costs; the total monthly gross income of all the people in your household is \$150 or less; or you are a migrant or seasonal farm worker with less than \$100.
<input type="checkbox"/> CalWORKs	The CalWORKs program is temporary cash assistance for families with low or no income. It also provides education, employment, and training programs to help families get jobs. Child care, transportation, work expenses and counseling are available for working families. You will be automatically tested for Medi-Cal and do not need to check the Medi-Cal box below.
<input checked="" type="checkbox"/> Medical	Checking this box allows the county to determine eligibility for programs that provide medical assistance to adults and children.

Back

Step 2

Next

YOUR INFORMATION

PURPOSE The purpose of the **Your Information** page is to gather information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT The user has navigated through the following pages:

- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**

The **Your Information** page is displaying.

Step	Action
1	Enter the First Name . <i>This is required information.</i>
2	Enter the Middle Name .
3	Enter the Last Name . <i>This is required information.</i>
4	Click the select arrow to display the drop-down list and select best way to contact user.
5	Click the radio button to indicate if the user is homeless . If No is selected in this step, steps 11 and 12 are required. <i>This is required information.</i>
6	Enter the Address Line 1 including house number and street name.
7	Enter additional information on Address Line 2 including space, apartment number, building number, etc.
8	Enter the City . <i>This is required information.</i>
9	California will always be pre-populated in the State section.
10	Enter the ZIP Code . <i>This is required information.</i>
11	Click the select arrow to display the drop-down list and select a County . <i>This is required information.</i>
12	Enter the Contact Number . Also include the extension.
13	Enter the Email address. NOTE: If the primary applicant/recipient would like to have emails sent to their personal email address when e-Messages are posted to their C4Yourself account, an email address should be entered.
14	Click the radio button to indicate if the person is applying for benefits on behalf of someone else .
15	Click the check box to indicate if the person is a minor/teenager and wants confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault. Note: If the person applying meets the criteria above and checks the box, an error message will display stating the following: To maintain confidentiality, you must take your application to the local social services office or eligibility worker site. DO NOT MAIL OR SUBMIT AN ONLINE APPLICATION.
16	Click the Next button to continue.

YOUR INFORMATION (continued)


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[Home](#) | [My C4Yourself](#) | [Help](#)

Send Application

Exit

Start Application
People
Job
Income
Expenses
Property
Other
Send Application

100%

Your Information

Please give us information about yourself. You must give us at least your name and address. If you can not answer a question you can skip it.

Note: *You must answer these questions.

*First Name:	Step 1 →	<input type="text"/>	
Middle Name:		<input type="text"/>	← Step 2
*Last Name:	Step 3 →	<input type="text"/>	
What is the best way to contact you?		Select One ▼	← Step 4
* Are you homeless?	Step 5 →	<input type="radio"/> Yes <input checked="" type="radio"/> No	
* Address Line 1:		<input type="text"/>	← Step 6
Address Line 2:	Step 7 →	<input type="text"/>	
* City:		<input type="text"/>	← Step 8
State:		California	← Step 9
* Zip Code:	Step 10 →	<input type="text"/>	
* County:	Step 11 →	Tuolumne ▼	
Contact Number:		<input type="text"/> - <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	← Step 12
Email:		<input type="text"/>	← Step 13
* Are you applying for benefits on behalf of someone else?		<input type="radio"/> Yes <input checked="" type="radio"/> No	← Step 14
<input type="checkbox"/> I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault.			

Step 15 →

Step 16 →

Back

Step 17 →

Next

SELECT ADDRESS

PURPOSE

The purpose of the **Select Address** page is to confirm the address entered by the primary applicant/recipient. When an address is entered, the address will go through a normalization process. If the address does not match any address known to the postal service, the page will display the "User-entered Address". There may be times when potential matches display due to changes in zoning and/or software updates (see page 29).

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Exit

Start Application

People

Job

Income

Expenses

Property

Other

Send Application

0%

Select Address

We could not verify your address. Please double-check what you entered below. If you believe it is correct, please click the circle next to it and click the next button. Otherwise, click back and change it.

User-entered Address

☐ 1 NIRVANA LANE
UTOPIA, CA 92325
San Bernardino County


Back

Next

SELECT ADDRESS (continued)

There may be times when multiple potential matches display (due to changes in zoning, software updates, or typographical errors). Below is an example of what the Select Address page will display if there is a discrepancy and/or multiple potential matches.

[Home](#) | [My C4Yourself](#) | [Help](#)

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Exit

Start Application

People

Job

Income

Expenses

Property

Other

Send Application

0%

Select Address

The address you entered could not be found. Below is a list of possible matches. Please select your address. **You can only select one.**

Possible Matches

☐ 7977 SIERRA AVE
FONTANA, CA 92336
San Bernardino County

☐ 8137 SIERRA AVE
FONTANA, CA 92335
San Bernardino County

☐ 8117 SIERRA AVE
FONTANA, CA 92335
San Bernardino County

☐ 8101 SIERRA AVE
FONTANA, CA 92335
San Bernardino County

☐ 7977 SIERRA AVE
FONTANA, CA 92336
San Bernardino County

User-entered Address

☐ 7977 SIERRA
FONTANA, CA 92335
San Bernardino County

Back

Next

TELL US MORE

PURPOSE

The purpose of the **Tell us more** page is to gather additional information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT

The user has navigated through the following pages:

- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**

The **Tell us more** page is displaying.

Step	Action
1	Click the radio button to indicate male or female .
2	Click the select arrow to display the drop-down list and select the Month of birth.
3	Click the select arrow to display the drop-down list and select the Day of birth.
4	Click the select arrow to display the drop-down list and select the Year of birth.
5	Enter the Social Security Number .
6	Click the select arrow to display the drop-down list and select the Marital Status .
7	Check the box to indicate Elderly, Without Money, Disabled, Blind, Pregnant or a Migrant/Seasonal Farm worker . The user can select more than one.
8	Click the Next button to continue.

The screenshot shows the top navigation bar of the C4Yourself application. It includes links for Home, My C4Yourself, and Help. Below these is a progress bar showing 0% completion. A row of tabs represents different sections: Start Application (highlighted in blue), People, Job, Income, Expenses, Property, Other, and Send Application.

Tell us more

Please give us additional information about yourself. If you can not answer a question you can skip it.

The screenshot displays the 'Tell us more' form with several fields and checkboxes. Green arrows and labels indicate the sequence of steps for completion:

- Step 1:** Points to the 'Are you male or female?' question with radio buttons for Male and Female.
- Step 2-4:** Points to the 'Date of Birth:' field, which includes dropdown menus for Month, Day, and Year.
- Step 5:** Points to the 'Social Security Number:' field, which consists of three input boxes separated by dashes.
- Step 6:** Points to the 'Marital Status:' dropdown menu.
- Step 7:** Points to the 'Are you any of these? You can select more than one:' section, which contains four checkboxes: Elderly (60 and older), Without money for food, Disabled, Blind, Pregnant, and Migrant/Seasonal Farmworker.

At the bottom of the form are two buttons: 'Back' and 'Next'. A green arrow labeled 'Step 8' points to the 'Next' button.

BACKGROUND INFORMATION

PURPOSE

The purpose of the **Background Information** page is to gather additional information about the primary applicant. Each C4Yourself application requires a primary applicant.

STARTING POINT

The user has navigated through the following pages:


- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Background Information** page is displaying.

Step	Action
1	Click the select arrow to display the drop-down list and select a preferred language .
2	Click the select arrow to display the drop-down list and indicate citizenship .
3	Click the radio button to indicate sponsored citizenship .
4	Enter the city of birth .
5	Click the select arrow to display the drop-down list and select the state you were born in.
6	Click the select arrow to display the drop-down list and select the country of birth .
7	Click the radio button to indicate Hispanic or Latino .
8	Check the box next to race or ethnic origin .
9	Click the Next button to continue.

BACKGROUND INFORMATION (continued)

[Home](#) | [My C4Yourself](#) | [Help](#)



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[Exit](#)

Start Application
People
Job
Income
Expenses
Property
Other
Send Application

0%

Background Information

Please give us additional information about yourself. If you can not answer a question you can skip it.

What is your preferred language?	<input type="text" value="Select One"/>	Step 1
What is your citizenship status?	<input type="text" value="Select One"/>	Step 2
Are you sponsored?	<input type="radio"/> Yes <input type="radio"/> No	Step 3
What city were you born in?	<input type="text"/>	Step 4
What state were you born in?	<input type="text" value="Select One"/>	Step 5
What country were you born in?	<input type="text" value="Select One"/>	Step 6
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No	Step 7

Please give us your race or ethnic origin:

{

Step 8

☐ American Indian or Alaskan Native

☐ Black or African American

☐ Asian (If checked, please select one or more of the following)

☐ Filipino

☐ Chinese

☐ Japanese

☐ Cambodian

☐ Korean

☐ Vietnamese

☐ Asian Indian

☒ Laotian

☐ Other Asian (specify)

☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)

☐ Native Hawaiian

☐ Guamanian

☐ Samoan

☐ Other (specify)

☐ White

☐ Unknown

Back

Step 9

Next

YOUR INFORMATION

PURPOSE The purpose of the **Your Information** page is to gather additional information about the primary applicant's household. Each C4Yourself application requires a primary applicant.

STARTING POINT The user has navigated through the following pages:


- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Your Information** page is displaying.

Step	Action
1	Enter the amount of rent or mortgage that will be paid the month of application.
2	Enter the amount of utilities that will be paid in the month of application if they are not included in the rent/mortgage.
3	Enter in the text box how much money is currently on hand.
4	Check the box to indicate a hardship . The user can select more than one.
5	Click the radio button to indicate if language assistance is needed during the interview at no cost.
6	Click the radio button to indicate if assistance is needed during the interview due to a physical or mental condition .
7	Click the radio button to indicate an eviction notice .
8	Click the radio button to indicate a utility shut off notice .
9	Click the radio button to indicate food will run out in 3 days or less .
10	Click the radio button to indicate essential clothing is need .
11	Click the radio button to request help with transportation to get food, clothing, medical care or other emergency item .
12	Click the Next button to continue.

YOUR INFORMATION (continued)

[Home](#) | [My C4Yourself](#) | [Help](#)


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Exit

Start Application
People
Job
Income
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Property
Other
Send Application

0%

Your Information

OK. You are almost finished with this section.

How much is your rent/mortgage this month?	<input type="text"/>	Step 1
How much are your utilities this month, if separate from your rent/mortgage?	<input type="text"/>	Step 2
How much money do you have? This includes money in a bank account, in your home, or any other place.	<input type="text"/>	Step 3
Do you have any of these hardships? You can select more than one:	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Step 4</div> <div> <input type="checkbox"/> You are 65 years old/or older and do not have someone to represent you <input type="checkbox"/> You have a disability and your household members have no income <input type="checkbox"/> You live in a remote area <input type="checkbox"/> It is hard for you to get a ride or there is not any other type of transportation near you <input type="checkbox"/> You are sick or care for another household member <input type="checkbox"/> The weather is/or has been bad for a long time </div> </div>	
Would you like to have a person who speaks your first language help when you visit the office at no cost?	<input type="radio"/> Yes <input type="radio"/> No	Step 5
Do you think you will need help during your interview because you have a physical or mental condition? We can help you with this.	<input type="radio"/> Yes <input type="radio"/> No	Step 6
Do you have an eviction notice or notice to pay or quit?	<input type="radio"/> Yes <input type="radio"/> No	Step 7
Have your utilities been shut off or do you have a shut-off notice?	<input type="radio"/> Yes <input type="radio"/> No	Step 8
Will your food run out in 3 days or less?	<input type="radio"/> Yes <input type="radio"/> No	Step 9
Do you need essential clothing, such as diapers or clothing needed for cold weather?	<input type="radio"/> Yes <input type="radio"/> No	Step 10
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	<input type="radio"/> Yes <input type="radio"/> No	Step 11

Back

Step 12

Next

HOW TO APPLY FOR OTHERS IN THE HOME – PEOPLE TAB

PURPOSE

The **Information about the people living in your home** page allows the user to add other people living in the home to the C4Yourself application.

STARTING POINT

The user has navigated through the following pages:

- **C4Yourself Home Page**
- **User name and password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Information about the people living in your home** page is displaying.

Step	Action
1	To add another person to the application, click the Yes button.
2	If there are no other applicants, click the No button or the Next button to continue.

The screenshot shows the C4Yourself application interface. At the top, there is a navigation bar with links for Home, My C4Yourself, and Help. Below this is a header section with the C4Yourself logo and the tagline 'Access to Benefits. Simplified.' On the right side of the header are buttons for 'Send Application' and 'Exit'. Below the header is a tabbed interface with tabs for Start Application, People (selected), Job, Income, Expenses, Property, Other, and Send Application. A progress bar below the tabs shows 15% completion. The main content area is titled 'Information about the people living in your home' and includes a thank you message. Below the message is a form with the question 'Is anyone else in your home?' and two buttons: 'Yes' and 'No'. A green arrow labeled 'Step 1' points to the 'No' button. Below the form are 'Back' and 'Next' buttons. A green box labeled 'Step 2' is positioned between the 'Back' and 'Next' buttons, with an arrow pointing from the 'No' button to it.

INFORMATION ABOUT THE PEOPLE LIVING IN YOUR HOME

PURPOSE

The purpose of the **Information about the people living in your home** page is to give the user the option to add other people living in the home to the C4Yourself application.

STARTING POINT

The user has navigated through the following areas:

- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Information about the people living in your home** page is displaying.

Step	Action
1	Enter the First Name of the person being added. <i>This is required information.</i>
2	Enter the Middle Name of the person being added.
3	Enter the Last Name of the person being added. <i>This is required information.</i>
4	Click the select arrow to display the drop-down list to select the living situation of this person to the primary applicant.
5	Click the select arrow to display the drop-down list to select the relationship of this person to the primary applicant.
6	Click the radio button to indicate the person purchases and prepares food with the primary applicant.
7	Click the Next button to continue.

Information about the people living in your home

Note: * You must answer these questions.

TELL US MORE

PURPOSE The purpose of the **Tell us more** page, is to gather additional information of other people living in the home.

STARTING POINT The user has navigated through the following areas:

- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Tell us more** page is displaying.

Step	Action
1	Click the radio button to indicate male or female .
2	Click the select arrow to display the drop-down list and select the Month of birth.
3	Click the select arrow to display the drop-down list and select the Day of birth.
4	Click the select arrow to display the drop-down list and select the Year of birth.
5	Enter the Social Security Number .
6	Click the select arrow to display the drop-down list and select the Marital Status .
7	Check the box/boxes to indicate Elderly, Without Money, Disabled, Blind, Pregnant , or a Migrant/Seasonal Farm worker .
8	Click the Next button.

The screenshot shows the top navigation bar of the C4Yourself application. It includes links for Home, My C4Yourself, and Help. Below these are buttons for Send Application and Exit. A progress bar indicates 15% completion. Below the progress bar are tabs for Start Application, People (selected), Job, Income, Expenses, Property, Other, and Send Application.

Tell us more

Please give us additional information about this person. If you can not answer a question you can skip it.

The screenshot shows the 'Tell us more' form with annotations for steps 1 through 8. Step 1 points to the gender radio buttons (Male/Female). Steps 2-4 point to the date of birth dropdowns (Month, Day, Year). Step 5 points to the Social Security Number input field. Step 6 points to the Marital Status dropdown. Step 7 points to the checkboxes for various conditions (Elderly, Without money for food, Disabled, Blind, Pregnant, Migrant/Seasonal Farmworker). Step 8 points to the Next button.

BACKGROUND INFORMATION

PURPOSE

The purpose of the **Background Information** page is to gather additional information about other persons in the home. Each C4Yourself application requires a primary applicant.

STARTING POINT

The user has navigated through the following pages:

- **C4Yourself Home Page**
- **Create user name and password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Background Information** page is displaying.

Step	Action
1	Click the select arrow to display the drop-down list and select a preferred language .
2	Click the select arrow to display the drop-down list and indicate citizenship .
3	Click the radio button to indicate sponsored citizenship .
4	Enter the city of birth .
5	Click the select arrow to display the drop-down list and select the state you were born in.
6	Click the select arrow to display the drop-down list and select the country of birth .
7	Click the radio button to indicate Hispanic or Latino .
8	Check the box next to race or ethnic origin .
9	Click the Next button to continue.

BACKGROUND INFORMATION (continued)

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[Home](#) | [My c4Yourself](#) | [Help](#)

[Send Application](#) [Exit](#)

[Start Application](#) **People** [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

15%

Background Information

OK. You are almost finished with this section.

What is this person's preferred language?	Select One	Step 1
What is this person's citizenship status?	Select One	Step 2
Is this person sponsored?	<input type="radio"/> Yes <input type="radio"/> No	Step 3
What city was this person born in?		Step 4
What state was this person born in?	Select One	Step 5
What country was this person born in?	Select One	Step 6
Is this person Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No	Step 7
Please give us this person's race or ethnic origin:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian (If checked, please select one or more of the following) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian </div> <input type="checkbox"/> Other Asian (specify) <input type="text"/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian </div> <input type="checkbox"/> Samoan <input type="checkbox"/> Other (specify) <input type="text"/> <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Step 8 →

[Back](#) [Next](#)

Step 9 →

TELL US MORE ABOUT THIS CHILD

PURPOSE

The **Tell us more about this child** page collects additional information on children applying for benefits.

STARTING POINT

The user has navigated through the following areas:

- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

The **Tell us more about this child** page is displaying.

Step	Action
1.	Click the radio button to indicate if the child is a foster child.
2.	Click the radio button to indicate if the child is 18-21 and claimed as a tax dependent.
3.	Click the Next button to continue.



Tell us more about this child

If you can not answer a question you can skip it.

Is this child a foster child?

Step 1
☐ Yes
☐ No

Is this child 18-21 and claimed as a dependant for tax purposes?

☐ Yes
☐ No

Step 2

Back

Step 3

Next

THIS IS WHO YOU HAVE TOLD US ABOUT SO FAR

PURPOSE

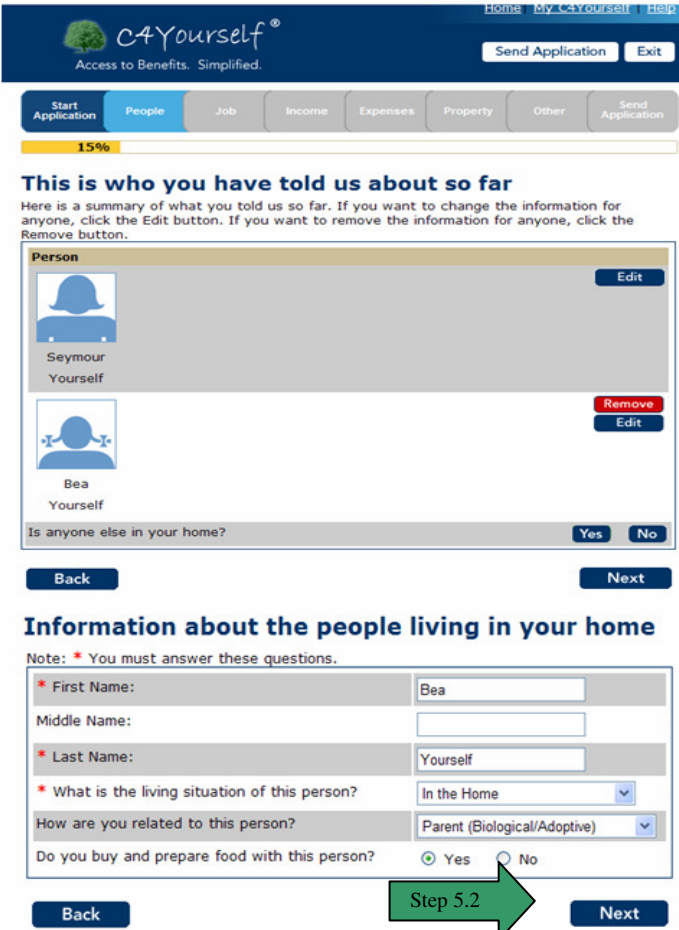
This is who you have told us about so far page provides a summary of who is applying for benefits.

STARTING POINT

The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**

This is who you have told us about so far page is displaying.

Step	Action
1	A summary page displays giving the user an overview of the people that are included in this request for benefits. Review the information.
2	To continue without changing or adding anyone – click the No button or the Next button.
3	To add another person – click the Yes button.
4	To remove a person – click the Remove button
5	<p>To edit the information the user entered about a person – click the Edit button across from the person you want to change. The page redisplay in edit mode.</p> <p>5.1 The user can now change the information that was previously entered.</p> <p>5.2 Click the Next button to continue.</p> 

THIS IS WHO YOU HAVE TOLD US ABOUT SO FAR (continued)

[Home](#) | [Help](#)

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[Send Application](#) [Exit](#)


[Start Application](#) **People** [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

15%

This is who you have told us about so far


Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person



Seymour
Yourself

[Edit](#)



Bea
Yourself

[Remove](#) [Edit](#)

Is anyone else in your home? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 1

Step 2

Step 3

Step 4

Step 5

JOBS

PURPOSE The purpose of the **Job Information** page is to ask questions about **School, College, Training, Strike, Self-Employment, or Work** that is expected in the next two months.

STARTING POINT The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**

The **Job Information** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

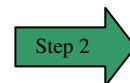


Job Information

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

Is anyone 14 years of age or older going to school, college, or in training?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone quit or not accepted work or training in the last 60 days?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone on strike?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone working, planning to work in the next two months or is self employed?	<input type="radio"/> Yes	<input type="radio"/> No

Back



Next

SCHOOL, COLLEGE, OR TRAINING

PURPOSE

The purpose of the **School, College, or Training** page is to gather detailed information from the user regarding enrollment in school, college, and/or training.

STARTING POINT

The user has answered yes to a question on the **Job Information** page regarding **School, College, or Training**.

Step	Action
1	To select the person/persons attending School, College, or Training, check the box next to the person.
2	Enter the Name of the School/Training in the text box.
3	Click the select arrow to display the drop-down list and select full or part-time to show enrollment of this student.
4	Enter the amount of Tuition/Fees per Term in the text box.
5	Enter the amount spent on Books, Equipment, Misc Costs per Term in the text box.
6	Enter the Units/Hours per week in the text box.
7	Enter the Transportation Costs in the text box.
8	Click the select arrow to display the drop-down list and select the Month of their expected graduation date.
9	Click the select arrow to display the drop-down list and select the Day of their expected graduation date.
10	Click the select arrow to display the drop-down list and select the Year of their expected graduation date.
11	Click the Next button to continue.

SCHOOL, COLLEGE, OR TRAINING (continued)



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Start Application
People
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Income
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Other
Send Application

30%

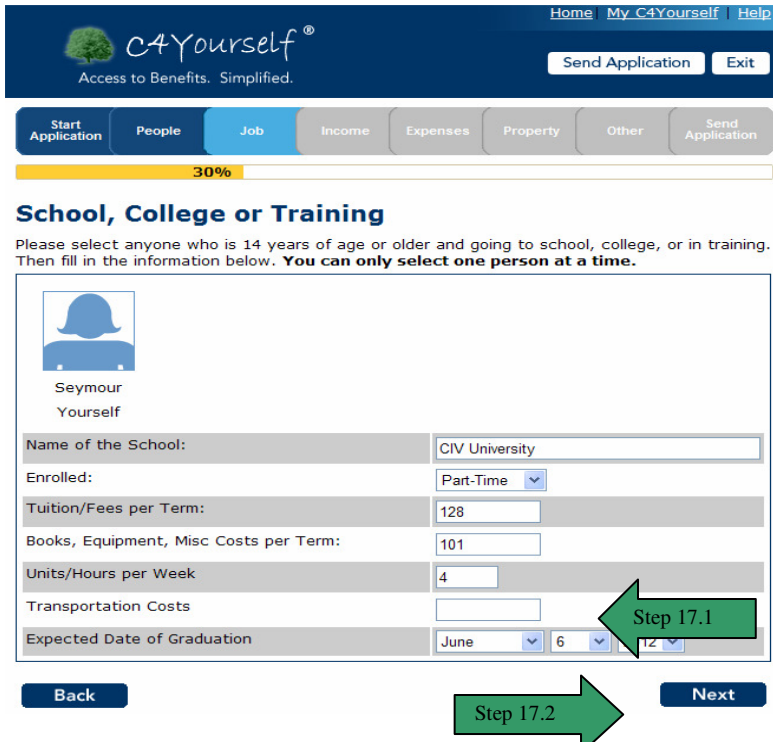
School, College or Training

You told us that there are some people in your home who are 14 years of age or older and going to school, college, or in training.

Please select the people and fill in their information. **You can select more than one person.**


Person	School/College/Training Info		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="border: 1px solid #ccc; width: 40px; height: 40px; background-color: #ccc; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Seymour Yourself</div> </div> <div> <input type="checkbox"/> </div> </div>	<p>Name of the School</p> <p>Enrolled</p> <p>Tuition/Fees per Term:</p> <p>Books, Equipment, Misc Costs per Term:</p> <p>Units/Hours per Week</p> <p>Transportation Costs</p> <p>Expected Date of Graduation</p>	<div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="display: flex; align-items: center;"> Select One <div style="border: 1px solid #ccc; width: 15px; height: 15px; margin-left: 5px;"></div> </div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 25px; margin-bottom: 5px;"></div> </div>	<div style="margin-bottom: 10px;">Step 2</div> <div style="margin-bottom: 10px;">Step 3</div> <div style="margin-bottom: 10px;">Step 4</div> <div style="margin-bottom: 10px;">Step 5</div> <div style="margin-bottom: 10px;">Step 6</div> <div style="margin-bottom: 10px;">Step 7</div> <div style="margin-bottom: 10px;">Step 8-10</div>
Back		<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">Step 11</div> <div style="border: 1px solid black; padding: 5px 15px; background-color: #003366; color: white;">Next</div> </div>	

SCHOOL, COLLEGE, OR TRAINING (continued)

Step	Action
12	The School, College, or Training summary page displays.
13	Review the information for all people listed.
14	If the list is correct, click the No button or the Next button to continue.
15	To add a person that is enrolled in school, colleges, or training, click the Yes button. The page will refresh and provide the user a list to select the person to be added. Repeat steps 1-11.
16	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
17	<p>To edit the information provided on a person in the list, click the Edit button across from the person you want to change. The page refreshes in edit mode.</p> <p>17.1 Enter the correct information</p> <p>17.2 Click the Next button.</p> 

SCHOOL, COLLEGE, OR TRAINING (continued)

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School, College or Training ← Step 12

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	School/College/Training Info	
 Seymour Yourself	Name of the School	CIV University
	Enrolled	Part-Time
	Tuition/Fees per Term:	\$128
	Books, Equipment, Misc Costs per Term:	\$101
	Units/Hours per Week	4
	Transportation Costs	
	Expected Date of Graduation	06/06/2012
Step 16		Remove Edit
		Step 17
		Step 15
Is anyone else in the home 14 years of age or older and going to school, college, or in training?		Yes No

Back

Step 14

Next

QUIT WORK OR TRAINING

PURPOSE The purpose of the **Quit Work or Training** page is to gather detailed information from the user regarding jobs or training that they have quit in the last 60 days.

STARTING POINT The user has answered yes to a question on the **Job Information** page regarding **Quit Work or Training**.

Step	Action
1	To select the person/persons that quit work or training check the box next to the person.
2	Enter the name of the company the person/persons worked for in the text box.
3	Enter the number of hours of work/training the person/persons worked this month in the text box.
4	Click the select arrow to display the drop-down list and select the Month of their last paycheck.
5	Click the select arrow to display the drop-down list and select the Day of their last paycheck.
6	Click the select arrow to display the drop-down list and select the Year of their last paycheck.
7	Enter the last paycheck amount (before deductions) the person/persons worked for in the text box.
8	Enter the amount of tips or commissions the person/persons earned in the text box.
9	Click the Next button to continue.

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Quit Work or Training

You told us that someone in your home quit or did not take a job or training in the last 60 days.

Please select the people and fill in their information. **You can select more than one person.**

Person

Bea
Yourself

Name of the company:

Number of Hours of Work/Training
This Month:

Last Paycheck Received Date:

Month

Day

Year

Last Paycheck Amount (Before
Deductions):

Tips or Commissions:



Seymour
Yourself

Name of the company:

Number of Hours of Work/Training
This Month:

Last Paycheck Received Date:

Month

Day

Year

Last Paycheck Amount (Before
Deductions):

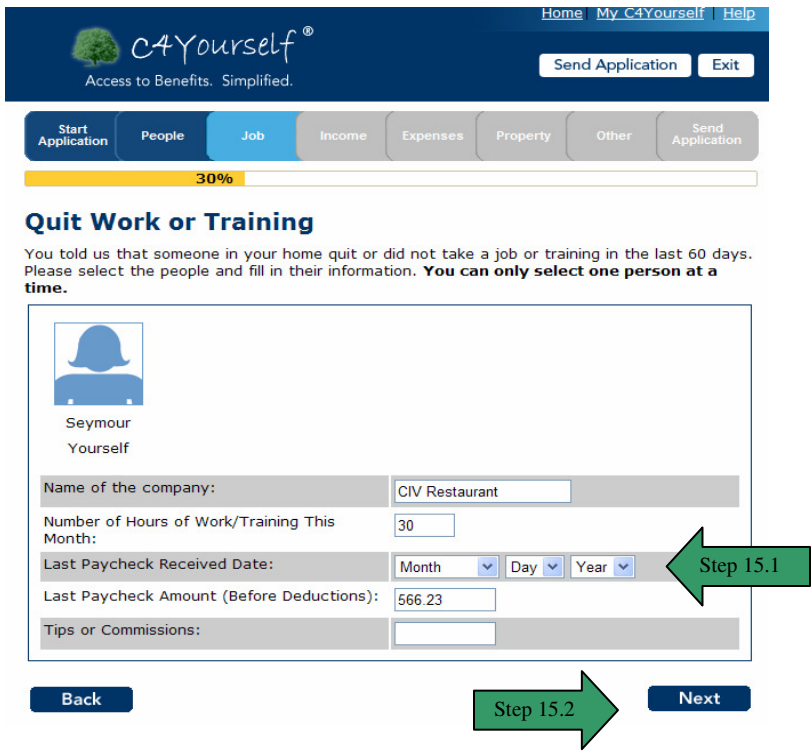
Tips or Commissions:

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QUIT WORK OR TRAINING (continued)

Step	Action
10	The Quit Work or Training summary page displays.
11	Review the information for all people listed.
12	If the list is correct, click the No button or the Next button to continue.
13	To add a person that quit work or training, click the Yes button. The page will refresh and provide the user a list to select the person to be added. Repeat steps 1-9.
14	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
15	<p>To edit the information provided on a person in the list, click the Edit button next to that person. The page refreshes in edit mode.</p> <p>15.1 Enter the correct information</p> <p>15.2 Click the Next button.</p> 

QUIT WORK OR TRAINING (continued)

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Quit Work or Training

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Name of the company:	
 Seymour Yourself	Name of the company: CIV Restaurant Number of Hours of Work/Training This Month: 30 Last Paycheck Received Date: Last Paycheck Amount (Before Deductions): \$566.23 Tips or Commissions:	Remove Edit
Did anyone else in the home quit or did not take a job or training in the last 60 days?		Yes No

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Step 12

STRIKE

PURPOSE The purpose of the **Strike** page is to gather detailed information from the user regarding someone who is on strike.

STARTING POINT The user has answered yes to a question on the **Job Information** page regarding **Strike**.

Step	Action
1	To select the person/persons that is on strike check the box next to the person.
2	Enter the Name of the Company the person/persons worked for in the text box.
3	Enter the Name of the Union the person/persons worked for in the text box.
4	Click the select arrow to display the drop-down list and select the Month they went on strike.
5	Click the select arrow to display the drop-down list and select the Day they went on strike.
6	Click the select arrow to display the drop-down list and select the Year they went on strike.
7	Click the Next button to continue.

STRIKE (continued)

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Strike

You told us that someone in your home is on strike.

Please select the people and fill in their information. **You can select more than one person.**


Person	Name of the company	Name of Union	Start Date
<div><div><input type="checkbox"/></div><div><div>Bea Yourself</div></div></div> <div>Step 1</div>	<div><input type="text"/></div> <div>Step 2</div>	<div><input type="text"/></div> <div>Step 3</div>	<div><div>Month <input type="text"/></div><div>Day <input type="text"/></div><div>Year <input type="text"/></div></div> <div>Step 4-6</div>
<div><div><input type="checkbox"/></div><div><div>Seymour Yourself</div></div></div>	<div><input type="text"/></div>	<div><input type="text"/></div>	<div><div>Month <input type="text"/></div><div>Day <input type="text"/></div><div>Year <input type="text"/></div></div>

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STRIKE (continued)

Step	Action
8	The Strike summary page displays.
9	Review the information for all people listed.
10	If the list is correct, click the No button or the Next button to continue.
11	To add a person that is on Strike, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7.
12	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
13	<p>To edit the information provided on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>13.1 Enter the correct information.</p> <p>13.2 Click the Next button to continue.</p> 

STRIKE (continued)

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Strike

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Name of the company	Name of Union	Start Date	
 Seymour Yourself	First Jobs INC	First Union	01/25/1984	Remove Edit

Is anyone else in the home on strike? [Yes](#) [No](#)

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Step 13

JOB AND JOB HISTORY


PURPOSE The purpose of the **Job and Job History** page is to gather detailed information from the user regarding someone who has a job.

STARTING POINT The user has answered yes to a question on the **Job Information** page regarding a **Job**.

Step	Action
1	To select the person/persons that is working or expects to be working in the next two months, check the box next to the person.
2	Click the radio button to indicate Work or Training .
3	Click the radio button to indicate Self-employment .
4	Click the select arrow to display the drop-down list and select the Month they began work or training.
5	Click the select arrow to display the drop-down list and select the Day they began work or training.
6	Click the select arrow to display the drop-down list and select the Year they began work or training.
7	Click the select arrow to display the drop-down list and select the Month they ended work or training.
8	Click the select arrow to display the drop-down list and select the Day they ended work or training.
9	Click the select arrow to display the drop-down list and select the Year they ended work or training.
10	Enter the Name of the Company that the person/person works for or is planning to work for in the next two months.
11	Enter the Job title of the person.
12	Enter the Number of Hours of work per month the person works.
13	Enter the Monthly Gross Income (before taxes) the person earns per month.
14	Enter the amount of Tips or commission the person receives.
15	Click the Next button to continue.

JOB AND JOB HISTORY (continued)

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Start Application

People

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Job and Job History

You told us that there are people in your home who have been working, self-employed, or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people.

Select a person and fill in their information. **You can select more than one person.**

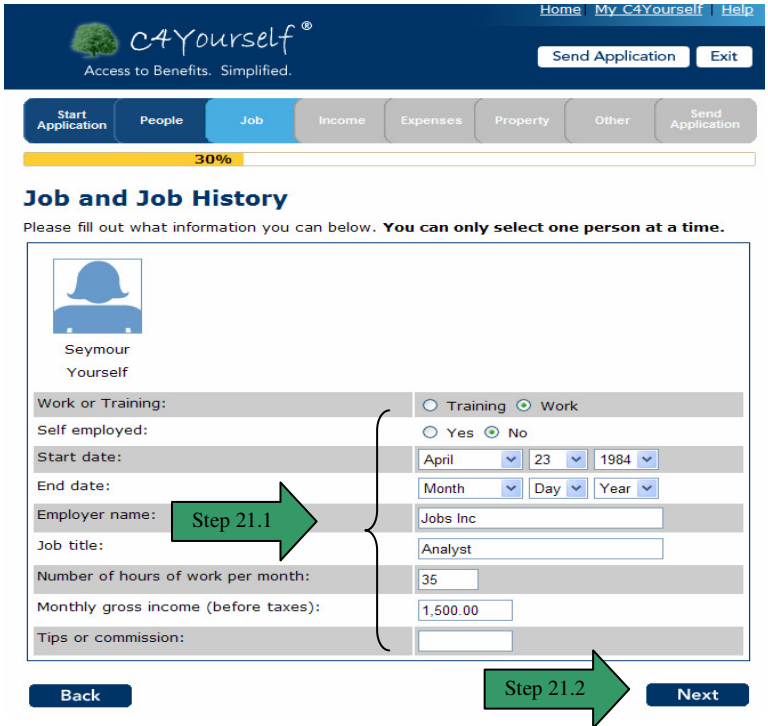
Person	Current or past employment
<div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="text-align: center;">  <p>Bea Yourself</p> </div> </div>	<div style="display: flex;"> <div style="flex: 1;"> <p>Work or Training:</p> <p>Self employed:</p> <p>Start date:</p> <p>End date:</p> <p>Employer name:</p> <p>Job title:</p> <p>Number of hours of work per month:</p> <p>Monthly gross income (before taxes):</p> <p>Tips or commission:</p> </div> <div style="flex: 1; padding-left: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Step 2 →</div> <div>← Step 3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Step 4-9 →</div> <div>← Step 10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Step 11 →</div> <div>← Step 12</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>← Step 13</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>← Step 14</div> </div> </div> </div>
<div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <div style="text-align: center;">  <p>Seymour Yourself</p> </div> </div>	<div style="display: flex;"> <div style="flex: 1;"> <p>Work or Training:</p> <p>Self employed:</p> <p>Start date:</p> <p>End date:</p> <p>Employer name:</p> <p>Job title:</p> <p>Number of hours of work per month:</p> <p>Monthly gross income (before taxes):</p> <p>Tips or commission:</p> </div> <div style="flex: 1; padding-left: 10px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> </div> </div>

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Step 15 →

Next

JOB AND JOB HISTORY (continued)

Step	Action
16	The Job summary page displays.
17	Review the information for all people listed.
18	If the list is correct, click the No button or the Next button.
19	To add a person that is working or is going to be working in the next two months, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-15.
20	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
21	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>21.1 Enter the correct information</p> <p>21.2 Click the Next button.</p> 

JOB AND JOB HISTORY (continued)

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Start Application
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Send Application

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Job and Job History ← Step 16

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Current or past employment	
 Seymour Yourself	Work or Training: Work Self employed: No → Step 21 End date: Start date: 04/23/1984 Employer name: Jobs Inc Job title: Analyst Number of hours of work per month: 35 Monthly gross income (before taxes): \$1,500.00 Tips or commission:	Remove ← Step 20 Edit
Has anyone else in the home been working, self-employed, or in training in the past 24 months or planning to work in the next two months?		Yes No

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Step 18
Next

INCOME INFORMATION

PURPOSE The purpose of the **Income Information** page is to ask questions about different types of income in the household.

STARTING POINT The user has navigated through the following areas:


- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**

The **Income Information** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

INCOME INFORMATION (continued)

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Income Information

In the next few pages we will ask you about the people in your home who earn or get money.

Is anyone getting or going to get money from any of these? This includes children.

- Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)
- Unemployment Benefits
- Disability Insurance Benefits
- Veterans Administration payments such as Disability, Education, Aid and Attendance
- Social Security Benefits or SSI/SSP, Railroad Retirement Board (Disability or Retirement)
- Other disability
- Retirement

☐ Yes ☐ No

Is anyone getting or going to get money from any of these? This includes children.

Step 1

- Survivors
- Child/Spousal support
- Educational grants, loans, and/or scholarships, per capita payments
- Winnings such as bingo, lottery, prizes
- Strike benefits
- Training allowances
- Meals and/or room

☐ Yes ☐ No

Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months?

Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?

Does anyone expect a change in the amount of money they get?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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Step 2

Next

INCOME FROM OTHER SOURCES

PURPOSE	The purpose of the Income From Other Sources page is to gather detailed information from the user regarding someone who has other income.
STARTING POINT	The user has answered yes to the first question on the Income Information page regarding a specific type of income.

Step	Action
1	To select the person that has income from other sources, check the radio button next to the person.
2	Check the box next to the Source of Money . The user can select more than one source of money for each person.
3	Enter How Much income the person receives from the corresponding Source of Money.
4	Click the select arrow to display the drop-down list and select How Often the income is received.
5	Click the Next button to continue.

INCOME FROM OTHER SOURCES (continued)



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Start Application
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Income from Other Sources

You told us that someone in your home gets or might get money from some of the sources listed below.

Please select the people and fill in the information below. **You can only select one person** but you can select more than one source for each person.

☒


Bea
Yourself

☐


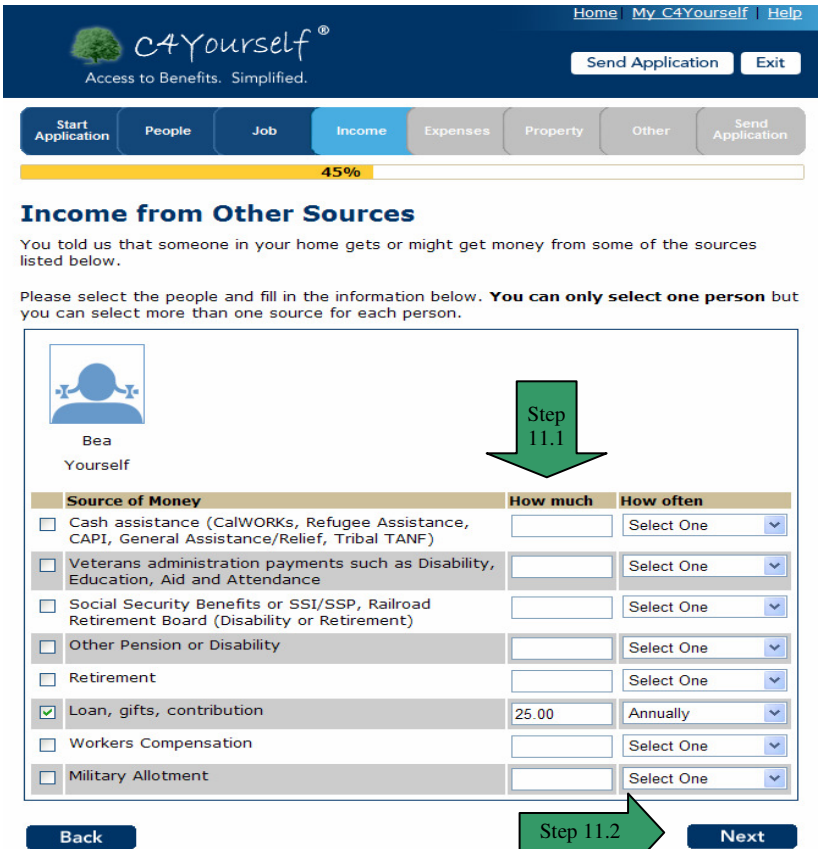
Seymour
Yourself

Source of Money	How much	How often
<input type="checkbox"/> Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)	<input type="text"/>	Select One ▼
<input type="checkbox"/> Veterans administration payments such as Disability, Education, Aid and Attendance	<input type="text"/>	Select One ▼
<input type="checkbox"/> Social Security Benefits or SSI/SSP, Railroad Retirement Board (Disability or Retirement)	<input type="text"/>	Select One ▼
<input type="checkbox"/> Other Pension or Disability	<input type="text"/>	Select One ▼
<input type="checkbox"/> Retirement	<input type="text"/>	Select One ▼
<input type="checkbox"/> Loan, gifts, contribution	<input type="text"/>	Select One ▼
<input type="checkbox"/> Workers Compensation	<input type="text"/>	Select One ▼
<input type="checkbox"/> Military Allotment	<input type="text"/>	Select One ▼

Back

Step 5
Next

INCOME FROM OTHER SOURCES (continued)

Step	Action
6	The Income from Other Sources summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that has income from other sources, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

INCOME FROM OTHER SOURCES (continued)



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Income from Other Sources

← Step 6

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Source of Money	How much	How often	
 Bea Yourself	Loan, gifts, contribution	\$25.00	Annually	<div style="display: flex; flex-direction: column; align-items: center;"> Remove Edit </div>
Is anyone else in the home getting or going to get money from other sources?				<div style="display: flex; justify-content: space-around;"> Yes No </div>

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Step 8 →

Next

← Step 10

Step 11 →

Step 9 ↓

INCOME FROM OTHER SOURCES CONTINUED

PURPOSE The purpose of the **Income From Other Sources Continued** page is to gather detailed information from the user regarding someone who has other income.

STARTING POINT The user has answered yes to the second question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the person that has income from other sources, check the box next to the person.
2	Check the box next to the Source of Money . The user can select more than one source of money for each person.
3	Enter How Much income the person receives from the corresponding Source of Money.
4	Click the select arrow to display the drop-down list and select How Often the income is received.
5	Click the Next button to continue.

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Start Application People Job **Income** Expenses Property Other Send Application

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Income from Other Sources Continued

You told us that someone in your home gets or might get money from some the sources listed below.

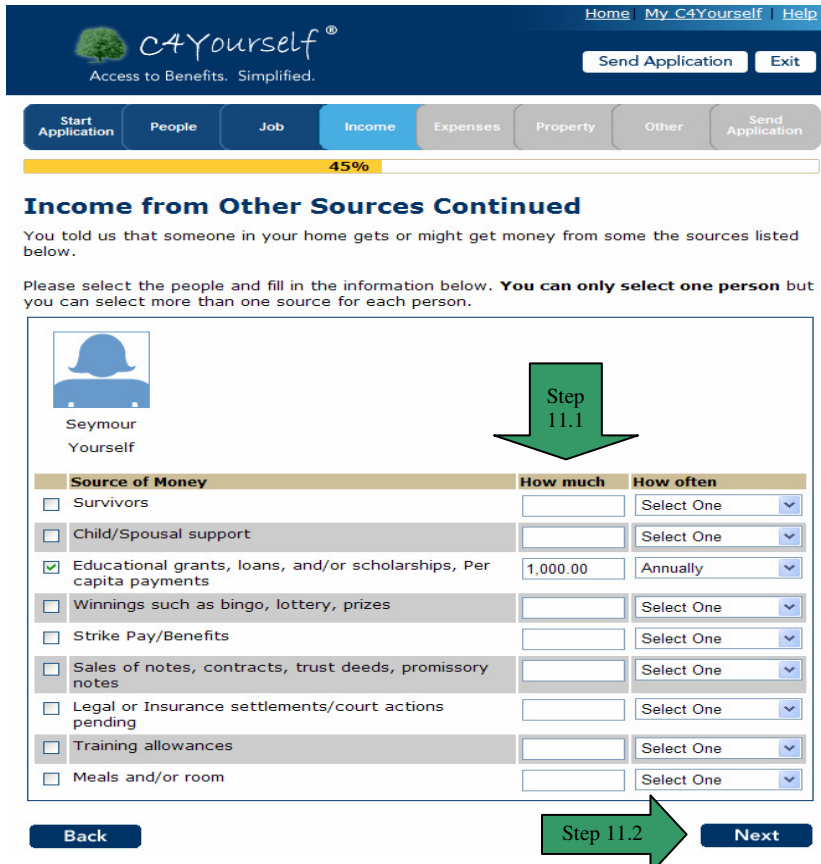
Please select the people and fill in the information below. **You can only select one person** but you can select more than one source for each person.

☐ Bea Yourself
 ☐ Seymour Yourself

Source of Money	How much	How often
<input type="checkbox"/> Survivors	<input type="text"/>	Select One
<input type="checkbox"/> Child/Spousal support	<input type="text"/>	Select One
<input type="checkbox"/> Educational grants, loans, and/or scholarships, Per capita payments	<input type="text"/>	Select One
<input type="checkbox"/> Winnings such as bingo, lottery, prizes	<input type="text"/>	Select One
<input type="checkbox"/> Strike Pay/Benefits	<input type="text"/>	Select One
<input type="checkbox"/> Sales of notes, contracts, trust deeds, promissory notes	<input type="text"/>	Select One
<input type="checkbox"/> Legal or Insurance settlements/court actions pending	<input type="text"/>	Select One
<input type="checkbox"/> Training allowances	<input type="text"/>	Select One
<input type="checkbox"/> Meals and/or room	<input type="text"/>	Select One

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INCOME FROM OTHER SOURCES CONTINUED (continued)

Step	Action
6	The Income from Other Sources summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that has income from other sources, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

INCOME FROM OTHER SOURCES CONTINUED (continued)

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45%

Income from Other Sources Continued

Step 6

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Source of Money	How much	How often	
 Seymour Yourself	Educational grants, loans, and/or scholarships, Per capita payments	\$1,000.00	Annually	Remove Edit
Is anyone else in the home getting or going to get money from other sources?				Yes No

[Back](#)

Step 8

[Next](#)

INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE

PURPOSE The purpose of the **Income from Unemployment or Disability Insurance** page is to gather detailed information from the user regarding someone who has unemployment or disability benefits.

STARTING POINT The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the person/persons that has income from other sources, check the radio button next to the person.
2	Check the box next to the Source of Money . The user can select more than one source of money for each person.
3	Enter How Much income the person receives from the corresponding Source of Money.
4	Click the select arrow to display the drop-down list and select How Often the income is received.
5	Click the Next button to continue.

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45%

Income from Unemployment or Disability Insurance

You told us that someone in your home has applied for or has received money from unemployment or insurance benefits.

Please select the people and fill in their information. **You can only select one person at a time.**

Step 1 →

☐ 
 Bea
Yourself

☐ 
 Seymour
Yourself

Step 3 ↓

Step 4 ↓

Source of Money	How much	How often
<input type="checkbox"/> Unemployment Benefits	<input type="text"/>	Select One 
<input type="checkbox"/> Disability Insurance Benefits	<input type="text"/>	Select One 


Step 2 →

[Back](#)

Step 5 →

[Next](#)

INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE (continued)

Step	Action
6	The Income from Unemployment or Disability Insurance summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that has income from unemployment or disability insurance, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

INCOME FROM UNEMPLOYMENT OR DISABILITY INSURANCE (continued)

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45%

Income from Unemployment or Disability Insurance

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type	Amount	Frequency	
 Seymour Yourself	Unemployment Benefits	\$326.00	Weekly	Remove Edit

Is anyone else in the home getting or going to get money from unemployment or disability insurance? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 6

Step 10

Step 11

Step 9

Step 8

FREE HOUSING OR RENT, UTILITIES OR CLOTHING

PURPOSE The purpose of the **Free housing or Rent, Utilities, Food or Clothing** page is to gather detailed information from the user regarding someone who receives these benefits free or in exchange for work.

STARTING POINT The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the person that receive housing or rent, utilities, food or clothing free or in exchange for work, check the radio button next to the person.
2	Check the box next to What the person receives. The user can select more than one source for each person.
3	Click the radio button to indicate if the person receives the item Free or in Exchange for work.
4	Enter the Value of the item the person receives in the text box.
5	Enter Who Provides the Item of the item in the text box.
6	Click the Next button to continue.

FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)



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Send Application
Exit


Start Application
People
Job
Income
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Other
Send Application


45%

Free Housing or Rent, Utilities, Food or Clothing

You told us that someone in your home receives housing or rent, utilities, food or clothing free or in exchange for work.

Please select the people and fill in their information. **You can only select one person at a time.**


☐ 
Bea
Yourself

☐ 
Seymour
Yourself

What	Value	Value	Who Provides the Item
<input type="checkbox"/> Housing or rent	<input type="radio"/> Free <input type="radio"/> Exchange	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Utilities	<input type="radio"/> Free <input type="radio"/> Exchange	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Food	<input type="radio"/> Free <input type="radio"/> Exchange	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Clothing	<input type="radio"/> Free <input type="radio"/> Exchange	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

Back
Next

FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)

Step	Action
7	The Free housing or Rent, Utilities, Food or Clothing summary page displays.
8	Review the information for all people listed.
9	If the list is correct, click the No button or the Next button.
10	To add a person that receives Free housing or Rent, Utilities, Food or Clothing , click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-6.
11	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
12	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>12.1 Enter the correct information</p> <p>12.2 Click the Next button.</p> 

FREE HOUSING OR RENT, UTILITIES, FOOD, OR CLOTHING (Continued)

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45%

Free Housing or Rent, Utilities, Food or Clothing Step 7

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	What	Value	Who Provides the Item	
 Bea Yourself	Clothing – Free	\$200.00	Grandmother	Remove Edit

Does anyone else in the home receive housing or rent, utilities, food or clothing free or in exchange for work? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 9 points to the [Next](#) button.

Step 10 points to the [Yes](#) button.

Step 11 points to the [Remove](#) button.

Step 12 points to the [Edit](#) button.

CHANGE IN INCOME

PURPOSE The purpose of the **Change in Income** page is to gather detailed information from the user regarding someone who receives these benefits free or in exchange for work.

STARTING POINT The user has answered yes to the first question on the **Income Information** page regarding a specific type of income.

Step	Action
1	To select the person who expects a change in income, click the radio button next to the person.
2	Check the box next to the Type of Income the person expects to change. The user can select more than one source for each person.
3	Click the select arrow to display the drop-down list and select the Type of Income .
4	Enter the new Amount of the income in the text box.
5	Click the select arrow to display the drop-down list and select the Month they expect the income to change.
6	Click the select arrow to display the drop-down list and select the Day they expect the income to change.
7	Click the select arrow to display the drop-down list and select the Year they expect the income to change.
8	Click the Next button to continue.

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Send Application Exit

Start Application People Job **Income** Expenses Property Other Send Application

45%

Change in Income

You told us that someone in your household expects a change in the amount of money received.

Please select the people and fill in their information. **You can only select one person at a time.**

Bea
Yourself

Seymour
Yourself

Step 1

Step 3

Step 4-6

Type of Income	Amount	When
<input type="checkbox"/> Select One		Month Day Year

Back

Step 2

Step 7

Next

CHANGE IN INCOME (Continued)

Step	Action
9	The Change in Income summary page displays.
10	Review the information for all people listed.
11	If the list is correct, click the No button or the Next button.
12	To add a person that receives Change in Income , click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7.
13	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.

14

To edit the information on a person in the list, click the **Edit** button. The page refreshes in edit mode.

13.1 Enter the correct information

13.2 Click the **Next** button.

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Send Application Exit

Start Application People Job **Income** Expenses Property Other Send Application

45%

Change in Income

You told us that someone in your household expects a change in the amount of money received.

Please select the people and fill in their information. **You can only select one person at a time.**

Seymour
Yourself

Step 13.1

Type of Income	Amount	When
<input checked="" type="checkbox"/> Educational Grants	0	December 31, 2009

Back **Step 13.2** Next

CHANGE IN INCOME (Continued)

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Start Application

People

Job

Income

Expenses

Property


Other

Send Application

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Change in Income

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type of Income	Amount	When	
 Seymour Yourself	Educational grants, loans, and/or scholarships, Per capita payments	\$0	12/31/2009	<div>Remove</div> <div>Edit</div>
Does anyone else in the home expect a change in income?				<div>Yes</div> <div>No</div>

Back

Next

EXPENSE INFORMATION

PURPOSE

The purpose of the **Expense Information** page is to ask questions about different types of expenses in the household.

STARTING POINT

The user has navigated through the following areas:

- **C4Yourself Home Page**
- **User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application**
- **People Tab**
- **Jobs Tab**
- **Income Tab**

The **Expense Information** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

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60%

Expense Information

In the next few pages we will ask you about the people in your home who have expenses. Does anyone in your home pay for:

Meals and room?	<input type="radio"/> Yes	<input type="radio"/> No
Disabled adult care?	<input type="radio"/> Yes	<input type="radio"/> No
All or part of your childcare costs?	<input type="radio"/> Yes	<input type="radio"/> No
Child Support?	<input type="radio"/> Yes	<input type="radio"/> No
Spousal Support?	<input type="radio"/> Yes	<input type="radio"/> No
Medical treatment?	<input type="radio"/> Yes	<input type="radio"/> No
Medical expenses such as a wheelchair, etc.?	<input type="radio"/> Yes	<input type="radio"/> No
Medicare coverage?	<input type="radio"/> Yes	<input type="radio"/> No
Health care services?	<input type="radio"/> Yes	<input type="radio"/> No
Housing costs?	<input type="radio"/> Yes	<input type="radio"/> No
Utility costs?	<input type="radio"/> Yes	<input type="radio"/> No
In home supportive services?	<input type="radio"/> Yes	<input type="radio"/> No

[Back](#)
[Next](#)

MEALS AND ROOM

PURPOSE The purpose of the **Meals and Room** page is to gather detailed information from the user regarding Meals and/or Room expenses.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Meals and Room.

Step	Action
1	Check the box next to meals and/or room that is by the person that has this expense.
2	Enter How Much is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Click the Next button to continue.

Meals and Room

You told us that there are people in your home who pay for meals and/or room. Please tell us more about these people.

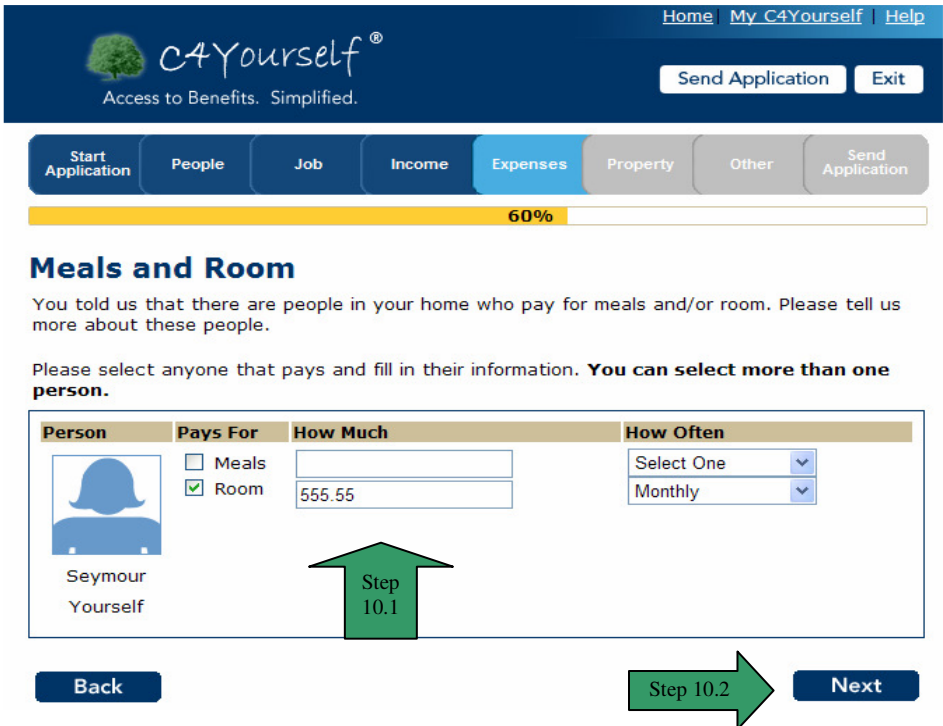
Please select anyone that pays and fill in their information. **You can select more than one person.**

Back

Step 4 →


Next

MEALS AND ROOM (continued)

Step	Action
5	The Meals and Room summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that pays for meals and/or a room, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p> 

MEALS AND ROOM (continued)

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60%

Meals and Room

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Pays For	How Much	How Often	
 Seymour Yourself	Room	\$555.55	Monthly	Remove Edit

Does anyone else in the home have Meals and/or Room expenses? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 5

Step 10

Step 9

Step 8

Step 7

DISABLED ADULT CARE

PURPOSE The purpose of the **Disabled Adult Care** page is to gather detailed information from the user regarding the expense.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Disabled Adult Care.

Step	Action
1	Check the box next to the person/persons that pays the Disabled Adult Care expense.
2	Enter How Much is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Enter Who Else Pays .
5	Click the Next button to continue.

The screenshot shows the C4Yourself interface for the 'Disabled Adult Care' section. The top navigation bar includes links for Home, My C4Yourself, and Help, along with 'Send Application' and 'Exit' buttons. A progress bar indicates 60% completion. The main navigation tabs are Start Application, People, Job, Income, Expenses (selected), Property, Other, and Send Application. The 'Disabled Adult Care' title is followed by instructions: 'You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people.' and 'Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." You can select more than one person.'

The form contains two entries for people who pay for disabled adult care:

- Bea Yourself:** This entry is active. It includes a checkbox, a person icon, and fields for 'How much money:', 'How often:' (a dropdown menu currently showing 'Select One'), and 'Who else pays:'. Green arrows point to these fields with labels 'Step 2', 'Step 3', and 'Step 4'.
- Seymour Yourself:** This entry is inactive, indicated by a greyed-out background and a disabled checkbox.

At the bottom, there are 'Back' and 'Next' buttons. A green arrow labeled 'Step 5' points to the 'Next' button. A green arrow labeled 'Step 1' points to the checkbox for 'Bea Yourself'.

DISABLED ADULT CARE (continued)

Step	Action
6	The Disabled Adult Care summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that pays for disabled adult care, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p>

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Send Application Exit

Start Application People Job Income **Expenses** Property Other Send Application

60%

Disabled Adult Care

You told us that there are people in your home who pay for disabled adult care. Please tell us more about these people.

Please select anyone that pays and then fill in their information. If someone helps with this payment, please type in their name under "Who else pays." **You can select more than one person.**

Person	
<input checked="" type="checkbox"/> Seymour Yourself	How much money: <input type="text" value="25.00"/> How often: <input type="text" value="Weekly"/> Who else pays: <input type="text"/>

Back Step 11.2 Next

DISABLED ADULT CARE (continued)

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60%

Disabled Adult Care

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	How much money	How often	Who else pays	
 Seymour Yourself	\$25.00	Weekly		Remove Edit

Does anyone else in the home pay for Disabled Adult Care?

[Yes](#) [No](#)

[Back](#) [Next](#)

Step 6

Step 10

Step 11

Step 9

Step 8

CHILD CARE

PURPOSE The purpose of the **Child Care** page is to gather detailed information from the user regarding the expense.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Child Care.

Step	Action
1	Check the box next to the person/persons that pays the Child Care expense.
2	Enter How Much is paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Enter Who get care .
5	Enter Money Paid By Others for this expense.
6	Click the Next button to continue.



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60%

Child Care

You told us that there are people in your home who pay for or have part of their child care costs paid for. Please tell us more about these people.

Please select anyone that pays or has someone else pay and fill in their information. **You can select more than one person.**

Person

☐

Bea
Yourself

Money paid by you:

How often:

Who gets care:

Money paid by other:

Step 2

Step 3

Step 4

Step 5

☐

Seymour
Yourself

Money paid by you:

How often:

Who gets care:

Money paid by other:

[Back](#)

Step 6

[Next](#)

CHILD CARE (continued)

Step	Action
7	The Child Care summary page displays.
8	Review the information for all people listed.
9	If the list is correct, click the No button or the Next button.
10	To add a person that pays for child care, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-6.
11	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
12	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>12.1 Enter the correct information</p> <p>12.2 Click the Next button.</p>

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Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

60%

Child Care

You told us that there are people in your home who pay for or have part of their child care costs paid for. Please tell us more about these people.

Please select anyone that pays or has someone else pay and fill in their information. **You can select more than one person.**

Person	Money paid by you:	How often:	Who gets care:	Money paid by other:
<input checked="" type="checkbox"/> Seymour Yourself	50.00	Weekly	Bea Yourself	0.00

Back

Step 12.2 Next

CHILD CARE (continued)

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60%

Child Care

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person			
 Seymour Yourself	Money paid by you:	\$50.00	Remove
	How often:	Weekly	Edit
	Who gets care:	Bea Yourself	
	Money paid by other:	\$0.00	
Does anyone else in the home pay all or part of their child care costs?			Yes No

[Back](#) [Next](#)

CHILD SUPPORT

PURPOSE The purpose of the **Child Support** page is to gather detailed information from the user regarding the expense.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Child Support.

Step	Action
1	Check the box next to the person/persons that pays the Child Support expense.
2	Enter Amount Paid per Month for this expense.
3	Click the Next button to continue.

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Send Application Exit

Start Application People Job Income **Expenses** Property Other Send Application

60%

Child Support


You told us that there are people in your home who pay child support. Please tell us more about these people.

Please select anyone that pays and then fill in their information. **You can select more than one person.**

Person	Amount Paid per Month
<input type="checkbox"/> Bea Yourself	<input type="text"/>
<input type="checkbox"/> Seymour Yourself	<input type="text"/>

Back Next

CHILD SUPPORT (continued)

Step	Action
4	The Child Support summary page displays.
5	Review the information for all people listed.
6	If the list is correct, click the No button or the Next button.
7	To add a person that pays for child support, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-3.
8	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
9	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>9.1 Enter the correct information</p> <p>9.2 Click the Next button.</p> 

CHILD SUPPORT (continued)

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60%

Child Support

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Amount Paid per Month	
 Seymour Yourself	\$100.00	Remove Edit

Does anyone else in the home pay child support? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 4

Step 9

Step 7

Step 8

Step 6


SPOUSAL SUPPORT

PURPOSE The purpose of the **Spousal Support** page is to gather detailed information from the user regarding the expense.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Spousal Support.

Step	Action
1	Check the box next to the person/persons that pays the Spousal Support expense.
2	Enter Amount Paid per Month for this expense.
3	Click the Next button to continue.

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Spousal Support

You told us that there are people in your home who pay spousal support. Please tell us more about these people.

Please select anyone that pays and then fill in their information. **You can select more than one person.**


Person	Amount Paid per Month
<input type="checkbox"/>  Bea Yourself	<input type="text"/>
<input type="checkbox"/>  Seymour Yourself	<input type="text"/>

SPOUSAL SUPPORT (continued)

Step	Action
4	The Spousal Support summary page displays.
5	Review the information for all people listed.
6	If the list is correct, click the No button or the Next button.
7	To add a person that pays for spousal support, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-3.
8	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
9	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>9.1 Enter the correct information</p> <p>9.2 Click the Next button</p> 

SPOUSAL SUPPORT (continued)

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60%

Spousal Support

← Step 4

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Amount Paid per Month	
 Seymour Yourself	\$100.00	Remove Edit

Step 9 →

Step 8 ←

Step 7 ↓

Does anyone else in the home pay spousal support? [Yes](#) [No](#)

Step 6 → [Next](#)

[Back](#)

MEDICAL TREATMENT

PURPOSE The purpose of the **Medical Treatment** page is to gather detailed information from the user regarding Medical expense(s) and whether or not they need to request for Medical coverage for the three months prior to the month they are applying in.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Medical Treatment.

Step	Action
1	Check the box next to the person/persons that paid medical treatment expense.
2	Click the select arrow to display the drop-down list and select the Months of Care the expense was paid.
3	Click Yes or No radio buttons if Medi-Cal requested for these months .
4	Click the Next button to continue.

Medical Treatment

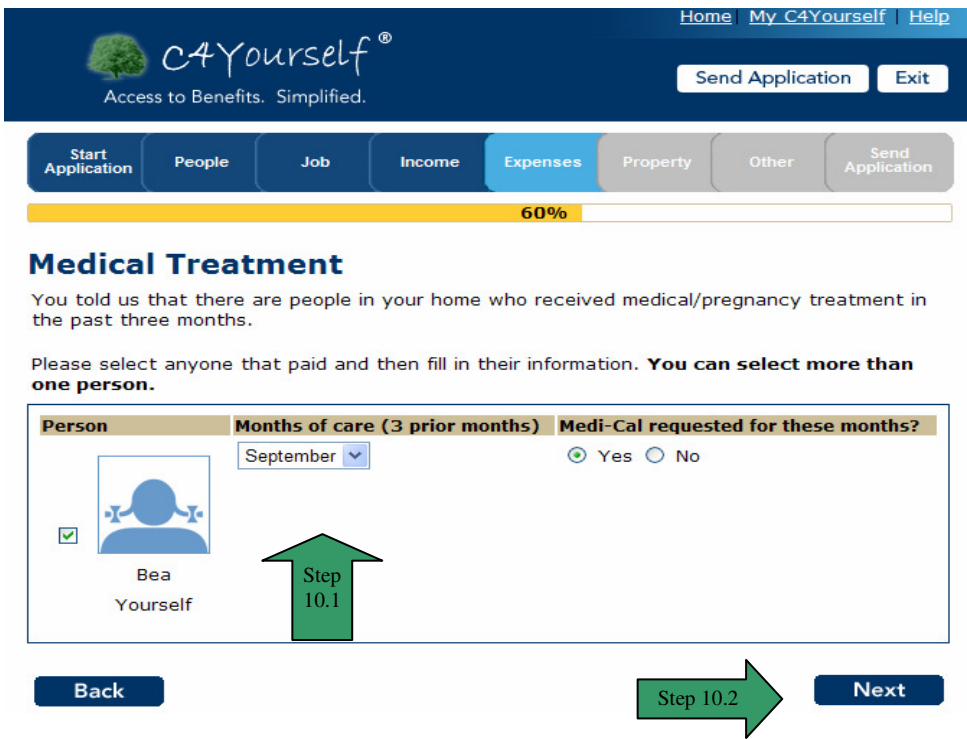
You told us that there are people in your home who received medical/pregnancy treatment in the past three months.

Please select anyone that paid and then fill in their information. **You can select more than one person.**

Person	Months of care (3 prior months)	Medi-Cal requested for these months?
<input type="checkbox"/> Bea Yourself	Month ← Step 2	<input type="radio"/> Yes <input type="radio"/> No ← Step 3
<input type="checkbox"/> Seymour Yourself	Month	<input type="radio"/> Yes <input type="radio"/> No


Step 4 →

MEDICAL TREATMENT (continued)

Step	Action
5	The Medical Treatment summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a NEW person that pays for medical treatment OR to add additional months for the original person, click the Yes button. The page refreshes and provides the user a list to select the person to be added or to add months to the original person. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information 10.2 Click the Next button.</p> 

MEDICAL TREATMENT (continued)

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60%

Medical Treatment

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Months of care (3 prior months)	Medi-Cal requested for these months?	
 Bea Yourself	September	Yes	Remove Edit

Did anyone else in the home receive medical/pregnancy treatment in the past three months? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 5

Step 7

Step 8

Step 9

Step 10

MEDICAL EXPENSE

PURPOSE The purpose of the **Medical Expense** page is to gather detailed information from the user regarding Medical expense(s).

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Medical Expense.

Step	Action
1	Check the box next to the person/persons that paid medical expenses.
2	Enter How Much paid for this expense.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Click the Next button to continue.

The screenshot shows the C4Yourself application header with the logo and tagline "Access to Benefits. Simplified." Navigation links include Home, My C4Yourself, and Help. Buttons for "Send Application" and "Exit" are present. Below the header is a menu bar with tabs: Start Application, People, Job, Income, Expenses (highlighted), Property, Other, and Send Application. A progress bar indicates 60% completion.

Medical Expense

You told us that there are some people in your home who have a disability that requires a wheelchair or other medical expense.

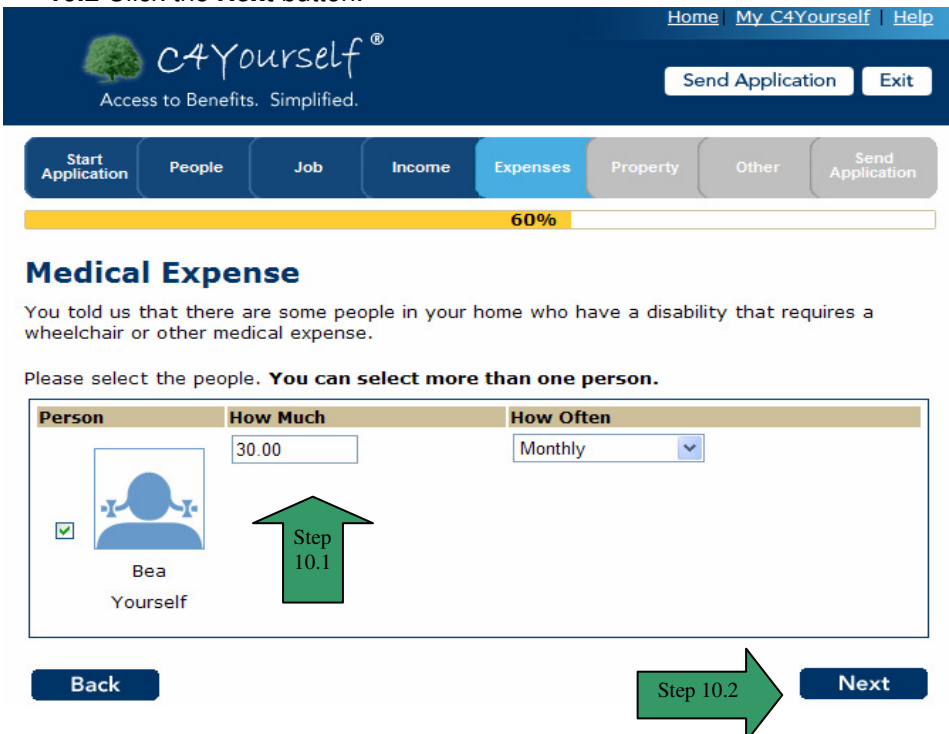
Please select the people. **You can select more than one person.**

The form displays a table with columns: Person, How Much, and How Often. It lists two people: Bea Yourself and Seymour Yourself. Annotations indicate the steps for data entry:

- Step 1:** A green arrow points to the selection checkbox next to Seymour Yourself.
- Step 2:** A green arrow points to the "How Much" input field for Seymour Yourself.
- Step 3:** A green arrow points to the "How Often" dropdown menu for Seymour Yourself.
- Step 4:** A green arrow points to the "Next" button at the bottom right of the form.


Buttons for "Back" and "Next" are located at the bottom of the form.

MEDICAL EXPENSE (continued)

Step	Action
5	The Medical Expense summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that pays for medical expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p>  <p>The screenshot displays the C4Yourself interface for the 'Medical Expense' section. At the top, there's a navigation bar with links for 'Home', 'My C4Yourself', and 'Help', along with 'Send Application' and 'Exit' buttons. Below this is a tabbed interface with categories: 'Start Application', 'People', 'Job', 'Income', 'Expenses' (selected), 'Property', 'Other', and 'Send Application'. A progress bar indicates 60% completion. The main heading is 'Medical Expense', followed by a description: 'You told us that there are some people in your home who have a disability that requires a wheelchair or other medical expense.' Below this, it says 'Please select the people. You can select more than one person.' A table lists people with columns for 'Person', 'How Much', and 'How Often'. The first entry is 'Bea Yourself' with a checked checkbox, a value of '30.00' in the 'How Much' field, and 'Monthly' in the 'How Often' dropdown. A green arrow labeled 'Step 10.1' points to the 'How Much' field. At the bottom, there are 'Back' and 'Next' buttons, with a green arrow labeled 'Step 10.2' pointing to the 'Next' button.</p>

MEDICAL EXPENSE (continued)

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Medical Expense

← Step 5

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	How Much	How Often	
 Bea Yourself	\$30.00	Monthly	<div>Step 10 →</div> <div>Remove Edit</div> <div>← Step 9</div>

Does anyone else in the home have medical expenses related to a disability?

[Yes](#) [No](#)

← Step 8

Step 7 → [Next](#)

[Back](#)

MEDICARE COVERAGE

PURPOSE The purpose of the **Medicare Coverage** page is to gather detailed information from the user regarding Medicare.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Medicare Expense.

Step	Action
1	Check the box next to the person/persons that paid Medicare expenses.
2	Enter the Medicare claim number .
3	Click the select arrow to display the drop-down list and select Part A Payment Type .
4	Click the select arrow to display the drop-down list and select Part B Payment Type .
5	Click the Next button to continue.

The screenshot shows the top navigation bar of the C4Yourself application. It includes links for Home, My C4Yourself, and Help. Below these are buttons for Send Application and Exit. A progress bar indicates 60% completion. Navigation tabs for Start Application, People, Job, Income, Expenses (highlighted), Property, Other, and Send Application are visible.

Medicare Coverage

You told us that there are people in your home who have Medicare coverage. Please tell us more about these people.


Please select anyone that has Medicare coverage and then fill in their information. **You can select more than one person.**

The screenshot shows the Medicare Coverage form. It has a table with columns: Person, Medicare claim number, Part A Payment Type, and Part B Payment Type. There are two rows for people: Bea Yourself and Seymour Yourself. Bea's row is active, and Seymour's row is greyed out. Annotations include:

- Step 1:** A green arrow pointing to the checkbox next to Bea's name.
- Step 2:** A green arrow pointing to the Medicare claim number input field for Bea.
- Step 3:** A green arrow pointing to the Part A Payment Type dropdown menu for Bea.
- Step 4:** A green arrow pointing to the Part B Payment Type dropdown menu for Bea.
- Step 5:** A green arrow pointing to the Next button at the bottom right.


 The form also includes a Back button at the bottom left.

MEDICARE COVERAGE (continued)

Step	Action
6	The Medicare Coverage summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that pays for medical coverage, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

MEDICARE COVERAGE (continued)

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[Start Application](#) [People](#) [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

60%

Medicare Coverage

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Medicare claim number	Part A Payment Type	Part B Payment Type	
 Seymour Yourself	999370000A	Self	State	<div>Remove Edit</div>

Does anyone else in the home have Medicare coverage? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 6

Step 10

Step 11

Step 9

Step 8

OTHER HEALTH COVERAGE

PURPOSE The purpose of the **Other Health Coverage** page is to gather detailed information from the user regarding health insurance they currently have.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding Other Health Coverage Expense.

Step	Action
1	Check the box next to the person/persons that paid Other Health Coverage expenses.
2	Enter in the text box how much the other health coverage expense is.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Click the Next button to continue.

Home | My C4Yourself | Help

Send Application Exit






Start Application People Job Income **Expenses** Property Other Send Application

60%

Other Health Coverage

You told us that there are people in your home who pay for other health care coverage including health, dental, vision, hospitalization, or long term care. Please tell us more about these people.

Please select anyone that pays and then fill in their information. **You can select more than one person.**


Person	How Much	How Often
<input type="checkbox"/>  Bea Yourself	<input type="text"/>	Select One 
<input type="checkbox"/>  Seymour Yourself	 <input type="text"/>	 <input type="text"/>

Back

Step 4

Next

OTHER HEALTH COVERAGE (continued)

Step	Action
5	The Other Health Coverage summary page displays
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that pays for other health coverage, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p> 

OTHER HEALTH COVERAGE (continued)

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Other Health Coverage

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	How Much	How Often	
 Seymour Yourself	\$222.00	Monthly	Remove Edit

Does anyone else in the home pay for other health coverage? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 5

Step 9

Step 10

Step 8

Step 7

HOUSING COSTS

PURPOSE The purpose of the **Housing Costs** page is to gather detailed information from the user regarding housing expenses.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding housing expenses.

Step	Action
1	Check the radio button next to the person that paid Housing Costs expenses.
2	Check the box next to the Type of housing expense.
3	Enter in the text box how much the housing expense is.
4	Click the select arrow to display the drop-down list and select How Often the expense is paid.
5	Click the Next button to continue.

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60%

Housing Costs

You told us that someone in your home pays for housing costs.

Please select the people and fill in the information below. **You can only select one person** but you can select more than one type for each person.

Step 1 →

☐ 
 Bea
Yourself

☐ 
 Seymour
Yourself

Step 2 →

Type	How Much	How Often
<input type="checkbox"/> Rent	<input type="text"/>	Select One 
<input type="checkbox"/> House (mortgage) payment	<input type="text"/>	Select One 
<input type="checkbox"/> Property Taxes (if not in house payment)	<input type="text"/>	Select One 
<input type="checkbox"/> Insurance (if not in house payment)	<input type="text"/>	Select One 
<input type="checkbox"/> Other (explain): <input type="text"/>	<input type="text"/>	Select One 

Step 3 ↓


Step 4 ↓

Back

Step 5 →

Next

HOUSING COSTS (continued)

Step	Action
6	The Housing Costs summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that pays for housing cost expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p>  <p>The screenshot shows the C4Yourself interface. At the top, there's a navigation bar with 'Home', 'My C4Yourself', and 'Help'. Below it, a 'Send Application' and 'Exit' button are visible. A progress bar indicates 60% completion. The main section is titled 'Housing Costs' and includes instructions: 'You told us that someone in your home pays for housing costs. Please select the people and fill in the information below. You can only select one person but you can select more than one type for each person.' A table lists housing costs with columns for 'Type', 'How Much', and 'How Often'. The 'Rent' row is checked, with '555.55' entered in the 'How Much' column and 'Monthly' selected in the 'How Often' dropdown. Other rows for 'House (mortgage) payment', 'Property Taxes', 'Insurance', and 'Other' are unchecked. At the bottom, there are 'Back' and 'Next' buttons. A green arrow labeled 'Step 11.1' points to the 'Rent' checkbox, and another green arrow labeled 'Step 11.2' points to the 'Next' button.</p>

HOUSING COSTS (continued)

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Exit

Start Application
People
Job
Income
Expenses
Property
Other
Send Application

60%

Housing Costs

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type	How Much	How Often	
 Seymour Yourself	Rent	\$555.55	Monthly	<div style="background-color: red; color: white; padding: 5px; margin-bottom: 5px;">Remove</div> <div style="background-color: #003366; color: white; padding: 5px;">Edit</div>
	Other (explain): HOA	\$100.00	Monthly	
Does anyone else in the home pay housing costs?				<div style="background-color: #003366; color: white; padding: 5px 15px; margin: 0 5px;">Yes</div> <div style="background-color: #003366; color: white; padding: 5px 15px; margin: 0 5px;">No</div>

Back
Next

UTILITY COSTS

PURPOSE


The purpose of the **Utility Costs** page is to gather detailed information from the user regarding housing expenses.

STARTING POINT

The user has answered yes to the question on the **Expense Information** page regarding utility expenses.

Step	Action
1	Check the box next to the person that paid Utility Costs expenses.
2	Check the box next to the Type of utility expense.
3	Enter in the text box how much the utility expense is.
4	Click the select arrow to display the drop-down list and select How Often the expense is paid.
5	Click the Next button to continue.

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60%


Utility Costs

You told us that someone in your home pays for utility costs.

Please select the people and fill in the information below. **You can only select one person** but you can select more than one type for each person.

Step 1 →

☐ 
 Bea
Yourself

☐ 
 Seymour
Yourself

Step 3 ↓

Step 4 ↓

Type	How much	How often
<input type="checkbox"/> Gas	<input type="text"/>	Select One ▾
<input type="checkbox"/> Electricity	<input type="text"/>	Select One ▾
<input type="checkbox"/> Water	<input type="text"/>	Select One ▾
<input type="checkbox"/> Telephone (basic rates for one phone plus tax)	<input type="text"/>	Select One ▾
<input type="checkbox"/> Heating or cooking fuel (propane/wood)	<input type="text"/>	Select One ▾
<input type="checkbox"/> Sewage	<input type="text"/>	Select One ▾
<input type="checkbox"/> Garbage or trash	<input type="text"/>	Select One ▾
<input type="checkbox"/> Installation of utilities	<input type="text"/>	Select One ▾
<input type="checkbox"/> Other (explain): <input type="text"/>	<input type="text"/>	Select One ▾


Step 2 →

Back

Step 5 →

Next

UTILITY COSTS (continued)

Step	Action
6	The Utility Costs summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that pays for utility expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

UTILITY COSTS (continued)

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60%

Utility Costs

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type	How Much	How Often	
 Seymour Yourself	Gas	\$41.00	Monthly	<div style="background-color: red; color: white; padding: 5px; margin-bottom: 5px;">Remove</div> <div style="background-color: #003366; color: white; padding: 5px; margin-bottom: 5px;">Edit</div> <div style="display: flex; justify-content: space-around;"> <div style="background-color: #003366; color: white; padding: 5px;">Yes</div> <div style="background-color: #003366; color: white; padding: 5px;">No</div> </div>
	Electricity	\$75.00	Monthly	
	Telephone (basic rates for one phone plus tax)	\$12.00	Monthly	
	Garbage or trash	\$45.00	Monthly	
Does anyone else in the home pay utility costs?				

Back
Next

IN HOME SUPPORTIVE SERVICES

PURPOSE The purpose of the **In-Home Supportive Services** page is to gather detailed information from the user regarding IHSS.

STARTING POINT The user has answered yes to the question on the **Expense Information** page regarding IHSS.

Step	Action
1	Check the box next to the person/persons that paid In-Home Supportive Services expenses.
2	Enter in the text box how much the utility expense is.
3	Click the select arrow to display the drop-down list and select How Often the expense is paid.
4	Click the Next button to continue.

Home My C4Yourself Help

Send Application Exit

Start Application People Job Income **Expenses** Property Other Send Application

60%

In-Home Supportive Services


You told us that there are some people in your home who receive In-Home Supportive Services (IHSS).

Please select the people and fill in the information below. **You can select more than one person.**

Person	How Much	How Often
<input type="checkbox"/> Bea Yourself	<input type="text"/>	Select One
<input type="checkbox"/> Seymour Yourself	<input type="text"/>	Select One

Back Step 4 Next

IN HOME SUPPORTIVE SERVICES (continued)

Step	Action
5	The In-Home Supportive Services summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that pays for IHSS expense, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p> 

IN HOME SUPPORTIVE SERVICES (continued)

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In-Home Supportive Services

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	How Much	How Often	
 Seymour Yourself	\$33.00	Monthly	Remove Edit

Does anyone else in the home pay for In-Home Supportive Services? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 5

Step 9

Step 10

Step 8

Step 8

PROPERTY INFORMATION

PURPOSE

The purpose of the **Property Information** page is to ask questions about different types of property in the household.

STARTING POINT

The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Applications Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**

The **Property Information** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

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Start Application People Job Income Expenses **Property** Other Send Application

75%

Property Information

In the next few pages we will ask you about the people in your home who have property.

Has anyone sold, spent or given away any real or personal property such as a house, bank account, money from a legal or accident settlement or anything else? ☐ Yes ☐ No

Do you or anyone in the household own property? Is anyone buying property even if you don't live at that property? ☐ Yes ☐ No

Does anyone have any of these?

- Cash/Uncashed Check
- Mortgages/Deeds
- Retirement Plans
- Money Market
- Other Real Property
- Trust Fund
- Checking Account
- Savings Account
- Certificate of Deposit
- Stocks/Bonds
- Other Liquid Property
- Credit Union Accounts
- Oil, Mining, or Mineral Rights
- Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space
- IRA or Keogh Plans
- Employee deferred Compensation Plans
- Life Insurance or Annuity
- Life Estate Interest In Any Property

Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.? ☐ Yes ☐ No

Does anyone own any personal property which costs at least \$500 or which is now worth at least \$500?

- Boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers
- Guns, tools, business, or sporting equipment, etc
- Pets or livestock
- Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.)
- Do Not Include wedding and engagement rings or heirlooms

Does anyone own, have the use of or have their name on the registration of any motor vehicle, even if not running? ☐ Yes ☐ No

Back Next

Step 1

Step 2

SOLD, SPENT, OR GIVEN AWAY PROPERTY

PURPOSE

The purpose of the **Sold, Spent, or Given Away Property** page is to gather detailed information from the user regarding property that was sold, spent, or given away in the last three months.

STARTING POINT

The user has answered yes to the question on the **Property Information** page regarding property that was **Sold, Spent, or Given Away**.

Step	Action
1	Check the box next to the person/persons that pays that sold, spent, or gave away property in the last three months.
2	Enter What item was sold, spend or given away in the text box.
3	Click the select arrow to display the drop-down list and select the Month of the month property was sold, spend or given away.
4	Click the select arrow to display the drop-down list and select the Day the property was sold, spend or given away.
5	Click the select arrow to display the drop-down list and select the Year the property was sold, spend or given away.
6	Click the Next button to continue.

Sold, Spent, or Given Away Property


You told us that there are people in your home who have sold, spent, or given away real or personal property. (List any property sold or traded within the last 12 months if you are applying for cash aid, 3 months for food stamps, and within the last 30 months if you are applying for Medi-Cal).

Please select the people and fill in the information below. **You can select more than one person.**

[Back](#)

[Next](#)

SOLD, SPENT, OR GIVEN AWAY PROPERTY (continued)

Step	Action
7	The Sold, Spent, or Given Away Property summary page displays.
8	Review the information for all people listed.
9	If the list is correct, click the No button or the Next button.
10	To add people that sold, spent, or gave away property click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-6.
11	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
12	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>12.1 Enter the correct information 12.2 Click the Next button.</p> 

SOLD, SPENT, OR GIVEN AWAY PROPERTY (continued)

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[Send Application](#) [Exit](#)

Start Application

People

Job

Income

Expenses

Property

Other

Send Application

75%

Sold, Spent, or Given Away Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	What?	When?	
 Seymour Yourself	Jet Ski	05/25/2008	<div><div>Remove</div><div>Edit</div></div>

Has anyone else in the home sold, spent, or given away property? [Yes](#) [No](#)

Back

Next

Step 7

Step 11

Step 10

Step 9

Step 12

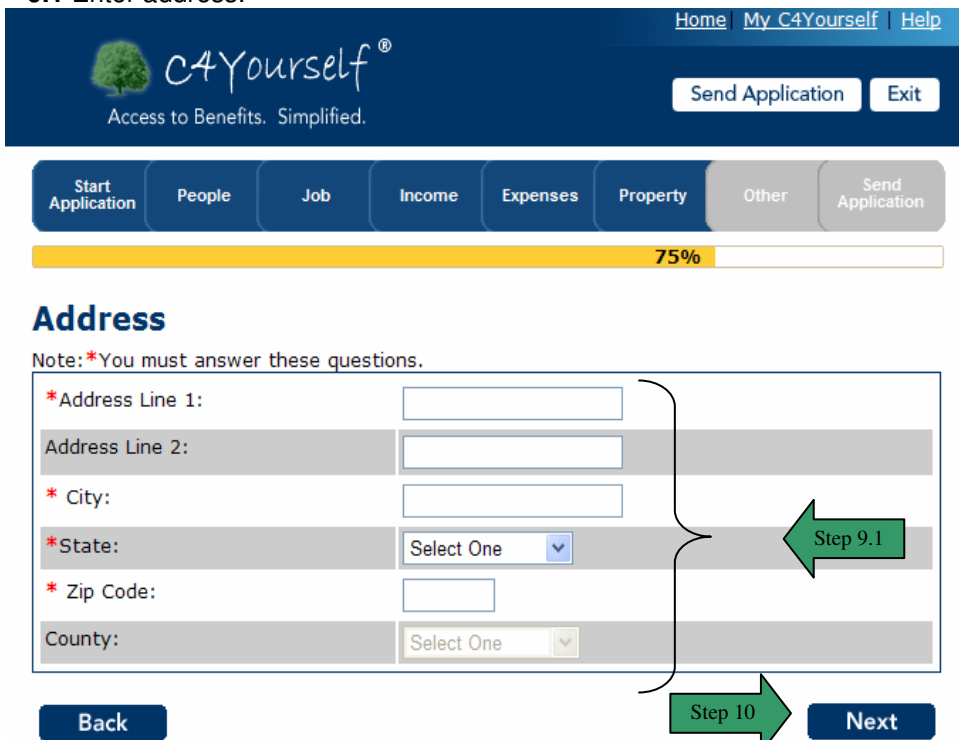
OWN PROPERTY

PURPOSE

The purpose of the **Own Property** page is to gather detailed information from the user regarding property that is owned or being purchased somewhere.


STARTING POINT

The user has answered yes to the question on the **Property Information** page regarding property that is **Owned Property**.

Step	Action
1	Check the box next to the person/persons that owns or is buying property somewhere.
2	Check the box next to the type under Property used as .
3	Click the select arrow to display the drop-down list and select the Type of the property.
4	Enter the Amount Owed in the text box.
5	Click the select arrow to display the drop-down list and select the Month you expect to return to the property.
6	Click the select arrow to display the drop-down list and select the Day you expect to return to the property.
7	Click the select arrow to display the drop-down list and select the Year you expect to return to the property.
8	Answer if there is Lien on the property by clicking the Yes or No radio buttons.
9	Enter the property address by clicking Edit Address 9.1 Enter address. 
10	Click the Next button to continue.
11	Click the Next button to continue.

OWN PROPERTY (continued)

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Send Application
Exit



Start Application | People | Job | Income | Expenses | Property | Other | Send Application

100%

Own Property

You told us that someone might own property or is buying property somewhere. Please tell us more about these people.


Select the person and add their information. **You can select more than one person.**

Person	Property Information
<div style="text-align: center;"> <input type="checkbox"/>  Bea Yourself </div>	<div style="margin-bottom: 10px;"> Property Used As: <input type="checkbox"/> Home <input type="checkbox"/> Rental of Land, Buildings, Personal Property </div> <div style="margin-bottom: 10px;"> Property Type: <input type="text" value="Select One"/> </div> <div style="margin-bottom: 10px;"> Amount Owed: <input type="text"/> </div> <div style="margin-bottom: 10px;"> Date expected to return to property: <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> </div> <div style="margin-bottom: 10px;"> Lien on Property: <input type="radio"/> Yes <input type="radio"/> No </div> <div> Address: <input type="button" value="Edit Address"/> </div>
<div style="text-align: center;"> <input type="checkbox"/>  Seymour Yourself </div>	<div style="margin-bottom: 10px;"> Property Used As: <input type="checkbox"/> Home <input type="checkbox"/> Rental of Land, Buildings, Personal Property </div> <div style="margin-bottom: 10px;"> Property Type: <input type="text" value="Select One"/> </div> <div style="margin-bottom: 10px;"> Amount Owed: <input type="text"/> </div> <div style="margin-bottom: 10px;"> Date expected to return to property: <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> </div> <div style="margin-bottom: 10px;"> Lien on Property: <input type="radio"/> Yes <input type="radio"/> No </div> <div> Address: <input type="button" value="Edit Address"/> </div>

Back

➔ **Step 11**
Next

OWN PROPERTY (continued)

Step	Action
12	The Own Property summary page displays.
13	Review the information for all people listed.
14	If the list is correct, click the No button or the Next button.
15	To add a person that owns property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-10.
16	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
17	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>17.1 Enter the correct information</p> <p>17.2 Click the Next button.</p> 

OWN PROPERTY (continued)

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[Send Application](#) [Exit](#)

[Start Application](#) [People](#) [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

75%

Own Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Property Information	
 Seymour Yourself	Property Used As: Home Property Type: Land Amount Owed: \$1,200.00 Date expected to return to property: 11/28/2010 Lien on Property: No Address: 1 PRETTY LAND NIRVANA CA 92325 San Bernardino	Remove Edit

Does anyone else own property or plan to buy property? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 12

Step 16

Step 17

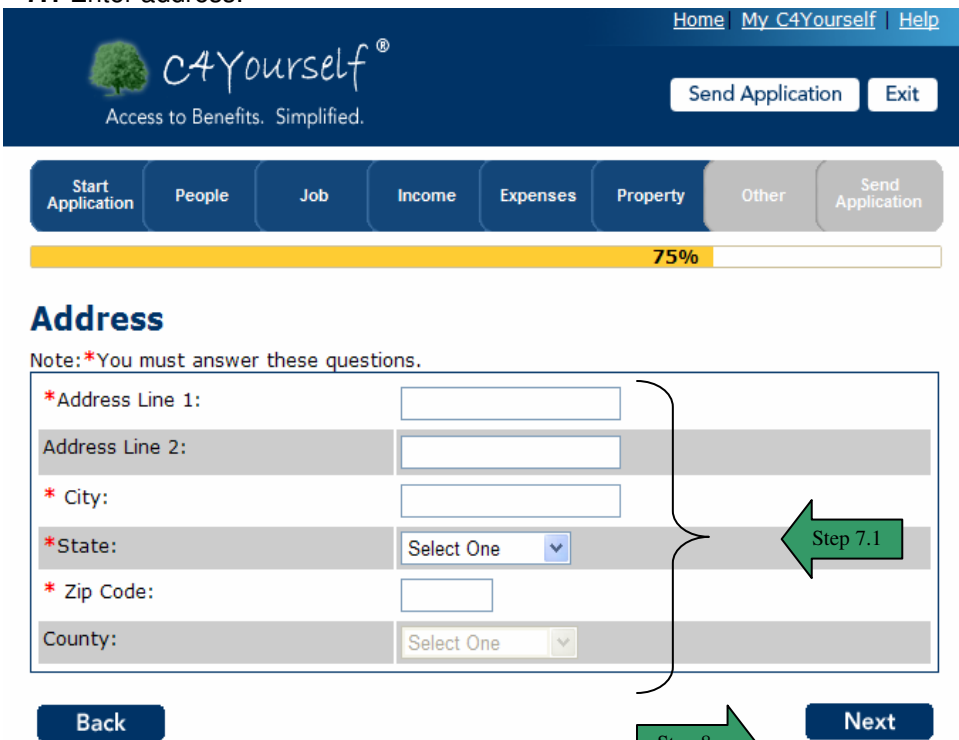
Step 15

Step 14

OTHER PROPERTY

PURPOSE The purpose of the **Other Property** page is to gather detailed information from the user regarding property that someone might own.

STARTING POINT The user has answered yes to the question on the **Property Information** page regarding property that may be owned by someone.

Step	Action
1	Click on the radio button next to the person that might have property.
2	Check the box next to the Type of Property .
3	Enter the Current Value in the text box.
4	Enter the Amount owned (if any) in the text box.
5	Enter the Name of Bank in the text box.
6	Enter the Account/Policy # in the text box.
7	Enter the Address of Bank by clicking Edit Address <div> <div>7.1 Enter address.</div>  </div>
8	Click the Next button
9	Click the Next button.

OTHER PROPERTY (continued)



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Send Application

Exit

Start Application
People
Job
Income
Expenses
Property
Other
Send Application


75%


Other Property

You told us that someone might have other property.

Please select the person and fill in the information below. **You can only select one person at a time.**

Step 1 →

☐ 
Bea
Yourself

☐ 
Seymour
Yourself

Step 4 ↓

Step 5 ↓

Step 6 ↓

Type of Property	Current Value	Amount owed (if any)	Name of Bank	Account/Policy #	Address of Bank
<input type="checkbox"/> Cash/Uncashed Check	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Mortgages/Deeds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Retirement Plans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Money Market	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Other Real Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Trust Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Checking Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Savings Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Certificate of Deposit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Stocks/Bonds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Other Liquid Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Credit Union Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Oil, Mining, or Mineral Rights	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> IRA or Keogh Plans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Employee Deferred Compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Life Insurance or Annuity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>
<input type="checkbox"/> Life Estate Interest In Any Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Edit Address"/>


Step 2 →

Step 9 →

Back

Next

OTHER PROPERTY (continued)


Step	Action
10	The Other Property summary page displays.
11	Review the information for all people listed.
12	If the list is correct, click the No button or the Next button.
13	To add a person that might own property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-9.
14	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
15	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>15.1 Enter the correct information</p> <p>15.2 Click the Next button.</p> 

Step 15.1

Step 15.2

OTHER PROPERTY (continued)

Home | My C4Yourself | Help

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Send Application | Exit

Start Application | People | Job | Income | Expenses | **Property** | Other | Send Application

75%

Other Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Property Info	
 Seymour Yourself	Type of Property:	Checking Account
	Current Value:	\$127.35
	Amount owed (if any):	
	Name of Bank:	CIV Bank
	Account/Policy #:	00000001
	Address of Bank	1 NIRVANA LANE UTOPIA CA 92325 San Bernardino
	Type of Property:	Cash/Uncashed Check
	Current Value:	\$3.00
	Amount owed (if any):	
	Name of Bank:	
Account/Policy #:		
Address of Bank		
Does anyone have any other property?		Yes No

Back

Next

Step 10

Step 14

Step 15

Step 13

Step 12

INCOME FROM PROPERTY

PURPOSE

The purpose of the **Income from Property** page is to gather detailed information from the user regarding income from property people in the home are expecting to receive.

STARTING POINT

The user has answered yes to the question on the **Property Information** page regarding people who expect to get money from property.

Step	Action
1	Check the box next to the person/persons that owns or is buying property somewhere.
2	Enter the Amount Owed in the text box.
3	Click the select arrow to display the drop-down list and select How Often the income is received.
4	Click the Next button.

The screenshot shows the top navigation bar of the C4Yourself application. It includes links for Home, My C4Yourself, and Help. Below these are buttons for Send Application and Exit. A progress bar indicates 75% completion. Navigation tabs for Start Application, People, Job, Income, Expenses, Property (highlighted), Other, and Send Application are visible.


Income from Property

You told us that there are people in your home expecting to get money from property.

Please select the people and fill in the information below. **You can select more than one person.**

The screenshot shows the 'Income from Property' form. It has columns for Person, Amount, and How Often. There are two rows for people: Bea Yourself and Seymour Yourself. Annotations with arrows indicate the steps: Step 1 points to the selection checkboxes, Step 2 points to the Amount input boxes, and Step 3 points to the How Often dropdown menus. A Step 4 arrow points to the Next button at the bottom right. A Back button is located at the bottom left.

INCOME FROM PROPERTY (continued)

Step	Action
5	The Income from Property summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that might get money from property they own, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p> 

INCOME FROM PROPERTY (continued)

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[Send Application](#) [Exit](#)

[Start Application](#) [People](#) [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

75%

Income from Property

← Step 5

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Amount	How Often	
 Seymour Yourself	\$300.00	Annually	<div>Step 9 → Remove Edit</div>

Does anyone else in the home get money from property they own?

Step 8 ↓ [Yes](#) [No](#)

← Step 10

[Back](#) [Next](#)

Step 7 →

PERSONAL PROPERTY

PURPOSE

The purpose of the **Personal Property** page is to gather detailed information from the user regarding personal property which costs at least \$500 or which is now worth at least \$500 (Do not include wedding/engagement rings or heirlooms. List jewelry worth more than \$100).

STARTING POINT

The user has answered yes to the question on the **Property Information** page regarding personal property.

Step	Action
1	Check the box next to the person/persons that owns personal property.
2	Enter the Item in the text box.
3	Click the select arrow to display the drop-down list and select the Month you bought the property.
4	Click the select arrow to display the drop-down list and select the Day you bought the property.
5	Click the select arrow to display the drop-down list and select the Year you bought the property.
6	Enter the Amount Owed in the text box.
7	Click the Next button.

The screenshot shows the top navigation bar of the C4Yourself application. It includes the C4Yourself logo with the tagline "Access to Benefits. Simplified." and links for Home, My C4Yourself, and Help. Below the navigation bar is a progress bar showing 75% completion. The progress bar is divided into seven segments: Start Application, People, Job, Income, Expenses, Property (highlighted in blue), and Other. A "Send Application" button and an "Exit" button are also visible.


Personal Property

You told us that someone owns personal property which costs at least \$500 or which is now worth at least \$500 (Do not include wedding/engagement rings or heirlooms. List jewelry worth more than \$100).

Please tell us more about this person. **You can select more than one person.**


The screenshot shows the "Personal Property" form. It has two main sections: "Person" and "Property Information". The "Person" section lists two people: "Bea Yourself" and "Seymour Yourself". Each person has a checkbox and a profile picture. The "Property Information" section contains fields for "Item", "Date Bought" (with dropdowns for Month, Day, and Year), and "Amount Owed". Green arrows indicate the steps: Step 1 points to the "Bea Yourself" checkbox; Step 2 points to the "Item" text box; Step 3-5 points to the "Date Bought" dropdowns; Step 6 points to the "Amount Owed" text box; and Step 7 points to the "Next" button. A "Back" button is also visible at the bottom left.

PERSONAL PROPERTY (continued)

Step	Action
8	The Personal Property summary page displays.
9	Review the information for all people listed.
10	If the list is correct, click the No button or the Next button.
11	To add a person that might own personal property, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-7.
12	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
13	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>13.1 Enter the correct information</p> <p>13.2 Click the Next button.</p> 

PERSONAL PROPERTY (continued)

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Send Application

Exit

Start Application

People

Job

Income

Expenses

Property


Other

Send Application

75%

Personal Property Step 8

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Item:	Date Bought:	Amount Owed:	
 Seymour Yourself	Diamond Ring	04/29/1998	\$0.00	<div>Remove</div> <div>Edit</div>

Does anyone else in the home own property which costs at least \$500 or is now worth at least \$500?

Yes

No

Back

Next

Navigation Annotations:

- Step 8 points to the "Personal Property" header.
- Step 10 points to the "Next" button.
- Step 11 points to the "Yes/No" question area.
- Step 12 points to the "Remove" button.
- Step 13 points to the "Edit" button.

MOTOR VEHICLE

PURPOSE

The purpose of the **Motor Vehicle** page is to gather detailed information from the user regarding a motor vehicle

STARTING POINT

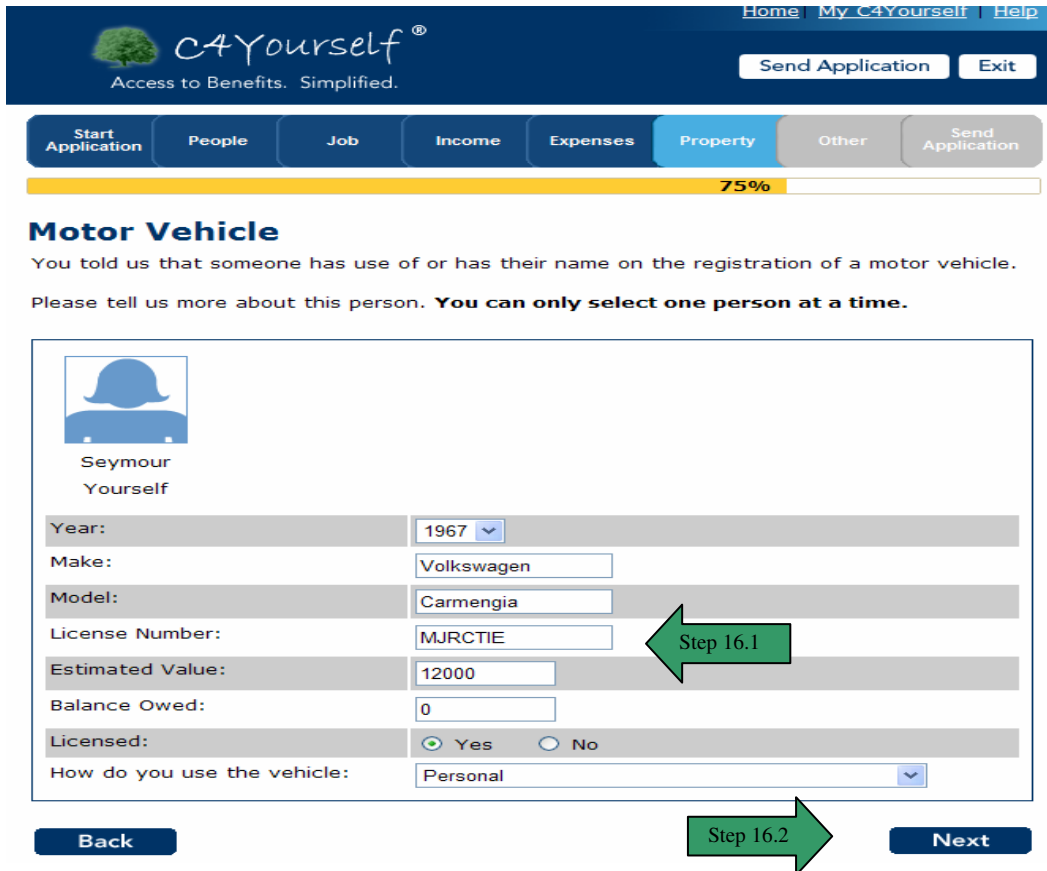
The user has answered yes to the question on the **Property Information** page regarding a motor vehicle

Step	Action
1	Check the radio button next to the person who owns or has their name on a vehicle registration.
2	Click the select arrow to display the drop-down list and select the Year of the vehicle.
3	Enter the Make of the vehicle in the text box.
4	Enter the Model of the vehicle in the text box.
5	Enter the License Number in the text box.
6	Enter the Estimate Value in the text box.
7	Enter the Balanced Owed in the text box.
8	Indicate if the vehicle is Licensed by clicking the Yes or No radio buttons.
9	Click the select arrow to display the drop-down list and select the Use of the vehicle.
10	Click the Next button.

The screenshot shows the C4Yourself web application interface. At the top, there is a navigation bar with links for Home, My C4Yourself, and Help. Below this is a progress bar showing 75% completion. The main navigation menu includes buttons for Start Application, People, Job, Income, Expenses, Property (highlighted), Other, and Send Application. The title of the page is "Motor Vehicle". Below the title, there is a message: "You told us that someone has use of or has their name on the registration of a motor vehicle. Please tell us more about this person. **You can only select one person at a time.**"

The form itself has two columns of input fields. The left column contains radio buttons for "Bea Yourself" and "Seymour Yourself". The right column contains a "Year" dropdown, "Make", "Model", "License Number", "Estimated Value", "Balance Owed", "Licensed" (Yes/No radio buttons), and "How do you use the vehicle" (a dropdown menu). At the bottom, there are "Back" and "Next" buttons. Green arrows with labels "Step 1" through "Step 10" point to specific elements: Step 1 points to the "Bea Yourself" radio button; Step 2 points to the "Year" dropdown; Step 3 points to the "Make" text box; Step 4 points to the "Model" text box; Step 5 points to the "License Number" text box; Step 6 points to the "Estimated Value" text box; Step 7 points to the "Balance Owed" text box; Step 8 points to the "Licensed" radio buttons; Step 9 points to the "How do you use the vehicle" dropdown; and Step 10 points to the "Next" button.

MOTOR VEHICLE (continued)

Step	Action
11	The Motor Vehicle summary page displays.
12	Review the information for all people listed.
13	If the list is correct, click the No button or the Next button.
14	To add a person that might have use of or have their name on the registration of a motor vehicle, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-10.
15	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
16	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>16.1 Enter the correct information</p> <p>16.2 Click the Next button.</p> 

MOTOR VEHICLE (continued)

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Send Application
Exit

Start Application
People
Job
Income
Expenses
Property
Other
Send Application

75%

Motor Vehicle Step 11

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Motor Vehicle Info																	
<div style="background-color: #d9d9d9; padding: 5px;"> <p>Seymour Yourself</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid #ccc;">Year:</td><td style="border-bottom: 1px solid #ccc;">1967</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">Make:</td><td style="border-bottom: 1px solid #ccc;">Volkswagen</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">Model:</td><td style="border-bottom: 1px solid #ccc;">Carmengia</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">License Number:</td><td style="border-bottom: 1px solid #ccc;">MJRQTIE</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">Estimated Value:</td><td style="border-bottom: 1px solid #ccc;">\$12000</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">Balance Owed:</td><td style="border-bottom: 1px solid #ccc;">\$0</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">Licensed:</td><td style="border-bottom: 1px solid #ccc;">Yes</td></tr> <tr><td style="border-bottom: 1px solid #ccc;">How do you use the vehicle:</td><td style="border-bottom: 1px solid #ccc;">Personal</td></tr> </table>	Year:	1967	Make:	Volkswagen	Model:	Carmengia	License Number:	MJRQTIE	Estimated Value:	\$12000	Balance Owed:	\$0	Licensed:	Yes	How do you use the vehicle:	Personal	<div style="margin-bottom: 10px;"> Remove Edit </div> <div style="margin-bottom: 10px;"> Step 15 </div> <div style="margin-bottom: 10px;"> Step 14 </div> <div> Yes No </div>
Year:	1967																	
Make:	Volkswagen																	
Model:	Carmengia																	
License Number:	MJRQTIE																	
Estimated Value:	\$12000																	
Balance Owed:	\$0																	
Licensed:	Yes																	
How do you use the vehicle:	Personal																	

Does anyone else have use of or have their name on the registration of a motor vehicle?

Back

Step 13
Next

OTHER INFORMATION

PURPOSE

The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

STARTING POINT

The user has navigated through the following areas:

- **C4Yourself Homepage**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**

The **Property Information** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

Home | My C4Yourself | Help

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Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

90%

Other Information

In the next few pages we will ask you additional questions about the people in your home.

Does anyone live in any of these places?

- Homeless Shelter
- Shelter for Battered Women
- Drug/Alcohol Rehabilitation Center
- Federally Subsidized Housing
- Correctional Facility/Penal Institution
- Psychiatric Hospital/Mental Institution
- Reservation for Native Americans
- Group Living Arrangement for the Disabled/Blind
- Hospital or Nursing Home
- Board and Care Home

Does anyone take part in a food program?

- Meals on Wheels
- Food Distribution operated by a Native American reservation
- Communal dining facility for elderly or disabled
- Other food program

Have Cash Aid, Food Stamps or Medi-Cal benefits been stopped for anyone because of:

- Work or Training Sanctions
- Failure to meet Able-Bodied Adult Without Dependent (ABAWD) Work Requirements
- Intentional Program Violation or Welfare Fraud

Do you want to let someone use your Food Stamps? This could be someone that lives in your home or someone that does not live in your home.

Do you want information on medical coverage? (Medi-Cal or Healthy Families)

Back

Next

OTHER INFORMATION (continued)

PURPOSE

The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

STARTING POINT


The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**

The **Other Information continued** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

[Home](#) | [My C4Yourself](#) | [Help](#)


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Send Application
Exit

Start Application
People
Job
Income
Expenses
Property
Other
Send Application

90%

Other Information continued

In the next few pages we will ask you additional questions about the people in your home.

Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole?

Since August 22, 1996, have you or anyone you are applying for been convicted of a drug-related felony?

Have you or any member of your household:

Finished a drug treatment program that is recognized by the government?

Been part of a treatment program that is recognized by the government?

Enrolled in a government recognized drug treatment program?

Are they on a waiting list for a drug treatment program that is recognized by the government?

Stopped the use of any controlled substances and have evidence that they have stopped?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Back

➔
Step 2

Next

OTHER INFORMATION (continued)

PURPOSE The purpose of the **Other Information** page is to ask questions about different types of situations that a household might have.

STARTING POINT The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**

The **Other Information continued** page is displaying.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

Home | My C4Yourself | Help

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Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

90%

Other Information continued

In the next few pages we will ask you additional questions about the people in your home.

Does everyone live in California?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone plan to stay in California permanently?	<input type="radio"/> Yes	<input type="radio"/> No
Does anyone own, lease or maintain a home outside California?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone currently getting public assistance in California?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone planning to leave California for more than 60 days?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone under age 20 and pregnant or a teen parent?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone been in the U.S. Military service or is a spouse, parent or child of a person who has been in the military service?	<input type="radio"/> Yes	<input type="radio"/> No
Does anyone have a medical condition or emotional problem which makes it difficult to work or take care of their needs?	<input type="radio"/> Yes	<input type="radio"/> No
Is there anyone who can get health care coverage from an employer or absent parent but has not yet applied for coverage?	<input type="radio"/> Yes	<input type="radio"/> No
Is anyone getting In-Home Supportive Services (IHSS)?	<input type="radio"/> Yes	<input type="radio"/> No
Does the household want to apply for a special need payment for housing or essential housing items?	<input type="radio"/> Yes	<input type="radio"/> No
Does the household want additional services like CHDP medical and dental services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you want your application and other information from your Medi-Cal case forwarded to the Healthy Families Program if your children receive a Share of Cost on their Medi-Cal or become ineligible due to excess property?	<input type="radio"/> Yes	<input type="radio"/> No

Back Step 2 Next

SHELTER/FACILITY

PURPOSE

The purpose of the **Shelter/Facility** page is to ask questions about different types of situations that a household might have.

STARTING POINT

The user has answered yes to the question on the **Other Information** page regarding living in a **Shelter/Facility**.

Step	Action
1	To select the person that is participating in a shelter program, check the radio button next to the person. The user can only select one person at a time.
2	Check the box to show the Type of Facility the person is participating in.
3	Click the select arrow to display the drop-down list and select the Month you entered the shelter/facility.
4	Click the select arrow to display the drop-down list and select the Day you entered the shelter/facility.
5	Click the select arrow to display the drop-down list and select the Year entered the shelter/facility.
6	Click the select arrow to display the drop-down list and select the Month you expect to leave the shelter/facility.
7	Click the select arrow to display the drop-down list and select the Day you expect to leave the shelter/facility.
8	Click the select arrow to display the drop-down list and select the Year you expect to leave the shelter/facility.
9	Click the Next button.

The screenshot shows the C4Yourself application interface. At the top, there's a navigation bar with links for Home, My C4Yourself, and Help. Below this is a progress bar showing 90% completion. The main heading is "Shelter/Facility" with a subtext: "You told us that someone in your home lives in a facility. Select the person and fill in the information. **You can only select one person at a time.**"

Annotations indicate the following steps:

- Step 1:** Points to the radio button next to "Seymour Yourself".
- Step 2:** Points to the "Type of Facility" section, which includes a list of facility types with checkboxes: Homeless Shelter, Shelter for Battered Women, Drug/Alcohol Rehabilitation Center, Federally Subsidized Housing for the Elderly, Correctional Facility/Penal Institution, Psychiatric Hospital/Mental Institution, Reservation for Native Americans, Group Living Arrangements for the Disabled/Blind, Hospital or Nursing Home, and Board and Care Home.
- Step 3-5:** Points to the "Date Entered" section, which has three dropdown menus for Month, Day, and Year.
- Step 6-8:** Points to the "Date Expected to Leave" section, which also has three dropdown menus for Month, Day, and Year.
- Step 9:** Points to the "Next" button at the bottom right.

At the bottom left, there is a "Back" button. At the bottom right, there is a "Next" button.

SHELTER/FACILITY (continued)

Step	Action
10	The Shelter/Facility summary page displays.
11	Review the information for all people listed.
12	If the list is correct, click the No button or the Next button.
13	To add a person that lives in a Shelter/Facility, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-9.
14	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
15	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>15.1 Enter the correct information</p> <p>15.2 Click the Next button.</p>

Home My C4Yourself Help

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Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

90%

Shelter/Facility

You told us that someone in your home lives in a facility.

Select the person and fill in the information. **You can only select one person at a time.**

☐ Seymour Yourself
 ☐ Bea Yourself


Type of Facility	Date Entered	Date Expected to Leave
<input checked="" type="checkbox"/> Homeless Shelter	October 31 2009	November 14 2009
<input type="checkbox"/> Shelter for Battered Women	Month Day Year	Month Day Year
<input type="checkbox"/> Drug/Alcohol Rehabilitation Center	Month Day Year	Month Day Year
<input type="checkbox"/> Federally Subsidized Housing for the Elderly	Month Day Year	Month Day Year
<input type="checkbox"/> Correctional Facility/Penal Institution	Month Day Year	Month Day Year
<input type="checkbox"/> Psychiatric Hospital/Mental Institution	Month Day Year	Month Day Year
<input type="checkbox"/> Reservation for Native Americans	Month Day Year	Month Day Year
<input type="checkbox"/> Group Living Arrangements for the Disabled/Blind	Month Day Year	Month Day Year
<input type="checkbox"/> Hospital or Nursing Home	Month Day Year	Month Day Year
<input type="checkbox"/> Board and Care Home	Month Day Year	Month Day Year

Back

Step 15.2 Next

SHELTER/FACILITY (continued)

[Home](#) | [My C4Yourself](#) | [Help](#)

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[Send Application](#) [Exit](#)

[Start Application](#) [People](#) [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

90%

Shelter/Facility

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Type of Facility	Date Entered	Date Expected to Leave	
 Seymour Yourself	Homeless Shelter	10/31/2009	11/07/2009	Remove Edit

Does anyone else in the home live in a facility? [Yes](#) [No](#)

[Back](#) [Next](#)

Step 10

Step 14

Step 15

Step 13

Step 12

FOOD PROGRAMS

PURPOSE The purpose of the **Food Programs** page is to collect information regarding a food program the person takes part in.

STARTING POINT The user has answered yes to the question on the **Other Information** page regarding food programs.

Step	Action
1	To select the person that is participating in a food program, check the radio button next to the person. The user can only select one person at a time.
2	Check the box to show the Program the person is participating in.
3	Click Next to continue.


The screenshot shows the C4Yourself application interface. At the top, there is a navigation bar with links for Home, My C4Yourself, and Help. Below this is a progress bar showing 90% completion. The main navigation menu includes buttons for Start Application, People, Job, Income, Expenses, Property, Other (highlighted), and Send Application. The 'Food Programs' section is active, displaying the text: 'You told us that someone in your home takes part in a food program. Select the person and fill in the information. **You can only select one person at a time.**'

Below the text, there are two person icons with radio buttons next to them. The first icon is labeled 'Bea Yourself' and the second is labeled 'Seymour Yourself'. A green arrow labeled 'Step 1' points to the radio button next to 'Seymour Yourself'.

Below the person selection, there is a section titled 'Program' with four checkboxes: 'Meals on Wheels', 'Food Distribution operated by a Native American reservation', 'Communal dining facility for the elderly or disabled', and 'Other food program'. A green arrow labeled 'Step 2' points to the 'Food Distribution operated by a Native American reservation' checkbox.

At the bottom, there are two buttons: 'Back' and 'Next'. A green arrow labeled 'Step 3' points to the 'Next' button.

FOOD PROGRAMS (continued)

Step	Action
4	The Food Programs summary page displays.
5	Review the information for all people listed.
6	If the list is correct, click the No button or the Next button.
7	To add a person that is in a Food Program , click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-3.
8	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
9	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>9.1 Enter the correct information</p> <p>9.2 Click the Next button.</p> 

FOOD PROGRAMS (continued)

[Home](#) | [My C4Yourself](#) | [Help](#)

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[Send Application](#) [Exit](#)

[Start Application](#) [People](#) [Job](#) [Income](#) [Expenses](#) [Property](#) [Other](#) [Send Application](#)

90%

Food Programs

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Program	
 Seymour Yourself	Other food program	Remove Edit
Does anyone else in the home take part in a food program?		Yes No

[Back](#) [Next](#)

DISCONTINUED BENEFITS

PURPOSE

The purpose of the **Discontinued Benefits** page is to ask questions about people who had from Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud.

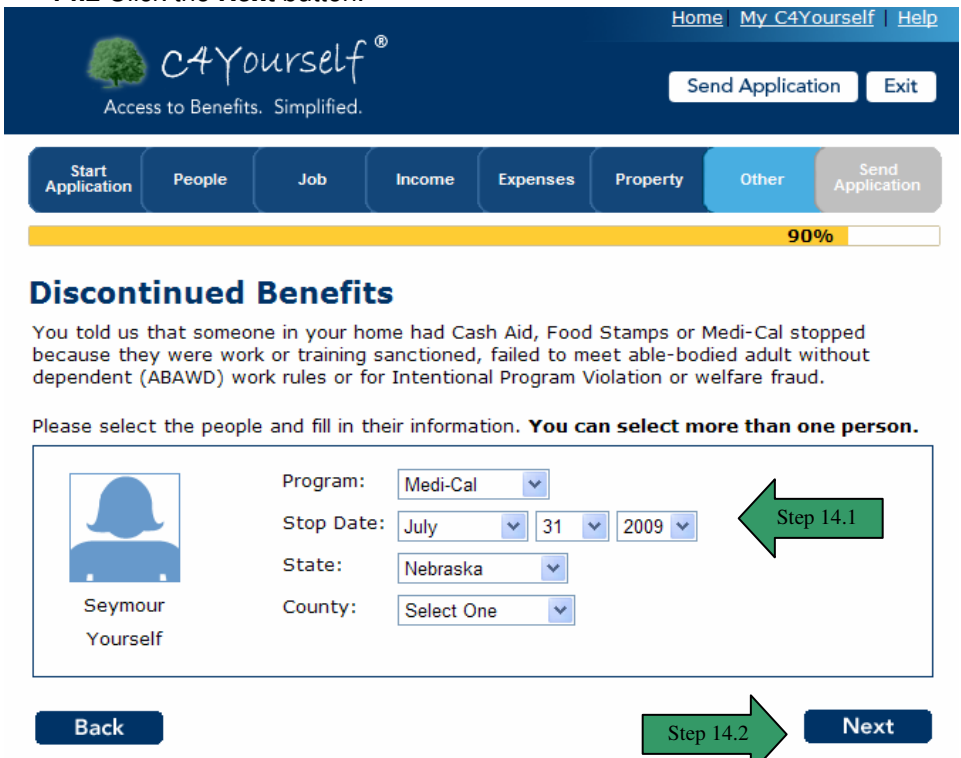
STARTING POINT

The user has answered yes to the question on the **Other Information** page regarding **Discontinued Benefits**.

Step	Action
1	To select the person/persons that have been discontinued from Food Stamps, Cash Aid or Medi-Cal, check the box next to the person.
2	Click the select arrow to display the drop-down list and select the Program your benefits were discontinued for.
3	Click the select arrow to display the drop-down list and select the Month you had your benefits discontinued in.
4	Click the select arrow to display the drop-down list and select the Day you had your benefits discontinued in.
5	Click the select arrow to display the drop-down list and select the Year you had your benefits discontinued in.
6	Click the select arrow to display the drop-down list and select the State you had your benefits discontinued in.
7	Click the select arrow to display the drop-down list and select the County you had your benefits discontinued in.
8	Click the Next button.


The screenshot shows the C4Yourself interface for the 'Discontinued Benefits' section. At the top, there's a navigation bar with 'Home', 'My C4Yourself', and 'Help'. Below it, a progress bar shows '90%' completion. The main navigation tabs include 'Start Application', 'People', 'Job', 'Income', 'Expenses', 'Property', 'Other' (which is active), and 'Send Application'. The 'Discontinued Benefits' title is followed by a description: 'You told us that someone in your home had Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud.' Below this, a prompt says 'Please select the people and fill in their information. You can select more than one person.' The form contains two entries: 'Seymour Yourself' and 'Bea Yourself'. Each entry has a checkbox, a profile picture, and a set of dropdown menus for 'Program', 'Stop Date' (Month, Day, Year), 'State', and 'County'. Green arrows indicate the steps: Step 1 points to the checkboxes; Step 2 points to the 'Program' dropdown for Seymour; Step 3-5 points to the 'Month', 'Day', and 'Year' dropdowns for Seymour; Step 6 points to the 'Program' dropdown for Bea; Step 7 points to the 'State' dropdown for Bea; and Step 8 points to the 'Next' button. A 'Back' button is also visible at the bottom left.

DISCONTINUED BENEFITS (continued)

Step	Action
9	The Discontinued Benefits summary page displays.
10	Review the information for all people listed.
11	If the list is correct, click the No button or the Next button.
12	To add a person that has been discontinued from benefits, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-8.
13	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
14	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>14.1 Enter the correct information</p> <p>14.2 Click the Next button.</p> 

DISCONTINUED BENEFITS (continued)

Home | [My C4Yourself](#) | [Help](#)

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[Send Application](#) [Exit](#)

Start Application

People

Job

Income

Expenses

Property


Other

Send Application

90%

Discontinued Benefits

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Program	Stop Date	County	State	
 Seymour Yourself	Medi-Cal	07/31/2009		Nebr	<div>Remove Edit</div>

Does anyone else in your home have Cash Aid, Food Stamps or Medi-Cal stopped because they were work or training sanctioned, failed to meet able-bodied adult without dependent (ABAWD) work rules or for Intentional Program Violation or welfare fraud?

[Yes](#) [No](#)

[Back](#) [Next](#)

Step 3

Step 7

Step 13

Step 6

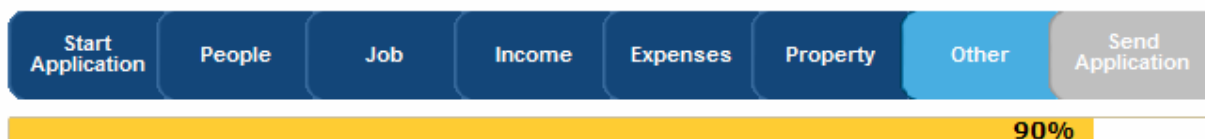
Step 5

AUTHORIZATION

PURPOSE The purpose of the **Authorization** page is to gather information from the user about someone who has authorization to use their Food Stamps.

STARTING POINT The user has answered yes to the question on the **Other Information** page regarding **Authorization** to use their Food Stamps.

Step	Action
1	To select the person that will have authorization to use food stamps, check the box next to the person. If this person is someone out of the home, see step 2. The user can only select one person.
2	If the person is Someone Outside the Home , enter the name of the authorized person in the text box.
3	Click the Next button.




Authorization


You told us that you would like to let someone in your home or someone outside your home use your food stamps.

Please select the person.


Step 1 →

☐


Bea
Yourself

☐


Seymour
Yourself

☐


Someone
Outside Home

Name of the authorized person:

← Step 2

Step 3 →

Back

Next

RUNNING FROM THE LAW

PURPOSE

The purpose of the **Running from the Law** page is to gather information from the user about people who may be running from the law to avoid prosecution, custody or confinement, or is in violation of probation or parole.

STARTING POINT

The user has answered yes to the question on the **Other Information** page regarding **Running from the Law**.

Step	Action
1	To select the person/persons that are running from the law, check the box next to the person
2	Click the Next button.

Home | My C4Yourself | Help

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Send Application Exit

Start Application People Job Income Expenses Property **Other** Send Application

90%

Running from the Law

You told us that someone in your home is running from the law to avoid felony prosecution, custody, or confinement after conviction, or there is a member in violation of probation or parole.

Please select the people. **You can select more than one person.**

Person

☐

Bea
Yourself

☐

Seymour
Yourself

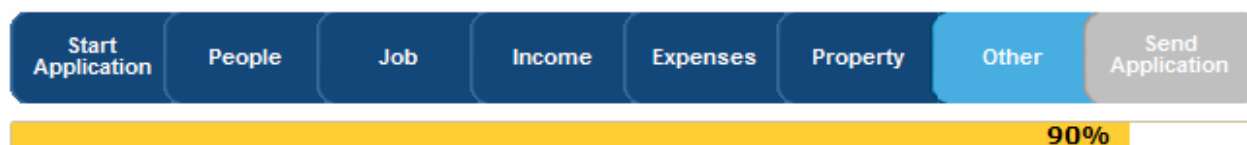
Back Next

Step 1

Step 2

RUNNING FROM THE LAW (continued)

Step	Action
3	The Running from the Law summary page displays.
4	Review the information for all people listed.
5	If the list is correct, click the No button or the Next button.
6	To add people that are running from the law, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-2.
7	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.



Running from the Law



Here is the summary of what you told us so far. If you want to remove the information for anyone, click the Remove button.

 The image shows a summary form for "Running from the Law". At the top, a "Person" header is followed by a profile picture placeholder and the name "Seymour Yourself". To the right of the name is a "Remove" button, with a green arrow labeled "Step 7" pointing to it. Below the name is a question: "Is anyone else in the home running from the law to avoid felony prosecution, custody, or confinement after conviction, or there is a member in violation of probation or parole?". To the right of the question are "Yes" and "No" buttons. A green arrow labeled "Step 6" points down to the "Yes" button. At the bottom left is a "Back" button. At the bottom right is a "Next" button, with a green arrow labeled "Step 5" pointing to it.

DRUG-RELATED FELONY

PURPOSE

The purpose of the **Drug-Related Felony** page is to gather information from the user about people who have been convicted of a drug-related felony since August 22 1996.

STARTING POINT

The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who has a drug-related felony conviction.

Step	Action
1	To select the person/persons that have a drug-related felony, check the box next to the person.
2	Click the Next button.

Home | My C4Yourself | Help

Access to Benefits. Simplified.

Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

90%

Drug-Related Felony

You told us that there are some people in your home who, since August 22, 1996, have been convicted of a drug-related felony.

Please select the people. **You can select more than one person.**

Person

☐

Bea
Yourself

☐


Seymour
Yourself

Back Step 2 Next

DRUG-RELATED FELONY (continued)

Step	Action
3	The Drug-Related Felony summary page displays.
4	Review the information for all people listed.
5	If the list is correct, click the No button or the Next button.
6	To add people that have a drug-related felony, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-2.
7	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.

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[Send Application](#)
[Exit](#)


[Start Application](#)
[People](#)
[Job](#)
[Income](#)
[Expenses](#)
[Property](#)
[Other](#)
[Send Application](#)

90%

Drug-Related Felony

Here is the summary of what you told us so far. If you want to remove the information for anyone, click the Remove button.

Person


 Seymour
 Yourself

[Remove](#)

Has anyone else in the home been convicted of a drug-related felony?
 [Yes](#)
[No](#)

[Back](#)
[Next](#)

PREGNANCY

PURPOSE The purpose of the **Pregnancy** page is to gather information from the user about who is pregnant.

STARTING POINT The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who is pregnant.

Step	Action
1	To select the person/persons that are pregnant, check the box next to the person. User can select more than one person at a time.
2	Click the select arrow to display the drop-down list and select the Month the baby will be born in.
3	Click the select arrow to display the drop-down list and select the Day the baby will be born in.
4	Click the select arrow to display the drop-down list and select the Year the baby will be born in.
5	Click the Next button.

Home | My C4Yourself | Help

Access to Benefits. Simplified.

Send Application Exit

Start Application People Job Income Expenses Property Other Send Application

90%

Pregnancy

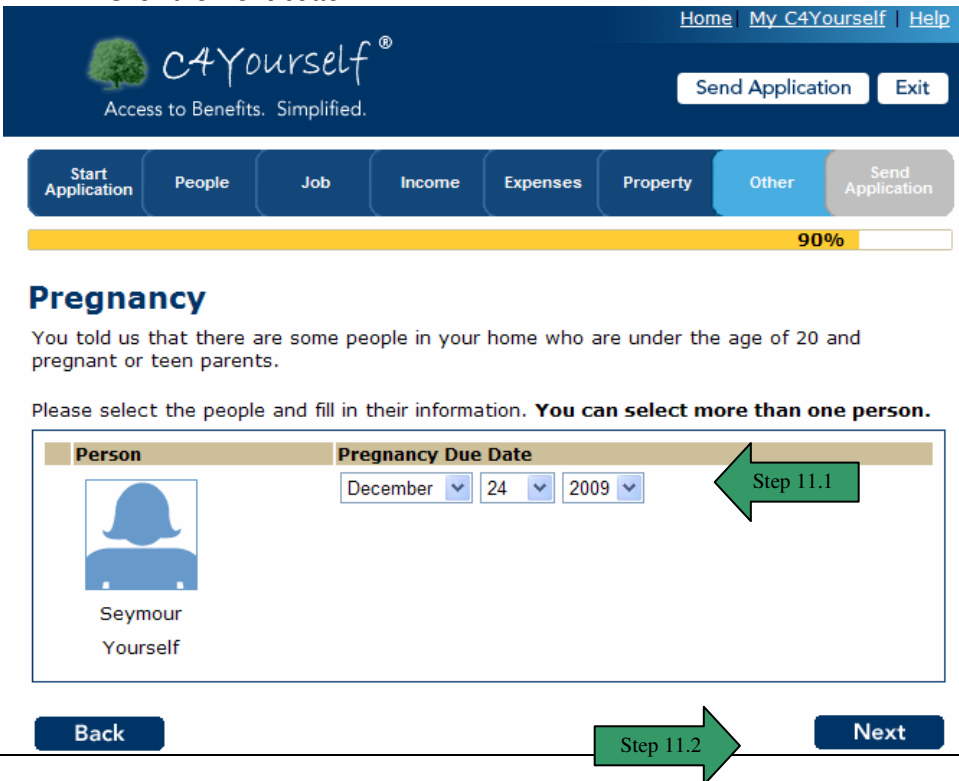
You told us that there are some people in your home who are under the age of 20 and pregnant or teen parents.

Please select the people and fill in their information. **You can select more than one person.**

Person	Pregnancy Due Date
<input type="checkbox"/> Bea Yourself	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<input type="checkbox"/> Seymour Yourself	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>


Back Step 5 Next

PREGNANCY (continued)

Step	Action
6	The Pregnancy summary page displays.
7	Review the information for all people listed.
8	If the list is correct, click the No button or the Next button.
9	To add a person that is pregnant, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-5.
10	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
11	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>11.1 Enter the correct information</p> <p>11.2 Click the Next button.</p> 

PREGNANCY (continued)

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[Send Application](#) [Exit](#)

Start Application

People

Job

Income

Expenses

Property


Other

Send Application

90%

Pregnancy

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Pregnancy Due Date	
 Seymour Yourself	12/24/2009	<div>Remove</div> <div>Edit</div>
Is anyone else in the home under the age of 20 and pregnant or a teen parent?		<div>Yes</div> <div>No</div>

Back

Next

MILITARY SERVICE

PURPOSE

The purpose of the **Military Service** page is to gather information from the user about who is in or was in the Military.

STARTING POINT

The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who is in or was in the military.

Step	Action
1	To select the person/persons those are in or have been in the military, check the box next to the person.
2	Click the select arrow to display the drop-down list and select the Branch of Service .
3	Click the select arrow to display the drop-down list and select whether or not the person had an Honorable Discharge .
4	Click the select arrow to display the drop-down list and select the Month they enlisted.
5	Click the select arrow to display the drop-down list and select the Day they enlisted.
6	Click the select arrow to display the drop-down list and select the Year they enlisted.
7	Click the select arrow to display the drop-down list and select the Month they were discharged.
8	Click the select arrow to display the drop-down list and select the Day they were discharged.
9	Click the select arrow to display the drop-down list and select the Year they were discharged.
10	Click the Next button.

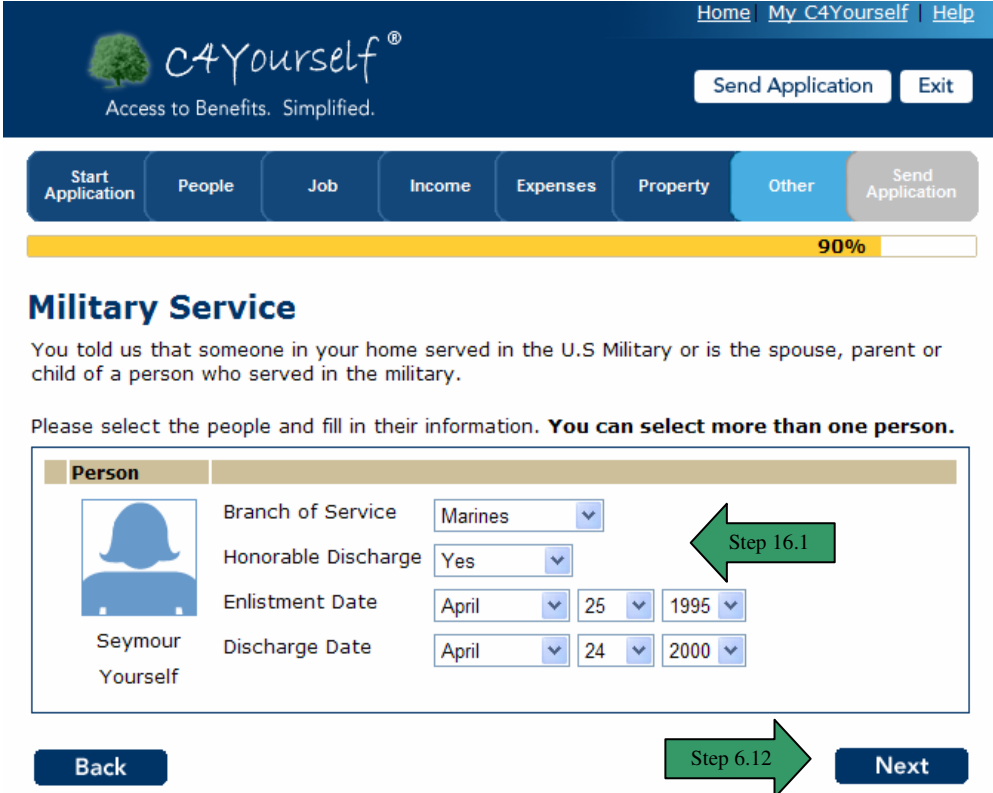
The screenshot shows the C4Yourself interface for the Military Service section. At the top, there's a navigation bar with links for Home, My C4Yourself, and Help, along with buttons for Send Application and Exit. Below this is a progress bar showing 90% completion. The main heading is "Military Service" with a subtext: "You told us that someone in your home served in the U.S Military or is the spouse, parent or child of a person who served in the military." Below this, it says "Please select the people and fill in their information. You can select more than one person."

The form displays two entries under the "Person" header:

- Bea Yourself**: A checkbox is next to a person icon. To the right are fields for Branch of Service (Select One), Honorable Discharge (Select One), Enlistment Date (Month, Day, Year), and Discharge Date (Month, Day, Year). A green arrow labeled "Step 1" points to the checkbox. A green arrow labeled "Step 2" points to the Branch of Service dropdown. A green arrow labeled "Step 3" points to the Honorable Discharge dropdown. A green arrow labeled "Step 4-6" points to the Enlistment Date fields.
- Seymour Yourself**: A checkbox is next to a person icon. To the right are fields for Branch of Service (Select One), Honorable Discharge (Select One), Enlistment Date (Month, Day, Year), and Discharge Date (Month, Day, Year). A green arrow labeled "Step 7-9" points to the Branch of Service dropdown.


At the bottom, there are "Back" and "Next" buttons. A green arrow labeled "Step 10" points to the "Next" button.

MILITARY SERVICE (continued)

Step	Action
11	The Military Service summary page displays.
12	Review the information for all people listed.
13	If the list is correct, click the No button or the Next button.
14	To add a person that was in or is in the military, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-10.
15	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
16	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>16.1 Enter the correct information</p> <p>16.2 Click the Next button.</p> 

MILITARY SERVICE (continued)

[Home](#) | [My C4Yourself](#) | [Help](#)

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[Send Application](#) [Exit](#)

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90%

Military Service

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Branch of Service	Honorable Discharge	Enlistment Date	Discharge Date	
 Seymour Yourself	Marines	Yes	04/25/1995	04/24/2000	Remove Edit

Has anyone else in the home served in the U.S. military or is the spouse, parent or child of a person who served in the military?

[Yes](#) [No](#)

[Back](#) [Next](#)

Step 11

Step 15

Step 16

Step 14

Step 13

MEDICAL CONDITION

PURPOSE

The purpose of the **Medical Condition** page is to gather information from the user who has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.

STARTING POINT

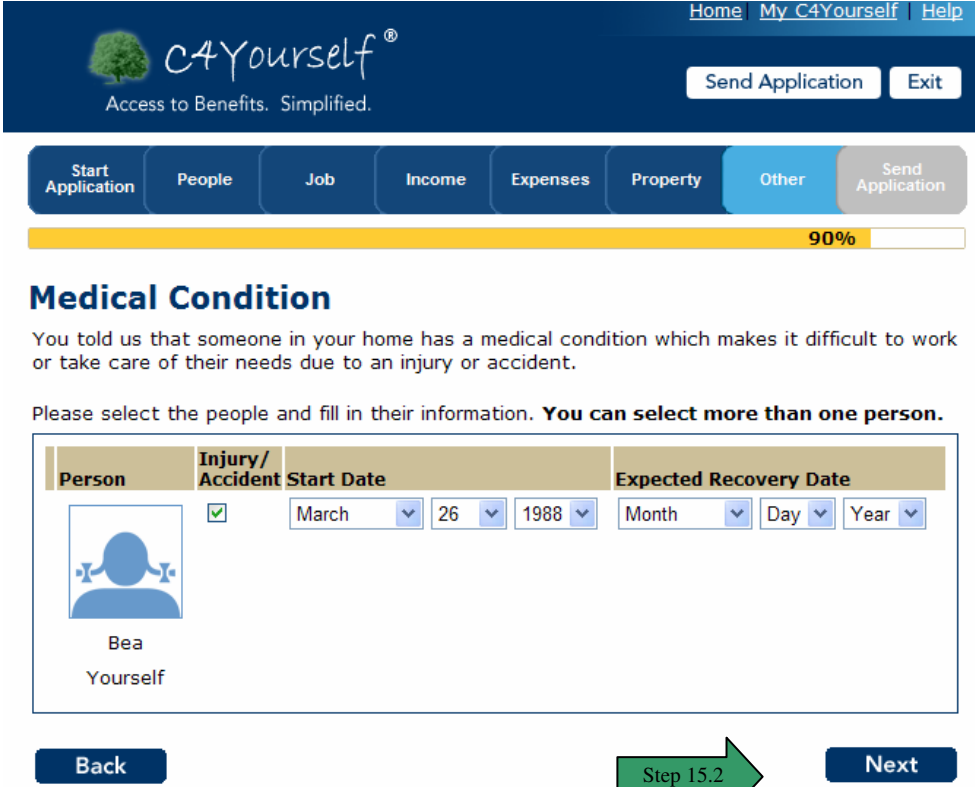
The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who has a medical condition.

Step	Action
1	To select the person/persons who have a medical condition, check the box next to the person.
2	Check the box if the medical condition is a result of an Injury/Accident .
3	Click the select arrow to display the drop-down list and select the Month the medical condition began.
4	Click the select arrow to display the drop-down list and select the Day the medical condition began.
5	Click the select arrow to display the drop-down list and select the Year the medical condition began.
6	Click the select arrow to display the drop-down list and select the Month the person is expected to recover.
7	Click the select arrow to display the drop-down list and select the Day the person is expected to recover.
8	Click the select arrow to display the drop-down list and select the Year the person is expected to recover.
9	Click the Next button.

The screenshot shows the C4Yourself interface for the 'Medical Condition' section. The top navigation bar includes 'Home', 'My C4Yourself', and 'Help'. Below the navigation bar is a progress bar showing '90%'. The 'Medical Condition' section is titled 'Medical Condition' and includes a description: 'You told us that someone in your home has a medical condition which makes it difficult to work or take care of their needs due to an injury or accident. Please select the people and fill in their information. You can select more than one person.'

The form contains a table with columns: Person, Injury/Accident, Start Date, and Expected Recovery Date. The 'Person' column lists 'Bea Yourself' and 'Seymour Yourself'. The 'Injury/Accident' column has a checkbox. The 'Start Date' and 'Expected Recovery Date' columns have dropdown menus for Month, Day, and Year. Green arrows indicate the steps: Step 1 points to the 'Person' column, Step 2 points to the 'Injury/Accident' checkbox, Step 3-5 points to the 'Start Date' dropdowns, Step 6-8 points to the 'Expected Recovery Date' dropdowns, and Step 9 points to the 'Next' button. A 'Back' button is also visible.


MEDICAL CONDITION (continued)

Step	Action
10	The Medical Condition summary page displays.
11	Review the information for all people listed.
12	If the list is correct, click the No button or the Next button.
13	To add a person who has a medical condition, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-9.
14	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
15	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>15.1 Enter the correct information</p> <p>15.2 Click the Next button.</p> 

Step 15.1

Step 15.2

MEDICAL CONDITION (continued)

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Send Application

90%

Medical Condition

Step 10

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Injury/Accident	Start Date	Expected Recovery Date	
 Bea Yourself	Yes	03/26/1988		<div>Step 14</div> <div>Remove Edit</div> <div>Step 15</div>

Step 13

Does anyone else in the home have a medical condition which makes it difficult to work or take care of their needs?

[Yes](#) [No](#)

[Back](#) [Next](#)

Step 12

OTHER AVAILABLE HEALTH CARE

PURPOSE

The purpose of the **Other Available Health Care** page is to gather information from the user who can get health care coverage from an employer or absent parent but have not yet applied for coverage.

STARTING POINT

The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding a person who has other available health care.

Step	Action
1	To select the person/persons that have or may have other health care coverage, check the box next to the person.
2	Click the check box next to the Insurance Source .
3	Enter the Provider Name in the text box.
4	Click the Next button.

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90%

Other Available Health Care


You told us that there are people in your home who can get health care coverage from an employer or absent parent but have not yet applied for coverage. Please tell us more about these people.

Please select the people and fill in their information. **You can select more than one person.**

Person	Insurance Source	Provider Name
<input type="checkbox"/> Bea Yourself	<input type="checkbox"/> Employer <input type="checkbox"/> Absent Parent	<input type="text"/>
<input type="checkbox"/> Seymour Yourself	<input type="checkbox"/> Employer <input type="checkbox"/> Absent Parent	<input type="text"/>

Back Step 4 Next

OTHER AVAILABLE HEALTH CARE (continued)

Step	Action
5	The Other Available Health Care summary page displays.
6	Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person who has other health care coverage, click the Yes button. The page refreshes and provides the user a list to select the person to be added. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
10	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>10.1 Enter the correct information</p> <p>10.2 Click the Next button.</p>  <p>The screenshot displays the C4Yourself interface. At the top, there's a navigation bar with links for Home, My C4Yourself, and Help. Below this is a header with the C4Yourself logo and the tagline 'Access to Benefits. Simplified.' A 'Send Application' button and an 'Exit' button are also present. A progress bar indicates 90% completion. The main section is titled 'Other Available Health Care' and contains a paragraph explaining the purpose of the page. Below this, a table lists people and their insurance sources. The table has three columns: Person, Insurance Source, and Provider Name. The first row shows 'Bea Yourself' as the person, with 'Employer' and 'Absent Parent' as insurance sources, and 'Believein Yourself' as the provider name. A green arrow labeled 'Step 16.1' points to the 'Believein Yourself' provider name. At the bottom of the page, there are 'Back' and 'Next' buttons. A green arrow labeled 'Step 16.2' points to the 'Next' button.</p>

OTHER AVAILABLE HEALTH CARE (continued)

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90%

Other Available Health Care

Here is the summary of what you told us so far. If you want to change information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Insurance Source	Provider Name	
 Bea Yourself	Absent Parent	Believein Yourself	Remove Edit 
Can anyone else in the home get other health care coverage from an employer or absent parent but have not yet applied for coverage?			Yes No 

[Back](#)  [Next](#) 

ADDITIONAL SERVICES

PURPOSE The purpose of the **Additional Services** page is to ask the user if they would like information sent to them regarding additional services available.

STARTING POINT The user has answered yes to the question on the **Other Information and Other Information continued** pages regarding additional services.

Step	Action
1	Answer the questions by clicking the Yes or No radio buttons.
2	Click the Next button to continue.

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Start Application People Job Income Expenses Property **Other** Send Application

90%

Additional Services

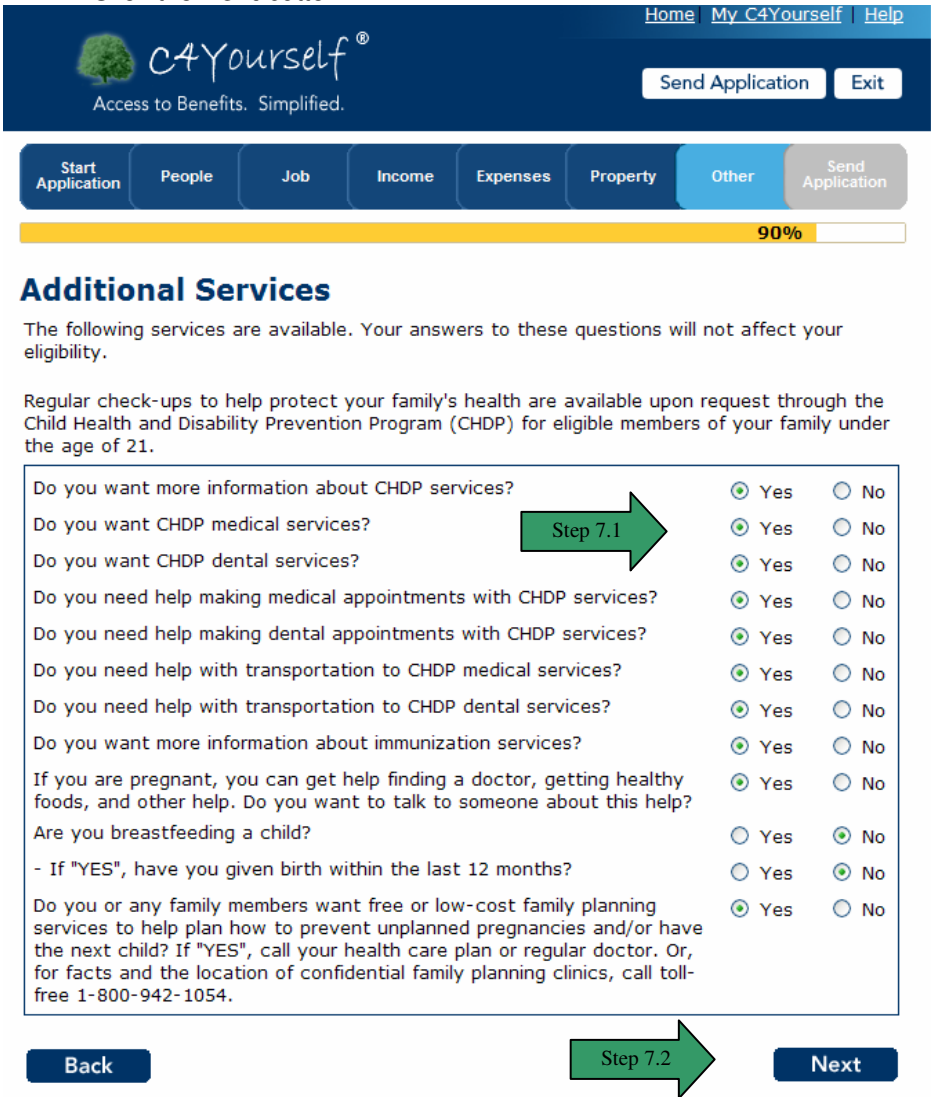
The following services are available. Your answers to these questions will not affect your eligibility.

Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.

Do you want more information about CHDP services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you want CHDP medical services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you want CHDP dental services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you need help making medical appointments with CHDP services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you need help making dental appointments with CHDP services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you need help with transportation to CHDP medical services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you need help with transportation to CHDP dental services?	<input type="radio"/> Yes	<input type="radio"/> No
Do you want more information about immunization services?	<input type="radio"/> Yes	<input type="radio"/> No
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?	<input type="radio"/> Yes	<input type="radio"/> No
Are you breastfeeding a child?	<input type="radio"/> Yes	<input type="radio"/> No
- If "YES", have you given birth within the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.	<input type="radio"/> Yes	<input type="radio"/> No

Back Step 2 Next

ADDITIONAL SERVICES (continued)

Step	Action
3	The Additional Services summary page displays.
4	Review the information listed.
5	If the list is correct, click the Next button.
6	To remove list, click the Remove button. The page refreshes and the Additional Services Question page displays.
7	<p>To edit the information, click the Edit button. The page refreshes in edit mode.</p> <p>7.1 Enter the correct information</p> <p>7.2 Click the Next button.</p>  <p>Do you want more information about CHDP services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you want CHDP medical services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you want CHDP dental services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you need help making medical appointments with CHDP services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you need help making dental appointments with CHDP services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you need help with transportation to CHDP medical services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you need help with transportation to CHDP dental services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Do you want more information about immunization services? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Are you breastfeeding a child? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>- If "YES", have you given birth within the last 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Back Next</p>

ADDITIONAL SERVICES (continued)



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Additional Services

Step 3

The following services are available. Your answers to these questions will not affect your eligibility. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.

Do you want more information about CHDP services?	Yes	<div style="background-color: #ff0000; color: white; padding: 2px 5px; border: 1px solid #ccc;">Remove</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border: 1px solid #ccc;">Edit</div>	<p style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Step 6</p>
Do you want CHDP medical services?	Yes		
Do you want CHDP dental services?	Yes	<div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">Step 7</div>	
Do you need help making medical appointments with CHDP services?	Yes		
Do you need help making dental appointments with CHDP services?	Yes		
Do you need help with transportation to CHDP medical services?	Yes		
Do you need help with transportation to CHDP dental services?	Yes		
Do you want more information about immunization services?	Yes		
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?	Yes		
Are you breastfeeding a child?	No		
- If "YES", have you given birth within the last 12 months?	No		
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.	Yes		

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Step 5

Next

APPLICATION SUMMARY

PURPOSE

The purpose of the **Application Summary** page is to give the user an opportunity to review each section of the application before it is submitted. The user can click any hyperlink to see a summary of the information given for a section.

STARTING POINT

There are two ways a user can access this page:

A. The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**
- **Other Information Tab**

B. The user has completed the section on **Your Information** and clicked the **Submit** button.

Step	Action
1	To view a specific section of the C4Yourself application, click the hyperlink for that section.
2	By clicking the hyperlink, the user is navigated to the summary page of that section. To exit a summary page, click the Next button on the summary page.
3	Click the Next button.

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Start Application People Job Income Expenses Property Other Send Application

100%

Application Summary

You are almost done with your application. Here is your contact information.

Name:	Seymour Yourself
Home Address:	1 NIRVANA LANE UTOPIA, CA 92325
Contact Number:	

You can click the Next button to go to the next page of the application. You can also look at the information you gave by clicking any of the blue links below. All the information will be used to see if you are eligible. The worker will look at the information before your meeting. The more information the worker has the better.

[Your Information](#)

[People](#)

[Job](#)

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ADDITIONAL SERVICES

PURPOSE


The purpose of the **Additional Services** page is to inform the user of reasons they may be eligible for Expedited Food Stamps, as well as provide links to the National School Lunch Program (NSLP) and Women, Infants and Children Program (WIC).

STARTING POINT

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**
- **Other Information Tab**
- **Application Summary**

Step	Action
1	Review the information
2	Click the Next button.

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Additional Services

You can click the next button to go to the next page of the application.

Links

[National School Lunch Program \(NSLP\)](#)

The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious lunches to children at reasonable prices.

For children, the National School Lunch Program provides a nutritious meal that contains one-third of the recommended dietary allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest possible price.

[Women, Infants and Children Program \(WIC\)](#)

WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services.

Expedited Food Stamps

We will look at your application and review it for Expedited Service within 3 days.


Here are some reasons why you may be able to get Expedited Service:

1. The total monthly income of all the people in your home is \$150 or less.
2. The total resources with all the people in your home is \$100 or less. The examples of this money are cash with you, in your bank account, savings and resources. For more details on the Expedited Service in Food Stamps, click the Help button on this page.
3. You are a migrant or seasonal farm worker without money or resources.

If the county finds that you are eligible to Expedited Service, we will need to contact you. Please check your information below.

Name:	Seymour Yourself
Home Address:	1 NIRVANA LANE UTOPIA, CA 92325-
Contact Number:	ext.

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Next

YOUR APPLICATION IS READY FOR SUBMISSION

PURPOSE

The purpose of the **Your Application is ready for submission** page is for the user to select an office to service this application

STARTING POINT

The user has navigated through the following pages:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**
- **Other Information Tab**
- **Application Summary**
- **Expedited Food Stamps**

Step	Action
1	Review the information.
2	Select an office by clicking the radio button next to the office of choice.
3	Click the Next button.

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Exit

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Send
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100%

Your Application is ready for submission

Thank you! Your application is ready to be sent. Please select the office you want your application sent to.

- ☐ Adelanto TAD/ESP/Child Care
10875 RANCHO RD
ADELANTO, CA 92301-3410
(760) 246-3075
- ☐ SB TAD 01/ESP/Child Care/PID
265 E 4TH ST
SAN BERNARDINO, CA 92410-9946
(909) 386-9502
- ☐ Rancho Cucamonga TAD/ESP/Child Care/PID
10825 ARROW RTE
RANCHO CUCAMONGA, CA 91730-4800
(800) 247-5816
- ☐ SB TAD 02/ESP/Child Care/PID
2050 N. MASSACHUSETTS
SAN BERNARDINO, CA 92415-0085
(800) 247-5816
- ☐ Twentynine Palms TAD/ESP/Child Care/PID
73629 SUN VALLEY DR
TWENTYNINE PALMS, CA 92277-2236
(760) 361-4636
- ☐ Redlands TAD/Child Care/WIA/PID
881 W REDLANDS BLVD
REDLANDS, CA 92373-8069
(800) 247-5816
- ☐ Ontario TAD/ESP/Child Care/PID
1637 E HOLT BLVD
ONTARIO, CA 91761-2107
(909) 933-6330

Step 2

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Step 3

Next

DISCLAIMER (SAWS2A)

PURPOSE The **Disclaimer** page is the customer's rights and responsibilities for Cash Aid and Food Stamps (CalFresh) and is the equivalent of the SAWS2A. To continue, the customer must read the rights and responsibilities, scroll down to the bottom of the page and check the box indicate they have read the document. The SAWS2A can also be printed.

Step	Action
1	Click the Print button to print a copy of the Rights and Responsibilities.
2	Review the information and scroll down to the bottom of the Disclaimer document.
3	Once the Disclaimer section has been read, check the box next to 'I have read the Rights, Responsibilities and other Important Information'.
4	Click the Next button.
5	Click the Back button or Exit to return to the prior page.

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100%

Disclaimer

Read all the information below very carefully. When you are done, check the checkbox on the bottom to indicate that you have read all of the information and agree to the Terms and Conditions provided.

- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).
- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

☒ I have read the Rights, Responsibilities and other Important Information.

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E-SIGNATURE

PURPOSE

The purpose of the **E-Signature** page is for the user to certify and sign the application.

STARTING POINT

The user has navigated through the following areas:

- **C4Yourself Home Page**
- **Create User Name and Password**
- **Let's Get Started**
- **Instructions**
- **Start Application Tab**
- **People Tab**
- **Jobs Tab**
- **Income Tab**
- **Expenses Tab**
- **Property Tab**
- **Other Information Tab**

- **Application Summary**
- **Expedited Food Stamps**
- **Your Application is ready for submission**


In order to electronically sign the e-Application, an eSign Username and PIN must be created for EACH person who needs to sign the e-Application (i.e. primary applicant, second parent in the home, interpreter, etc.). Once an eSign Username is created, it will appear as a selection in the "Name" drop down box.

The following instructions are for customers who have already created an eSign Username/PIN.

Step	Action
1	Read the Certification section.
2	Click the select arrow to display the drop-down list and select the Name .
3	Enter eSign Username
4	Enter eSign PIN
5	Click Submit Your Application .

E-SIGNATURE (continued)

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100%

E-Signature

Read all the information below very carefully. When you are done, select your name and enter your eSign Username and eSign PIN at the bottom to indicate you agree all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Your Application' button below this will submit your application and you won't be able to make any further changes.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Certification

- I understand the questions on this form.
- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc. and for cash aid and food stamps, records will be matched with law enforcement agencies for arrest warrants.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
- I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for benefits.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.
- I understand that I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I understand that I or other family members will be required to repay any cash aid I should not have received.
- I understand that any Food Stamp household adult member (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get cash aid, food stamps or CMSP.
- I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.

*** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.**

Name Select One

eSign Username

Description Signature (Parent, Caretaker Relative, Medi-Cal Applicant, Adult Food Stamp Household Member, Food Stamp Authorized Representative)

Name Select One

eSign Username

Description Signature (Other Parent Living in the Home, if applying for cash aid)

Name Select One

eSign Username

Description Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary

Please select your name and enter your eSign Username and eSign PIN. Click the **Submit Your Application** button to send your application.

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Submit Your Application

E-SIGNATURE (continued)

The following instructions are for customers who need to create an eSign username/PIN.

Step	Action
1	Read the Certification section.
2	Click the select arrow to display the drop-down list and select Create New E-Signature .
3	The Page will refresh and the Create a New E-Signature page will display.

*** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.**



Name Select One

eSign Username Select One

Description Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult Food Stamp Household Member or Food Stamp Authorized Representative)

Name Select One

eSign Username

eSign PIN

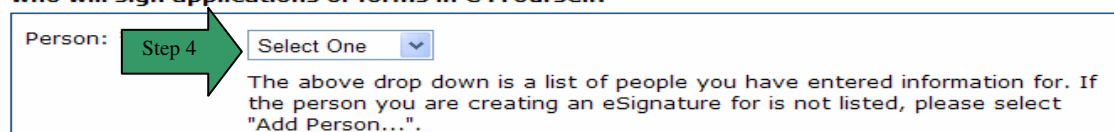
Description Signature (Other Parent Living in the Home, if applying for cash aid)

Step	Action
4	Click the select arrow to display the drop-down list and select Add a Person .



Create a New E-Signature

You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different than the C4Yourself username and password you are using. This username and PIN will be asked for everytime this particular person is asked to sign a form or application in C4Yourself. **You should create a username and PIN for each person who will sign applications or forms in C4Yourself.**



Person: Select One

The above drop down is a list of people you have entered information for. If the person you are creating an eSignature for is not listed, please select "Add Person..."

E-SIGNATURE (continued)

Step	Action
5	Enter the First Name of the person who you are creating an E-signature for.
6	Enter the Middle Name of the person who you are creating an E-signature for.
7	Enter the Last Name of the person who you are creating an E-signature for.
8	Click the button next to Male or Female .
9	Click the select arrow to display the drop-down list and select the Month of birth.
10	Click the select arrow to display the drop-down list and select the Day of birth.
11	Click the select arrow to display the drop-down list and select the Year of birth.
12	Enter the persons Social Security Number .
13	Click the select arrow to display the drop-down list and select the persons Marital Status .
14	Click the Next button.



E-Signature Personal Information

Note: * You must answer these questions.

The screenshot shows the 'E-Signature Personal Information' form. It includes fields for First Name, Middle Name, Last Name, Date of Birth (Month, Day, Year), Social Security Number, and Marital Status. There are radio buttons for 'Male' and 'Female'. Green arrows with step numbers point to each field: Step 5 to First Name, Step 6 to Middle Name, Step 7 to Last Name, Step 8 to the gender radio buttons, Step 9-11 to the Date of Birth dropdowns, Step 12 to the Social Security Number field, and Step 13 to the Marital Status dropdown. At the bottom, there are 'Back' and 'Next' buttons, with a green arrow labeled 'Step 14' pointing to the 'Next' button.

The page will refresh and return you to the Create a New e-Signature page.

Step	Action
15	Click the select arrow to display the drop-down list and select the person you just added .
16	To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.
17	To remove a person from the list, click the Remove button. The page refreshes and the person is no longer displayed.

E-SIGNATURE (continued)



Create a New E-Signature

You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different than the C4Yourself username and password you are using. This username and PIN will be asked for each time this particular person is asked to sign a form or application in C4Yourself. **You should create a unique username and PIN for each person who will sign applications or forms in C4Yourself.**

Person	<div>Step 15</div> <div>Bea Yourself - 02/24/2010</div> <div> <div>Edit</div> <div>Remove</div> </div> <div>Step 17</div>
The above drop down is a list of people you have entered information for. If the person you are creating an eSignature for is not listed, please select "Add Person..."	
User Name: *	<div>Step 18</div> <div></div>
Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.	
PIN: *	<div>Step 19</div> <div></div>
Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.	
Re-enter PIN: *	<div>Step 20</div> <div></div>
You must enter the same PIN again.	
First secret question: *	<div>Step 21</div> <div>Select One</div>
Select a secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.	
Your answer: *	<div>Step 22</div> <div></div>
Make sure your answer is easy for you to remember.	
Second secret question: *	<div>Step 23</div> <div>Select One</div>
Select another secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.	
Your answer: *	<div>Step 24</div> <div></div>
Make sure your answer is easy for you to remember.	
<div>Back</div> <div> <div>Step 25</div> <div>Next</div> </div>	

E-SIGNATURE (continued)

Step	Action
18	Enter this persons e-Signature Username . The user name must be between 5-20 letters or numbers (no characters).
19	Enter this persons e-Signature PIN . The PIN must be between 5-20 letters or numbers (no characters).
20	Re-enter the e-Signature PIN . The PIN must be between 5-20 letters or numbers (no characters).
21	Click the select arrow box to display the drop-down list and select the First secret question .
22	Enter your answer in the first Your answer text box (This field is case sensitive).
23	Click the select arrow box to display the drop-down list and select the Second secret question .
24	Enter your answer in the second Your answer text box (This field is case sensitive).
25	Click the Next button. The Next button will return you to the E-Signature page.
26	Click the select arrow to display the drop-down list and select the person you just added .
27	Enter the eSign Username .
28	Enter the eSign PIN .
29	Click the Submit Your Application button.

*** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.**

The screenshot shows a web form for adding a signature. It contains three identical sections for different roles: 'Parent or Caretaker Relative', 'Other Parent Living in the Home', and 'Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary'. Each section has a 'Name' dropdown menu, an 'eSign Username' text box, and an 'eSign PIN' text box. A 'Description' label is present for each section. At the bottom, there is a 'Back' button, a 'Submit Your Application' button, and a green arrow labeled 'Step 29' pointing from the 'Back' button to the 'Submit Your Application' button. Green arrows also point to specific fields: 'Step 27' points to the 'eSign Username' field of the first section, 'Step 28' points to the 'eSign PIN' field of the first section, and 'Step 26' points to the 'Name' dropdown of the first section.

Name Seymour Yourself - 04/29/1972

eSign Username

eSign PIN

Description Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult Food Stamp Household Member or Food Stamp Authorized Representative)

Name Select One

eSign Username

eSign PIN

Description Signature (Other Parent Living in the Home, if applying for cash aid)

Name Select One

eSign Username

eSign PIN

Description Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary

Please select your name and enter your eSign Username and eSign PIN. Click the **Submit Your Application** button to send your application.

Back

Step 29

Submit Your Application

RESETTING USERNAME AND PIN

If a customer forgets their eSign Username or ePIN they will receive an error message.

*** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.**

Name Seymour Yourself - 04/29/1972

eSign Username SeymourYourself1 **eSign PIN**

Invalid eSign Username or Password. If you forgot your username or pin, [click here](#).

Description Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult Food Stamp Household Member or Food Stamp Authorized Representative)

Step 1

Step	Action
1	Click the click here hyperlink.



Select a Person

Person: Seymour Yourself - 04/29/1972

Back Next

Step 2

Step 3

Step	Action
2	Click the select arrow to display the drop-down list and select the eSign Username that needs to be reset.
3	Click the Next button.

RESETTING USERNAME AND PIN (continued)

Step	Action
4	Enter Your Answer to Secret Question number 1 in the Your Answer box.
5	Enter Your Answer to Secret Question number 2 in the Your Answer box.
6	Click the Next button.

**Secret Questions**

Secret question:	What is your favorite pastime?
Your answer:	<input type="text"/>
Please enter your answer to your first secret question.	
Second Secret question:	Which phone number do you remember most from your childhood?
Your answer:	<input type="text"/>
Please enter your answer to your second secret question.	
Click the Next button to check your answers against our records.	

[Back](#)

Step 6

[Next](#)

RESETTING USERNAME AND PIN (continued)

Step	Action
7	Enter Your New Username in the User Name box.
8	Enter Your New PIN in the PIN box.
9	Re-enter Your New PIN in the PIN box.
10	Click the Next button.

**Change Your E-Signature Username and PIN**

User Name:	<input type="text"/>
	Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
PIN:	<input type="text"/>
	Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.
Re-enter PIN:	<input type="text"/>
	You must enter the same PIN again.

[Back](#)[Next](#)

CONGRATULATIONS!

PURPOSE The purpose of the **Congratulations** page is to provide the user with an e-App Number and the address of the office where the application was sent.

STARTING POINT The user has clicked the **Submit Application** button on the **E-Signature** page.

Step	Action
1	Read the Congratulations page.
2	Click the Print button to print a copy of the application.
3	Click the View Summary button to view the application that was submitted.
4	To close the application, click the Exit button. This will log the user out.

The screenshot shows the C4Yourself website interface. At the top, there is a navigation bar with links for Home, MyC4Yourself, and Help. Below this is a dark blue header with the C4Yourself logo and the tagline 'Access to Benefits. Simplified.' A green arrow labeled 'Step 4' points to an 'Exit' button in the top right corner. Below the header is a horizontal menu with buttons for Start Application, People, Job, Income, Expenses, Property, Other, and Send Application. A yellow progress bar below the menu shows '100%'. The main content area has a large 'Congratulations!' heading. A green arrow labeled 'Step 2' points to a 'Print' button, and another green arrow labeled 'Step 3' points to a 'View Summary' button. Below the heading, a message states: 'Your application has been sent to the county office successfully. The county office will contact you. Please write down or print the following details.' This is followed by a table with application details. At the bottom, there is a section titled 'Verifications' with a list of information the worker may need to provide.

E-app number:	CIV-09-304-007611
Here is the office your applications was sent to:	SB TAD 01/ESP/Child Care/PID 265 E 4TH ST SAN BERNARDINO, CA 92410-9946 (909) 386-9502
The e-app number is important. You may need it if you contact the county office. It will help us pull up your application.	

Verifications

The worker may ask you to give proof of some information. The list below is what the worker may need before we can approve your application.

- Identification
- Immigration Status
- Sponsored Noncitizen Information
- Residency
- SSN/Application for all Household Members
- Income (Earned, Unearned, or from self employment)
- Property/Assets
- Disability
- Utility Expenses
- Shelter Expenses
- Medical Expenses
- Child Support Obligations and Payments
- Pregnancy
- School Grants or Loans

TIMED OUT

PURPOSE

The purpose of the **Timed Out** page is to provide a security feature for the user. If the user needs to leave the application and isn't able to return, the application will lock until the user does return and enters their user name and password again.

Helpful Tip: Occasionally the application will display the timed out message when you try to log on or in the middle of completing the application, prior to the 30 time out period. Should this occur, you can either refresh the page or close the browser window and reopen it. Either method should resolve the issue.

STARTING POINT

The user has left the application idle for 30 minutes or more.

Step	Action
1	The user will be directed back to the login page. The user can enter their User Name and Password to return to the application.



Timed out

You have been logged out of C4Yourself. Click [here](#) to return to the home page.

MY MESSAGES

PURPOSE

The purpose of this section is to provide a review of the My Messages section. The My Messages tab will display key dates (i.e. holidays/office closures) and messages sent to the user. The example below shows the user has received a message regarding a new document. To view the document, the user will need to go to the My Forms tab (see page 182). A worker also has the ability to send a personalized message. If the customer receives either type (system generated or sent by the worker), they cannot reply or send messages back to the worker from their C4Yourself account.

NOTE: The messages posted will be purged on a quarterly basis, so the user may have questions about an old message that no longer displays because it is out-dated.

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Messages or logged into C4 Yourself by clicking My Messages on the Home Page.

Step	Action
1	Click the hyperlink to review the message.
2	Click the Remove button to permanently delete the message.
3	Click the Close button to hide the text under the hyperlink. This does not delete the message.

The screenshot shows the C4Yourself interface. At the top is a navigation bar with links: Call Me | Live Chat | Home | Help. Below this is a header with the C4Yourself logo and the tagline 'Access to Benefits. Simplified.' A language dropdown menu is set to 'English'. The main navigation bar includes tabs: My Messages (active), My Things To Do, My Benefits, My Forms, and My Applications. The 'My Messages' section contains a 'Key Dates in July 2011' calendar and a 'Message Inbox'. The 'Message Inbox' has two messages. The first message, dated 10/15/2010, has the subject 'New Document Posted' and the body 'A new document has been linked to your account. Please review the list of documents in the My Forms tab.' It has 'Remove' and 'Close' buttons. The second message, dated 10/13/2010, has the subject 'Your account has been linked' and a 'Remove' button. Green arrows labeled 'Step 1', 'Step 2', and 'Step 3' point to the subject, the 'Remove' button, and the 'Close' button respectively.

MY THINGS TO DO

PURPOSE

The purpose of this section is to provide a review of the My Things To Do tab. From the My Things To Do tab, the user can start a new application, complete their redetermination (renew/recertify), register/deregister their C4Yourself account with their case, link a C4Yourself account to their case, or update an existing application. Managing applications can also be completed through the My Applications tab (page 186).

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Things To Do or logged into C4 Yourself by clicking My Things To Do on the Home Page.

C4Yourself®
Access to Benefits. Simplified.

[Call Me](#) | [Live Chat](#) | [Home](#) | [Help](#)

English

[My Messages](#) | **[My Things To Do](#)** | [My Benefits](#) | [My Forms](#) | [My Applications](#)

My Things To Do

You can use this page to renew/recertify your benefits, update, or finish/start a new application.

Manage My Account

- [Manage My Account Profile](#)
- [Register With My County](#)
- [Deregister From My County](#)

Manage My Applications

- [Renew/Recertify My Benefits](#)
- [Start New Application](#)
- [Finish Saved/Incomplete/Unsubmitted Applications](#)
- [Add Missing Application Information](#)
- [See Prior Applications](#)

Manage My Forms and Status Reports

- [Sign Statement of Facts \(SAWS 2\)](#)
- [See Pending Verifications](#)
- [Complete Status Report](#)
- [Report My Changes](#)

Manage My Account Profile

[Click here](#) to update your profile information. This information will be used throughout the application for identification purposes.

REGISTER/DEREGISTER AN ACCOUNT

Register an account

“Register With My County” is for recipients (persons who have already applied), who did not submit an application through C4Yourself, but have created a C4Yourself account. By “registering”, they will be able to view information about their case on the My Benefits tab. When the request to register is complete, a message will be displayed in the My Messages tab, indicating the request has been processed. To register your C4Yourself account to your case, click the [Click here](#) hyperlink

Register With My County

[Click here](#) to request a link to your case(s). This will let you view benefits, forms and information about your existing case(s) through your C4Yourself account.

Deregister an account

Recipients also can request their account be “de-linked”. For example: if a recipient gets divorced and removes the spouse from their existing case, they can request their current C4Yourself account to be delinked. After deregistering, you will not be able to view the case information you were linked to unless you request another link. When the deregistering requested is complete, a message will be displayed in the My Messages tab, indicating the request has been processed. To deregister your C4Yourself account to your case, click the [Click here](#) hyperlink.

Deregister From My County

[Click here](#) to deregister the link to your case(s). Once deregistered, you will not be able to view the case information you were linked to unless you request another link.

REPORT MY CHANGES

Report My Changes allows a customer to send changes in their household, to their worker electronically. Changes that can be reported may include but are not limited to:

- Address Change
- Someone moved into or out of the household (including newborns)
- An increase, decrease in income
- Income that started or stopped
- A change in property (for example a car was purchased or sold)
- Changes to employment – started/stopped working
- Changes to school/training status – started/stopped attending school/training
- Changes to expenses (for example a rent/mortgage increase)
- Other (When “Other” is selected, a text box will display. This will allow a customer to enter any changes other than what’s listed above. For example, if a customer was pregnant and miscarried, the customer could report the date of the miscarriage.

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Things To Do or logged into C4 Yourself by clicking My Things To Do on the Home Page.

Step	Action
1	Click the Report My Changes (in the blue field on the left).
2	Scroll to the top of the page.
3	Click the Click here hyperlink.

REPORT MY CHANGES (continued)

My Things To Do

You can use this page to renew/recertify your benefits, update, or finish/start a new application.

Manage My Account

[Manage My Account Profile](#)

[Register With My C](#) **Step 3**

[Deregister From My County](#)

Manage My Applications

[Renew/Recertify My Benefits](#)

[Start New Application](#)

[Finish Saved/Incomplete/Unsubmitted Applications](#)

[Add Missing Application Information](#)

[See Prior Applications](#)

Manage My Forms and Status Reports

[Sign Statement of Facts \(SAWS 2\)](#)

[See Pending Verifications](#)

[Complete Status Report](#)

[Report My Changes](#) **Step 1**

Report My Changes

[Click here](#) to report changes in your address, name, number of people living in your home, income, employment, property, school/training attendance, expenses, or any other changes.

Step	Action
1	Select the current Case Number from the Case Number drop down box. NOTE: the Case Number drop down box, will display all case numbers where the customer is the Primary Applicant/Recipient. If they are not the Primary/Applicant Recipient on the case, but are receiving benefits on another case (For example Food Stamps), that case number will not display. A case number will only display for active/pending cases, where the e-Application has been linked to a C-IV case.
2	Click the Next button to start reporting a change or to finish reporting a change.
3	Click the Back button or the Exit button to return to the prior page.

REPORT MY CHANGES (continued)

The screenshot shows the C4Yourself website header with links for Home, My C4Yourself, and Help. The main heading is 'Report My Changes'. Below it, a message states: 'You may resume a report or view reports you have already sent.' The page is divided into two sections: 'Current Report/Start New Report' and 'View Previous Reports'. The 'Current Report/Start New Report' section contains a dropdown menu for 'Case Number' with 'Select One' chosen, a 'Next' button, and a text prompt 'Click next to start your new report.' The 'View Previous Reports' section contains a table with two columns: 'Report Id' and 'Date Submitted'. A table with one row shows '00000003' and '08/11/2011'. At the bottom, there is a 'Back' button. Green arrows with labels 'Step 1', 'Step 2', and 'Step 3' point to the 'Case Number' dropdown, the 'Next' button, and the 'Back' button respectively.

Current Report/Start New Report

* Case Number: Click next to start your new report. **Next**

View Previous Reports

Report Id	Date Submitted
00000003	08/11/2011

Back

Step	Action
1	Click the Yes or No Radio button for any change in the household. Note: If Yes is selected for "Has your address changed," Has there been a change in anyone's expenses" will automatically be selected. The new rent/mortgage/utilities amount(s) should be reported with the address change.
2	Click the Next button to continue reporting a change.
3	Click the Back button or the Exit button to return to the prior page.

REPORT MY CHANGES (continued)**Report My Changes**

Please select yes or no for the following questions.

Has your personal information changed, or did anyone move into, or out of the home?	<input type="radio"/> Yes	<input type="radio"/> No
Has your address changed?	<input type="radio"/> Yes	<input type="radio"/> No
Has the income of anyone in your home recently changed?	<input type="radio"/> Yes	<input type="radio"/> No
Has the employer or employment status of anyone recently changed?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone sold property or purchased new property?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone started or stopped school or training?	<input type="radio"/> Yes	<input type="radio"/> No
Has there been a change in anyone's expenses?	<input type="radio"/> Yes	<input type="radio"/> No
Have there been any other changes?	<input type="radio"/> Yes	<input type="radio"/> No

[Back](#)
← Step 3
Step 2 →
[Next](#)

Information about the people in your home

The user has answered yes to the question on the **Report My Changes** page, indicating personal information changed and/or someone moving into or out of the home.

Step	Action
1	Enter the First Name of the person who either had a change in personal information or moved into or out of the home.
2	Enter the Last Name of the person who either had a change in personal information or moved into or out of the home.
3	Click the select arrow to display the drop-down list and select the Living situation of the person.
4	Click the radio button next to Male or Female .
5	Click the select arrow to display the drop-down list and select the Marital Status of the person.
6	Click the select arrow to display the drop-down list and select the Month of birth.
7	Click the select arrow to display the drop-down list and select the Day of birth.
8	Click the select arrow to display the drop-down list and select the Year of birth.
9	Enter the Social Security Number .
10	Click the select arrow to display the drop-down list and select the Month of the change.
11	Click the select arrow to display the drop-down list and select the Day of the change.
12	Click the select arrow to display the drop-down list and select the Year of the change.

REPORT MY CHANGES (continued)

13	Click the radio button to indicate the person buys and prepares food with the primary applicant.
14	Enter the new Email address.
15	Enter the new Contact Number . Note: If a new phone number is being reported, the customer should report the type of phone number in the other section (Home, Cell, Neighbor, Work, etc.).
16	Click the Next button to continue.
17	Click the Back button or the Exit button to return to the prior page.

**Information about the people in the home**

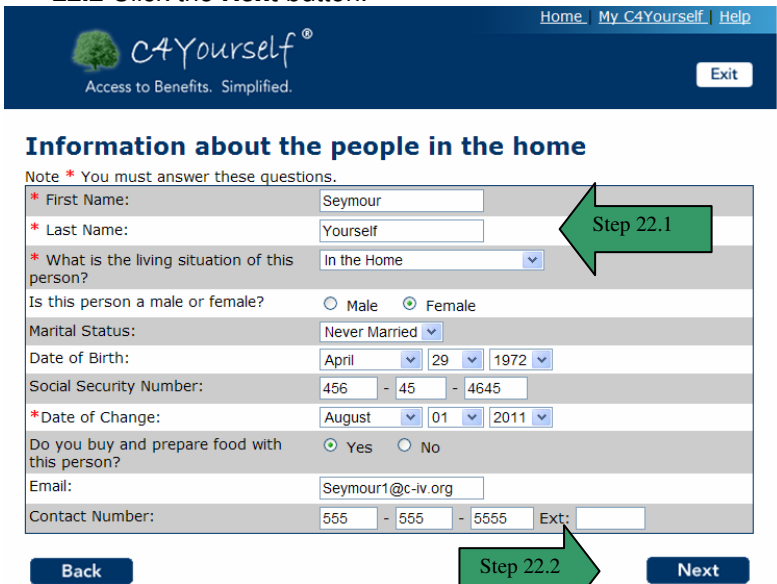
Note * You must answer these questions.

The form contains the following fields and options:

- * First Name:** Text input field. (Step 1 arrow points to this field)
- * Last Name:** Text input field. (Step 2 arrow points to this field)
- * What is the living situation of this person?** Dropdown menu with 'Select One' and a checkmark icon. (Step 3 arrow points to this field)
- Is this person a male or female?** Radio buttons for 'Male' and 'Female'. (Step 4 arrow points to the 'Female' radio button)
- Marital Status:** Dropdown menu with 'Select One' and a downward arrow. (Step 5 arrow points to this field)
- Date of Birth:** Three dropdown menus for 'Month', 'Day', and 'Year'. (Step 6-8 arrow points to the 'Month' dropdown)
- Social Security Number:** Three text input fields separated by hyphens. (Step 9 arrow points to the first field)
- * Date of Change:** Three dropdown menus for 'Month', 'Day', and 'Year'. (Step 10-12 arrow points to the 'Month' dropdown)
- Do you buy and prepare food with this person?** Radio buttons for 'Yes' and 'No'. (Step 13 arrow points to the 'No' radio button)
- Email:** Text input field. (Step 14 arrow points to this field)
- Contact Number:** Three text input fields separated by hyphens, followed by 'Ext:' and a text input field. (Step 15 arrow points to the 'Ext:' field)

At the bottom of the form are two buttons: 'Back' and 'Next'. A green arrow labeled 'Step 17' points to the 'Back' button. A green arrow labeled 'Step 16' points to the 'Next' button.

REPORT MY CHANGES (continued)

Step	Action
18	The 'This is who you have told us about so far' summary page displays. Review the information for all people listed.
19	If the list is correct, click the No button or the Next button.
20	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-16.
21	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
22	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>22.1 Enter the correct information</p> <p>22.2 Click the Next button.</p> 
23	Click the Next or No button to continue.

REPORT MY CHANGES (continued)



[Home](#) | [My C4Yourself](#) | [Help](#)

Exit

This is who you have told us about so far

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person



Seymour
Yourself

What is the living situation of this person?	In the Home	Remove
Is this person a male or female?	Female	Edit
Marital Status:	Never Married	
Date of Birth:	04/29/1972	
Social Security Number:	456-45-4645	
Date of Change:	08/01/2011	
Do you buy and prepare food with this person?	Yes	
Email:	Seymour1@c-iv.org	
Contact Number:	(555) 555-5555	

Is anyone else in your home?

Yes
No

Back

Step 23

Next

Address Change The user has answered yes to the question on the **Report My Changes** page, indicating there was a change of address. If everyone in the household moved, a change in address record should be created for each person.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in address.
2	Click the radio button next to Are you homeless?
	Physical Address
3	Enter the Physical Address on line 1
4	Enter the City
5	Click the select arrow to display the drop-down list and select the State .
6	Enter the Zip Code in the Zip Code text box.
7	Click the select arrow to display the drop-down list and select the County of residence.
8	Click the radio button next to ' Is your mailing address the same as your physical address? '
	Note: If the customer has a PO BOX, this should be entered on Address Line 1 of the Mailing address section.
9	Enter the Mailing Address on line 1
10	Enter the City
11	Click the select arrow to display the drop-down list and select the State .
12	Enter the Zip Code in the Zip Code text box.

REPORT MY CHANGES (continued)

13	Click the select arrow to display the drop-down list and select the County of residence.
14	Click the Next button to continue.
15	Click the Back button or the Exit button to return to the prior page.



Access to Benefits. Simplified.


[Home](#) | [My C4Yourself](#) | [Help](#)

Step 15
Exit

Change in Address

Note: * You must answer these questions.

Person



* Person: Step 1 Seymour Yourself

Physical Address

* Are you homeless? Step 2 ☐ Yes ☒ No

* Address Line 1: Step 3

Address Line 2:

* City: Step 4

* State: Step 5 California

* Zip Code: Step 6

* County: Step 7 Select One

Is your mailing address the same as your physical address? Step 8 ☐ Yes ☒ No

Mailing Address

* Address Line 1: Step 9

Address Line 2:

* City: Step 10

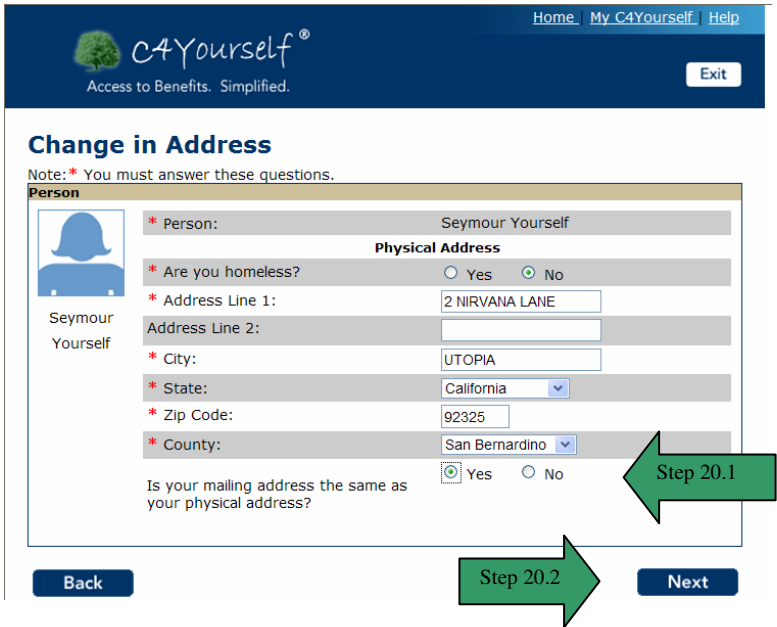
* State: Step 11 California

* Zip Code: Step 12

* County: Step 13 Select One

Back
Step 15
Step 14
Next

REPORT MY CHANGES (continued)

Step	Action
16	The ' Change in Address ' summary page displays. Review the information for all people listed.
17	If the list is correct, click the No button or the Next button.
18	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-15.
19	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
20	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>20.1 Enter the correct information</p> <p>20.2 Click the Next button.</p> 
21	Click the Next or No button to continue.

REPORT MY CHANGES (continued)**Change in Address**

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

 The image shows a summary card for a person named Seymour Yourself. It displays their physical and mailing addresses in Utopia, CA. There are "Remove" and "Edit" buttons for each address. Below the card is a question: "Has any other address information changed?" with "Yes" and "No" buttons. At the bottom of the card are "Back" and "Next" buttons. A green arrow labeled "Step 23" points to the "Yes" button.

Person	
 Seymour Yourself	Physical Address 2 NIRVANA LANE UTOPIA, CA 92325 San Bernardino County
	Mailing Address PO BOX 0000 UTOPIA, CA 92325 San Bernardino County
Has any other address information changed?	
Back Step 23 Next	

Income Change The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in earned and/or unearned income.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in income.
2	Click the select arrow to display the drop-down list and select the Type of Change .
3	Click the select arrow to display the drop-down list and select the Type of Income .
4	Enter the Amount of Income
5	Click the select arrow to display the drop-down list and select How often this income is received.
6	Click the select arrow to display the drop-down list and select the Month of change.
7	Click the select arrow to display the drop-down list and select the Day of change.
8	Click the select arrow to display the drop-down list and select the Year of change.
9	Click the Next button to continue.
10	Click the Back button or the Exit button to return to the prior page.

REPORT MY CHANGES (continued)**Change in Income**

You told us that someone in your household expects a change in the amount of earned or unearned money received. Please fill in this information.

 The image shows a web form titled "Person" for reporting a change in income. The form includes a profile picture placeholder, a list of fields with asterisks indicating required information, and a "Next" button. Green arrows with step numbers point to specific fields: Step 1 points to the "Person" dropdown, Step 2 points to the "Type of Change" dropdown, Step 3 points to the "Type of Income" dropdown, Step 4 points to the "Amount" text input, Step 5 points to the "How often" dropdown, and Step 6-8 points to the "Date of Change" date picker (Month, Day, Year). A "Back" button is on the left, and a "Next" button is on the right. A green arrow labeled "Step 10" points from the "Back" button to the left. A green arrow labeled "Step 9" points from the "Next" button to the right.

Step	Action
11	The ' Change in Income ' summary page displays. Review the information for all people listed.
12	If the list is correct, click the No button or the Next button.
13	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-9.

REPORT MY CHANGES (continued)

14 To remove a person from the summary list, click the **Remove** button. The page refreshes and the person is no longer displayed in the summary.

15 To edit the information on a person in the list, click the **Edit** button. The page refreshes in edit mode.

15.1 Enter the correct information

15.2 Click the **Next** button.


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Change in Income

You told us that someone in your household expects a change in the amount of earned or unearned money received. Please fill in this information.

Person

 *** Person** Seymour Yourself

*** Type of Change:** I started working

*** Type of Income:** Salary, Wages

Amount: 1000

How often: Monthly

*** Date of Change:** August 01 2011

Back Next

Step 15.1

Step 15.2

16 Click the **Next** or **No** button to continue.


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Change in Income

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person

 Type of Change: I started working **Remove**

Type of Income: Salary, Wages **Edit**

Amount: \$1900

How often: Monthly

Date of Change: 08/01/2011

Seymour Yourself

Has any other income information changed? **Yes** **No**

Back **Next**

Step 23

REPORT MY CHANGES (continued)

Change in Job and Job History The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in someone's Job.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in their Job.
2	Click the button next to Work or Training .
3	Click the button next to Self-employed .
4	Click the select arrow to display the drop-down list and select the Month the change started.
5	Click the select arrow to display the drop-down list and select the Day the change started.
6	Click the select arrow to display the drop-down list and select the Year the change started.
7	Click the select arrow to display the drop-down list and select the Month the change ended.
8	Click the select arrow to display the drop-down list and select the Day the change ended.
9	Click the select arrow to display the drop-down list and select the Year the change ended.
10	Enter the Employer's name.
11	Enter the Job Title .
12	Enter the Number of hours of work per month .
13	Enter the Monthly Gross Income (this is the amount before Taxes are taken out).
14	Enter the amount of any tips or commissions received on this Job.
15	Click the Next button to continue.
16	Click the Back button or the Exit button to return to the prior page.

REPORT MY CHANGES (continued)**Change in Job and Job History**

You told us that someone in your household expects a change in job or job status. Please fill in the information below.

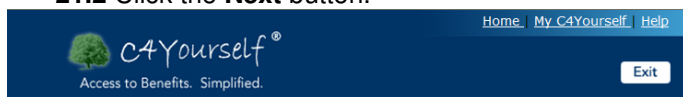
Person	Current or past employment	
	* Person	Step 1 → Select One
	Work or Training:	← Step 2 <input type="radio"/> Training <input type="radio"/> Work
	Self employed:	Step 3 → <input type="radio"/> Yes <input type="radio"/> No
	* Start date:	Month Day Year ← Step 4-6
	End date:	Step 7-9 → Month Day Year ← Step 10
	Employer name:	
	Job title:	
	Number of hours of work per	Step 11 → <input type="text"/> ← Step 12
	Monthly gross income (before	Step 13 → <input type="text"/> ← Step 14
Tips or commission:	<input type="text"/>	

Back ← Step 16 Step 15 → Next

Step	Action
17	The ' Change in Job and Job History ' summary page displays. Review the information for all people listed.
18	If the list is correct, click the No button or the Next button.
19	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 15.
20	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.

REPORT MY CHANGES (continued)

- 21** To edit the information on a person in the list, click the **Edit** button. The page refreshes in edit mode.
21.1 Enter the correct information
21.2 Click the **Next** button.



Change in Job and Job History

You told us that someone in your household expects a change in job or job status. Please fill in the information below.

Person	Current or past employment	
 Seymour Yourself	* Person	Seymour Yourself
	Work or Training:	<input type="radio"/> Training <input checked="" type="radio"/> Work
	Self employed:	<input type="radio"/> Yes <input type="radio"/> No
	* Start date:	July 31 2011
	End date:	Month Day Year
	Employer name:	Yensid Bank
	Job title:	Bank Teller
	Number of hours of work per month:	27
	Monthly gross income (before taxes):	1,300.00
	Tips or commission:	

Step 21.1

Back

Step 21.2

Next

- 22** Click the **Next** or **No** button to continue.



Change in Job and Job History

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person	Current or past employment	
 Seymour Yourself	Work or Training:	Work
	Self employed:	
	Start date:	07/31/2011
	End date:	
	Employer name:	Yensid Bank
	Job title:	Bank Teller
	Number of hours of work per month:	27
	Monthly gross income (before taxes):	\$1,300.00
	Tips or commission:	
Has any other employment information changed?		<input type="button" value="Yes"/> <input type="button" value="No"/>

Back

Step 23

Next

REPORT MY CHANGES (continued)

Property Change The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in Property. This may include but is not limited to open or closing a checking account/savings account and/or purchasing/selling property.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in their Property.
2	Click the select arrow to display the drop-down list and select the Type of Change in their Property.
3	Enter what changed . For Example if a car was purchased, the customer should enter 'I bought a car'.
4	Click the select arrow to display the drop-down list and select the Month the change started.
5	Click the select arrow to display the drop-down list and select the Day the change started.
6	Click the select arrow to display the drop-down list and select the Year the change started.
7	Enter a value in the Amount text field. The amount should either be the balance of the open/closed account or the amount received or paid for property.
8	Click the button next to Money Owed . For example if the customer is reporting a car was purchased, if there is a balance owed, select yes.
9	Click the Next button to continue.
10	Click the Back button or the Exit button to return to the prior page.



Change in Property

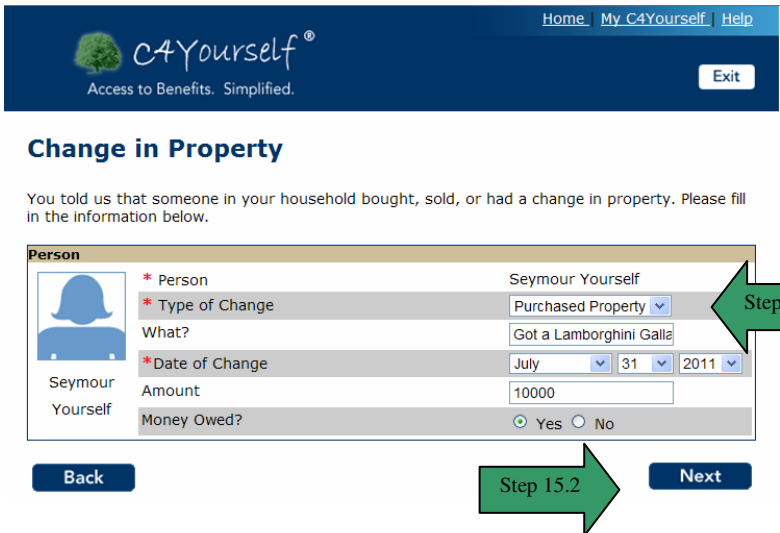
You told us that someone in your household bought, sold, or had a change in property. Please fill in the information below.

The screenshot shows the "Change in Property" form. It has a header "Person" and a profile picture icon. The form fields are:

- * Person: A dropdown menu with "Select One" and a downward arrow. A green arrow labeled "Step 1" points to it.
- * Type of Change: A dropdown menu with "Select One" and a downward arrow. A green arrow labeled "Step 2" points to it.
- What?: A text input field. A green arrow labeled "Step 3" points to it.
- * Date of Change: Three dropdown menus for "Month", "Day", and "Year". A green arrow labeled "Step 4-6" points to this group.
- Amount: A text input field. A green arrow labeled "Step 7" points to it.
- Money Owed?: Radio buttons for "Yes" and "No". A green arrow labeled "Step 8" points to the "Yes" button.

 At the bottom, there are two buttons: "Back" and "Next". A green arrow labeled "Step 10" points to the "Back" button, and a green arrow labeled "Step 9" points to the "Next" button.

REPORT MY CHANGES (continued)


Step	Action
11	The ' Change in Property ' summary page displays. Review the information for all people listed.
12	If the list is correct, click the No button or the Next button.
13	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-9.
14	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
15	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>15.1 Enter the correct information</p> <p>15.2 Click the Next button.</p> 
16	Click the Next or No button to continue.

REPORT MY CHANGES (continued)



Change in Property

Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.



Seymour
Yourself

Type of Change
What?
Date of Change
Amount
Money Owed?

Purchased Property
Bought a Lamborghini Diablo
07/31/2011
10000
Yes

Remove
Edit

Is there any other property information which has changed?

Yes **No**

Back **Next**

Step 23

Change in School or Training The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in school or training. This may include but is not limited to starting/stopping school/training and/or a change in school/training tuition/fees.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in their school or training.
2	Enter the Name of the School .
3	Click the select arrow to display the drop-down list and select the Enrollment Status .
4	Enter the amount of Books, Equipment, Misc Costs per Term .
5	Enter the amount of Tuition/Fees per Term .
6	Enter the number of Units/Hours per Week .
7	Enter the amount of Transportation Costs (bus, train, etc.).
8	Click the select arrow to display the drop-down list and select the Month the person will graduate school/training.
9	Click the select arrow to display the drop-down list and select the Day the person will graduate school/training.
10	Click the select arrow to display the drop-down list and select the Year the person will graduate from school/training.
11	Click the select arrow to display the drop-down list and select the Month the person started attending school/training.
12	Click the select arrow to display the drop-down list and select the Day the person started attending school/training.
13	Click the select arrow to display the drop-down list and select the Year the person started attending school/training.

REPORT MY CHANGES (continued)


14	Click the select arrow to display the drop-down list and select the Month the person stopped attending school/training.
15	Click the select arrow to display the drop-down list and select the Day the person stopped attending school/training.
16	Click the select arrow to display the drop-down list and select the Year the person stopped attending school/training.
17	Click the Next button to continue.
18	Click the Back button or the Exit button to return to the prior page.



Change in School or Training

You told us that someone in your household expects a change to school, college, or training.

Person

 * Person: Step 1 → Select One ▾ ← Step 2

Name of the School: Step 3 → ← Step 4

Enrollment Status: Step 5 → Select One ▾ ← Step 6

Tuition/Fees per Term: Step 7 → ← Step 8-10

Books, Equipment, Misc Costs per Step 11-13 → ← Step 14-16

Units/Hours per Week:

Transportation Costs:

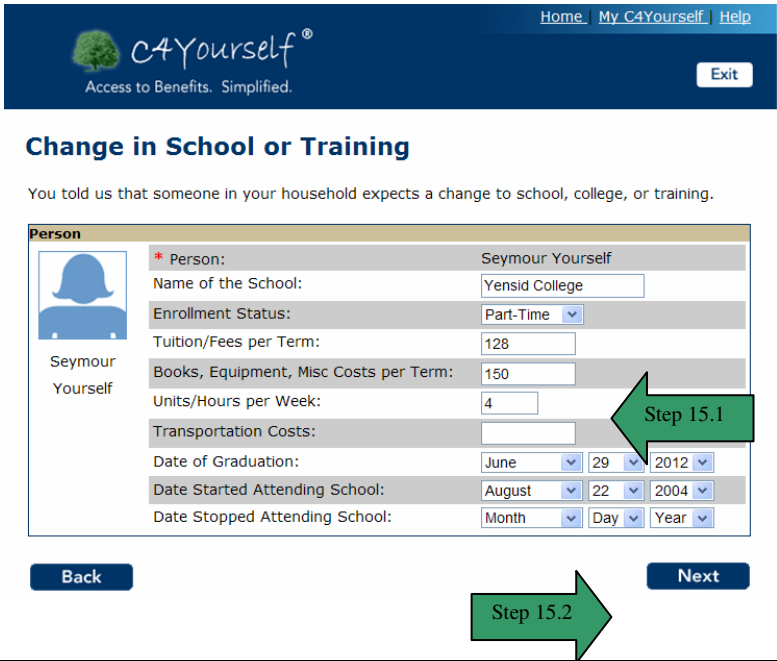
Date of Graduation: Month ▾ Day ▾ Year ▾

Date Started Attending School: Month ▾ Day ▾ Year ▾

Date Stopped Attending School: Month ▾ Day ▾ Year ▾

Back Step 18 → Step 17 → Next

REPORT MY CHANGES (continued)

Step	Action
19	The ' Change in School or Training ' summary page displays. Review the information for all people listed.
20	If the list is correct, click the No button or the Next button.
21	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-17.
22	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
23	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>23.1 Enter the correct information</p> <p>23.2 Click the Next button.</p> 
24	Click the Next or No button to continue.

REPORT MY CHANGES (continued)



Change in School or Training

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Seymour Yourself

Name of the School: Yensid College

Enrollment Status: Part-Time

Tuition/Fees per Term: \$128

Books, Equipment, Misc Costs per Term: \$150

Units/Hours per Week: 4

Transportation Costs

Date of Graduation: 06/29/2012

Date Started Attending School: 08/22/2004

Date Stopped Attending School:

Remove

Edit

Has any other school or training information changed?

Yes No

Back

Step 23

Next

Expense Change The user has answered yes to the question on the **Report My Changes** page, indicating there was a change in expenses. This may include but is not limited to rent, utilities, child care, and child/spousal support.

Step	Action
1	Click the select arrow to display the drop-down list and select the Person Name who has a change in their expenses.
2	<p>Enter the type of the expense that is paid.</p> <p>Note: This field is a dynamic field. For example, if you type "C" in the box and nothing else, the field will show a list of <i>suggested</i> expenses with the letter "C" in it. If the expense being reported does not display, the expense can be typed in without selecting a expense from the drop down box.</p> <p>The interface shows a form with the following fields: "Person:" with a dropdown menu showing "Select One"; "Expense:" with a text box containing "C"; and "Amount Paid per Month:" with a text box. Below the "Expense:" field, a dropdown list is open, showing a list of suggested expenses: "Child Support - Court Ordered", "Cost to protect property during disaster", "Cost to repair or replace items for home or self-employment property", and "Dependent Care".</p>
3	Enter the amount of the Amount Paid per Month .
4	Click the Next button to continue.
5	Click the Back button or the Exit button to return to the prior page.

REPORT MY CHANGES (continued)



Change In Expenses

You told us that someone in your household expects a change in expenses.

Please select anyone that pays or has stopped paying and then fill in their information.

 The image shows a form titled "Person" for adding a new person. It includes a profile picture placeholder, a dropdown menu for "Person:" (annotated with "Step 1"), a text field for "Expense:" (annotated with "Step 2"), and a text field for "Amount Paid per Month:" (annotated with "Step 3"). At the bottom, there are "Back" and "Next" buttons. A green arrow labeled "Step 5" points to the "Back" button, and a green arrow labeled "Step 4" points to the "Next" button.

Step	Action
6	The ' Change in Expenses ' summary page displays. Review the information for all people listed.
7	If the list is correct, click the No button or the Next button.
8	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-4.
9	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.

REPORT MY CHANGES (continued)

- 10** To edit the information on a person in the list, click the **Edit** button.
The page refreshes in edit mode.
- 10.1** Enter the correct information
- 10.2** Click the **Next** button.

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Change in School or Training

You told us that someone in your household expects a change to school, college, or training.

Person

*** Person:** Seymour Yourself

Name of the School:

Enrollment Status:

Tuition/Fees per Term:

Books, Equipment, Misc Costs per Term:

Units/Hours per Week: **Step 10.1**

Transportation Costs:

Date of Graduation:

Date Started Attending School:

Date Stopped Attending School:

Back **Next** **Step 10.2**

- 11** Click the **Next** or **No** button to continue.

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Exit

Change In Expenses

Here is a summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Person

Expense: Telephone (basic rates for one phone plus tax)\

Amount Paid per Month: \$25.00

Remove **Edit**

Seymour Yourself

Has any other expense information changed?

Yes **No**

Back **Next** **Step 11**

REPORT MY CHANGES (continued)

Other Information The user has answered yes to the question on the **Report My Changes** page, indicating

there was other information that changed. This may include but is not limited to reporting a pregnancy/birth, change in immigration status, or someone became disabled or deceased.

Step	Action
1	Enter the Other Information that changed.
2	Click the Next button to continue.
3	Click the Back button or the Exit button to return to the prior page.



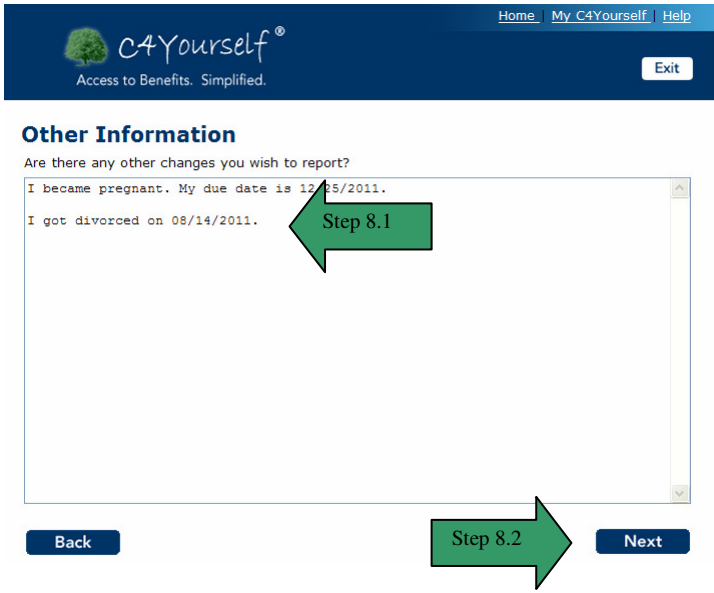
Other Information

Are there any other changes you wish to report?



Step	Action
4	The ' Other ' summary page displays. Review the information for all people listed.
5	If the list is correct, click the No button or the Next button.
6	To add a person that had other changes click the Yes button. The page refreshes and the user can add another person. Repeat steps 1-3.

REPORT MY CHANGES (continued)

7	To remove a person from the summary list, click the Remove button. The page refreshes and the person is no longer displayed in the summary.
8	<p>To edit the information on a person in the list, click the Edit button. The page refreshes in edit mode.</p> <p>8.1 Enter the correct information</p> <p>8.2 Click the Next button.</p> 
9	Click the Next button to continue.



Other Information

Here is the summary of what you told us so far. If you want to change the information below, click the Edit button.

Other Information	
I became pregnant. My due date is 12/25/2011.	Edit

[Back](#)

[Next](#)

REPORT MY CHANGES (continued)

Confirm Your After completing the necessary pages, for reporting changes, a summary of all the changes

Changes reported will display. Customer's should print this page and keep it for their records.

Step	Action
1	Click the Print button to print the summary page.
2	To remove information from the summary list, click the Remove button. The page refreshes and the information is no longer displayed in the summary.
3	To edit the information in the list, click the Edit button. The page refreshes in edit mode.
4	Check the box next to ' Please enter the name of the person reporting these changes ', and type the name of the person reporting the changes.
5	Click the Next button to continue.
6	Click the Back button or the Exit button to return to the prior page.




Confirm Your Changes



Here is the summary of the information you provided in your application. To print the summary, click the Print button. If you want to change the information to anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.

Case Number: 3606082

Expense Information

Person			
 Seymour Yourself	Expense:	Telephone (basic rates for one phone plus tax)\	<div>Step 2</div> <div>Remove</div>
	Amount Paid per Month:	\$25.00	

Other Information

Other Information
I became pregnant. My due date is 12/25/2011. <div>Edit</div>

Step 4

☐

Please enter the name of the person reporting these changes.

Back

Step 6

Step 5

Next

MY BENEFITS

PURPOSE

The purpose of the **My Benefits** tab is to provide the user with a review of their application/benefits. The My Benefits tab provides the user with their Case Number, Worker

Name/Number, status of their benefits (Pending, Active, Denied or Discontinued), the amount of their benefits for that month, their reporting months and if they are eligible to Cash Aid or Food Stamps, a link to the State's website so they can view their EBT (electronic benefit transfer) balance (see page 186). If the user has applied for Medi-Cal (without Cash Aid), the Medi-Cal section will display their share of cost (SOC) and whether or not they are receiving full or restricted medical benefits. The My Benefits section will be updated on a monthly basis.

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Benefits or logged into C4 Yourself by clicking My Benefits on the Home Page.

Step	Action
1	Click the < Program > hyperlink to expand or close the section.
2	Click EBT Link to access the State website, for benefit balance(s).


My Benefits

This page contains information related to your case(s).

Case Number	County
1234567	San Bernardino

- ▶ CalWORKs
- ▶ Food Stamps
- ▶ Medical Benefits

MY BENEFITS (continued)


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English

My Messages | My Things To Do | **My Benefits** | My Forms | My Applications

My Benefits

This page contains information related to your case(s).

Case Number	County
1234567	San Bernardino

CalWORKs

Program Status:	Active
Benefit Amount:	\$194.00
See Remaining Balance:	EBT Link
Redetermination Due Month:	09/2011
Reporting Type:	Quarterly Reporting
Report Due:	March, June, September, December
Worker Name:	Worker, Super
Worker Number:	36LS09440H
Worker Phone:	(909) 335-3368
* If you are eligible for CalWORKs benefits you may be eligible for Medi-Cal benefits.	

Food Stamps

Program Status:	Active
Food Stamp Allotment:	\$656.00
See Remaining Balance:	EBT Link
Authorized Representative:	
Reporting Type:	Quarterly Reporting
Report Due:	March, June, September, December
Recertification Due Month:	09/2011
Worker Name:	Worker, Super
Worker Number:	36LS09440H
Worker Phone:	(909) 335-3368

Medical Benefits

MY BENEFITS (continued)



California EBT Client Website

[Home](#) [En Español](#)
[Create Login](#) | [Login to Your Account](#)


- [Lost, Stolen, or Damaged Cards](#)
- [Where Can I Use My EBT Card?](#)
- [EBT Brochures](#)
- [Other Links](#)

For additional information about about California EBT, visit:
www.ebtproject.ca.gov

If your card is lost or stolen, or if you need to change your PIN:

Call (877) 328-9677

Welcome to the California Electronic Benefit Transfer (EBT) Client Website

This website is a resource for California EBT cardholders to check individual account balances, view transaction history detail, check claim status, and locate retailers and automated teller machines (ATMs) that accept the EBT card. The Golden State Advantage card is California's EBT card. It is similar to a bank debit card that provides a way for you to spend your food and/or cash benefits when your monthly benefits are deposited into your EBT account. You can use your EBT card at any store or ATM that displays the Quest® mark throughout California and across the country.

You must have a card number and password to log into your account.

If you have recently requested and received your replacement card, please enter your new card number.

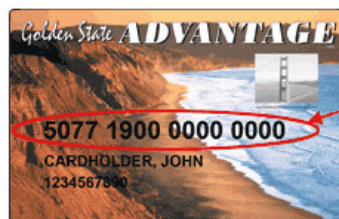
Cardholders are required to have a card number and password to view their:

- Account Balance
- Transaction History
- Claim Status

To establish a password for this site, [click here](#). If you do not remember your password, [click here](#).

Card Number

Password



Card Number

Misuse of your food and cash benefits is a violation of federal and state laws.

REMEMBER:

- Do not sell, trade, or give away your food benefits, EBT card, or personal identification number (PIN).
- Do not allow a retailer to buy your food benefits in exchange for cash.
- Do not let someone else use your food benefits or EBT card.

People who do not follow the rules for the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, may be disqualified from the program, fined, put in prison, or all three, and may be required to pay back any misused food benefits.

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MY BENEFITS (continued)


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English ▾

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My Benefits

This page contains information related to your case(s).

Case Number		County		
1234567		San Bernardino		
▶ CalWORKs				
▶ Food Stamps				
▼ Medical Benefits				
Program Status:		Active		
Re-Evaluation due Month:		09/2011		
Report Due:		March		
Worker Name:		Worker, Super		
Worker Number:		36LS09440H		
Worker Phone:		(909) 335-3368		
Medical Benefits				
Name		Status	SOC Amount	Type
Seymour Yourself		Active	\$0.00	Full

MY FORMS

PURPOSE

The purpose of the My Forms tab is to provide the user a central area for any forms or requests that require an action. In the example below, the worker has posted a Verification Request List and a Status Report. In this scenario, the user would click on the Verification Request List and view what information or documents their worker has requested. They would also click on Medi-Cal Status Report so they could print, complete and return the document. The user can upload their documents or send any documents/verification by mail or they can FAX the information. If the user wants to FAX the information, they can click on the FAX Cover Sheet hyperlink, print the document, and FAX it with their information. If the user wants to mail their information, they can click on the Mail in Cover Sheet hyperlink and send it with their information.

If the customer is on Food Stamps for CalWORKs they will receive an electronic QR-7 (status report) in addition to one mailed through the mail. If they choose to, they can electronically sign and submit the QR-7 back to their worker. A QR-7 with this functionality will be displayed with an “Editable” status on the My Forms page.

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Forms or logged into C4 Yourself by clicking My Forms on the Home Page.

My Forms

Listed below are forms that you may print, fill out, and mail FAX or drop off at your local office.
You can also upload documents to your county office.

Blank Forms

- [Mail in Cover Sheet](#)
- [Fax Cover Sheet](#)
- [CMSP Rights and Responsibilities \(CMSP 219\)](#)
- [Rights and Responsibilities \(SAWS 2A\)](#)
- [Register to Vote](#)

Pending Verifications	Status	Due Date
You currently have no verification documents.		

Status Reports	Status	Due Date
Quarterly Eligibility Status Report	Editable	08/06/2011

Statement of Facts	Status	Due Date
You currently have no statement of facts documents.		

Upload My Documents

Birth Certificate.pdf Remove

Select Document

To complete the QR-7 electronically, the customer will need to click the Quarterly Eligibility Status Report hyperlink. Once the hyperlink is clicked, the QR-7 will display (see snapshot below). Four pages will display for the customer. The first page provides instructions to the customer and what type of information they need to report. Page 2 is blank. Page 3 displays questions 1-3 and page 4 displays 4-9 as well as the customer signature area. To view a sample of the form, click [here](#).

Once the customer has answered all the questions, typed their name in the signature box, and click the save button, they will receive a “Form Saved” message. When they close that window (below), the status will be updated to “Sign”.

MY FORMS (continued)

Form Saved

Your form has been saved. If you are ready to sign and submit your form, please close this window and click the sign button next to the form title.

Blank Forms

- [Mail in Cover Sheet](#)
- [Fax Cover Sheet](#)
- [CMSP Rights and Responsibilities \(CMSP 219\)](#)
- [Rights and Responsibilities \(SAWS 2A\)](#)
- [Register to Vote](#)

Pending Verifications	Status	Due Date
You currently have no verification documents.		

Status Reports	Status	Due Date
Quarterly Eligibility Status Report	Viewable	08/06/2011

Statement of Facts	Status	Due Date
You currently have no statement of facts documents.		

Upload My Documents

Birth Certificate.pdf


[Upload](#) [Remove](#) [Select Document](#)

In order to complete the electronic signature process, the customer must click the “Sign” button to access the Electronic Signature page. On the Electronic Signature page, the customer will need to complete the following:

Step	Action
1	Check the Check to Sign check box.
2	Enter the name of the person signing in the Name text field.
3	Click the Sign button.

If they have completed these steps, page below will display. When the QR-7 status is Viewable, no changes can be made.

MY FORMS (continued)


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 [Call Me](#) | [Live Chat](#) | [Home](#) | [Help](#)

English

My Messages
 My Things To Do
 My Benefits
 My Forms
 My Applications

My Forms


Listed below are forms that you may print, fill out, and mail FAX or drop off at your local office.

You can also upload documents to your county office.

Blank Forms
[Mail in Cover Sheet](#)
[Fax Cover Sheet](#)
[CMSP Rights and Responsibilities \(CMSP 219\)](#)
[Rights and Responsibilities \(SAWS 2A\)](#)
[Register to Vote](#)

Pending Verifications	Status	Due Date
You currently have no verification documents.		
Status Reports	Status	Due Date
Quarterly Eligibility Status Report	Viewable	08/06/2011
Statement of Facts	Status	Due Date
You currently have no statement of facts documents.		
Upload My Documents		Upload
Birth Certificate.pdf		Remove
Select Document		

MY FORMS (continued)


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[Call Me](#) | [Live Chat](#) | [Home](#) | [Help](#)
 Cambiar idioma: [Español](#) | [English](#)

[My Messages](#) | [My Things To Do](#) | [My Benefits](#) | **[My Forms](#)** | [My Applications](#)

Electronic Signature

Read all the information below very carefully. When you are done, check the checkbox on the bottom to indicate that you agree that all the information that you provided in the form is accurate. You can still change information on your form now; however, once you click the "Sign" button below this will submit your form and you won't be able to make any further changes. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.

Certification

- I understand the questions and statements on this form.
- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
- I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for benefits.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.
- I understand that I must report all changes in income, property, and/or other changes to the county within 10 days.
- I understand that the household, any adult member of the household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get benefits.
- I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive benefits.

***I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.**

Check to Sign Name

<input type="checkbox"/>	<input type="text"/>	Signature
<input type="checkbox"/>	<input type="text"/>	Signature of spouse, domestic partner or other parent of cash aided children.

Please check the above checkbox, enter the name of the person signing the form and then click the **Sign** button to electronically sign the document. If you are receiving Cash Aid, you and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home, must also sign.

Sign

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 Read our [Privacy Statement](#).



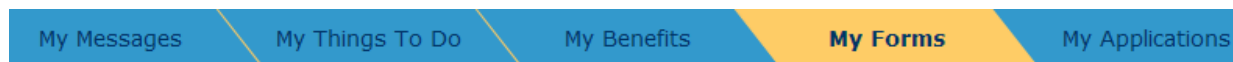
MY FORMS (continued)

In addition to mailing and faxing forms to their worker, they can also upload documents to the case or e-application. **Documents can only be uploaded in a PDF or TIF format.**

STARTING POINT

The user is currently on the My Forms Tab:

Step	Action
1	Click the Select Document button under the Upload My Documents section.



My Forms

Listed below are forms that you may print, fill out, and mail FAX or drop off at your local office.

You can also upload documents to your county office.

Blank Forms

[Mail in Cover Sheet](#)

[Fax Cover Sheet](#)

[CMSP Rights and Responsibilities \(CMSP 219\)](#)

[Rights and Responsibilities \(SAWS 2A\)](#)

[Register to Vote](#)

Pending Verifications	Status	Due Date
You currently have no verification documents.		

Status Reports	Status	Due Date
Quarterly Eligibility Status Report	Viewable	08/06/2011

Statement of Facts	Status	Due Date
You currently have no statement of facts documents.		

Upload My Documents

You currently have no documents pending upload.

Select Document

←

Step 1

Step	Action
2	Select Case (if there is an open case) or E-Application (if there is no open case) from the Link Document To drop down box. This is required information.
3	Select the Case Number or E-application you want to tie the documents to. This is required information.
4	Enter the First Name .
5	Enter the Middle Name .
6	Click the Browse button to search for and select the document you want to send. This is required information. Documents can only be uploaded in a PDF or TIF format.
7	Click the Continue button

MY FORMS (continued)

Send Documents

Please provide information so that we can link your document to the appropriate case.

Note: use of this site is limited solely to legitimate C4Yourself® purposes and any documents or files submitted electronically will become part of the user's case file. Submission of any inappropriate material is strictly prohibited. Inappropriate material includes, but is not limited to, the following: viruses or malicious code; content that is commercial, pornographic, contains nudity, threatening, violent, discriminatory or unlawful; copyrighted material used without permission of the owner; content or code which attempts to gather the personal information of other users ("phishing"). Submission of unlawful material will be referred to the appropriate authorities.

Document Information

Link Document To: * **Step 2**

Case Number: * **Step 3**

Document Type: * **Step 4**

First Name: **Step 5**

Last Name: **Step 6**

Document: * **Step 7**

Step	Action
8	Click the Upload Button to send the document OR Select Document to attach additional documents.

Upload My Documents **Step 8**

Birth Certificate.pdf

Once Upload is clicked, a message will appear in the My Messages tab confirming the document(s) was successfully sent.

My Messages
My Things To Do
My Benefits
My Forms
My Applications

Key Dates in January 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

Message Inbox

Subject	Date	
New Uploaded Document(s)	01/23/2012	<input type="button" value="Remove"/>

The following document types have been uploaded:

1) Birth Certificate

MY APPLICATIONS

PURPOSE

The purpose of the My Applications tab is to allow the user to complete a new application, submit missing information, complete a renewal/recertification or view a prior application they

submitted.

STARTING POINT

The user has accessed their My C4Yourself and clicked on My Applications or logged into C4 Yourself by clicking My Applications on the Home Page.

- What is a “*Current Application*”?
A “Current Application” is an application that was started, but it was not finished and/or Submitted to the local office.
- What is a “*Renewal/Recertification*”?
A “Renewal/Recertification” occurs once a year.
- What is an “*Application Missing Information*”?
An “Application Missing Information” is an e-Application that was submitted to an office, reviewed by a Worker, and was missing information. When this occurs, the worker can send a copy of the e-Application back to a C4Yourself account, so the user can complete the missing information. When an e-Application displays with an edit button in this section you may also have a Message from your worker under the My Messages tab.
- What is a “*Previous Application*”? A previous application is an application that has already been submitted to a local office. E-Applications under this section cannot be changed or resent to a worker/office.

Step	Action
1	To continue entering information for an application you have not submitted, click the Continue button.
2	To add/edit information on a pending application, click the Edit button
3	To view a prior application, click the E-App Number hyperlink .

The screenshot shows the C4Yourself website interface. The top navigation bar includes links for 'Call Me', 'Live Chat', 'Home', and 'Help', along with a language dropdown set to 'English'. Below this is a secondary navigation bar with tabs for 'My Messages', 'My Things To Do', 'My Benefits', 'My Forms', and 'My Applications' (which is highlighted in orange). The main content area is titled 'My Applications' and contains several sections:

- Current Application:** Displays 'Last modified on 06/15/2011' and a blue 'Continue' button. A green arrow labeled 'Step 1' points to the 'Continue' button.
- Applications for Renewal/Recertification:** States 'You have no renewals to submit.'
- Applications Missing Information:** Contains a table with two columns: 'E-App Number' and 'E-App Date'.

E-App Number	E-App Date
CIV-10-026-008072	01/26/2010

 A blue 'Edit' button is located to the right of the table. A green arrow labeled 'Step 2' points to the 'Edit' button.
- Previous Applications:** Contains a table with two columns: 'E-App Number' and 'E-App Date'.

E-App Number	E-App Date
CIV-11-082-008705	03/23/2011

 A green arrow labeled 'Step 3' points to the 'E-App Number' hyperlink.

COUNTY BASED ORGANIZATION (CBO) ACCOUNT

CREATE A CBO ACCOUNT

PURPOSE County based organizations (CBO), which assist applicant/recipients, can create a C4Yourself account.

NOTE: The User Name, Password and Secret Questions/Answers should only be entered by the Primary Applicant/Recipient applying and **should not be shared** with relatives, friends, county staff, or county based organizations (hospitals, clinics, etc.).

STARTING POINT You are on the C4Yourself Login page.

STEP	ACTION
1	Click the register a new CBO account here hyperlink.


STEP	ACTION
2	On the CBO Account Registration page, enter the Organization name. This is required information.
3	Enter a Primary Contact Name. This is required information.
4	Enter the Address Line 1 including house number and street name. This is required information.
5	Enter additional information on Address Line 2 including space, apartment number, building number, etc.
6	Enter the City . This is required information.
7	California will always be pre-populated in the State section.
8	Click the select arrow to display the drop-down list and select a County . This is required information.
9	Enter the ZIP Code . This is required information.
10	Enter the Contact Number . Also include the extension.
11	Enter the Email for the organizations primary contact.

CREATE A CBO ACCOUNT (continued)

STEP	ACTION
------	--------

12	Enter the organizations Account Name . The name must be between 5 and 20 letters or numbers.
13	Enter Password in the text box (This field is case sensitive).
14	Re-enter Password in the text box (This field is case sensitive).
15	Enter your organizations Tax ID in the Your answer text box (This field is case sensitive).
16	Enter your organizations first year of funding in the second Your answer text box (This field is case sensitive).
17	If you have read and understood the Privacy Statement, check the check box to the left.
18	Click the Next button.

CREATE A CBO ACCOUNT


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[Home](#) | [Help](#)
 English

CBO Account Registration

Note: *You must answer these questions.

Organization Name: *
 Primary Contact Name: *
 Address Line 1: *
 Address Line 2:
 City: *
 State: California
 County: *
 Zip Code: *
 Contact Number: *
 Email: *
 Account Name: *
 Password: *
 Re-enter Password: *
 First secret question: What is your tax ID?
 Your answer: *
 Second secret question: What year did you first receive funding?
 Your answer: *
☐ I have read and understand the [Privacy Statement](#).

Step 2
 Step 3
 Step 4
 Step 5
 Step 6
 Step 7
 Step 8
 Step 9
 Step 10
 Step 11
 Step 12
 Step 13
 Step 14
 Step 15
 Step 16
 Step 17
 Step 18

Type in a Account Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.

Type in a Password. It must be between 5 and 20 letters or numbers and it should be different than your Account name.


You must enter the same Password again.

Click the Next button to create your account

Back
 Next

USER NAME AND PASSWORD (continued)

STEP	ACTION
19	The User name and password page displays with a message that states: You have successfully created your user name and password.
20	Click the Next button.

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Home | Help

English ▼

User name and password

You have successfully created your user name and password.

Step 20 → **Next**

CBO APPLICATION TAB

PURPOSE

The Application tab is where all applications can be started and where applications that are not submitted are saved.

The Disaster Food Stamp/CalFresh section will ONLY be displayed when a Federal emergency has been declared.

Each application is given a unique application id, which will display while you are in the application, as well as on when you are viewing your unsubmitted applications. When the application has NOT been submitted, the continue button will display allowing that application to be accessed. Once an e-application has been submitted, the continue button will no longer display and the application cannot be viewed.

Home | My C4Yourself | Help

Application ID
2029

Exit

Start Application | People | Job | Income | Expenses | Property | Other | Send Application

100%

Application Summary


You are almost done with your application. Here is your contact information.

Name:	Seymour Yourself
Home Address:	1 NIRVANA LANE UTOPIA, CA 92335
Contact Number:	


You can click the Next button to go to the next page of the application. You can also look at the information you gave by clicking any of the blue links below. All the information will be used to see if you are eligible. The worker will look at the information before your meeting. The more information the worker has the better.

[Your Information](#)

CBO APPLICATION TAB (continued)

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[Home](#) | [Help](#)

English 

Resources

e-App Status

Application

Application

Application

Start a New Disaster Food Stamp Application

Click the next button to start a new application.

Next

Start a New Application

Click the next button to start a new application.

Next

Unsubmitted Applications

Application Id		
1972	Continue	Remove


CBO E-APP STATUS TAB

PURPOSE

The e-App Status page is where organizations can track the process of applications they have assisted with.

To pull the statistics for the whole organization, leave the application assistor field blank. To pull the statistics for individual application assistors, enter their name in the application assistor text field. The assistors name must be entered how they entered their name on the application.

The statistics are broken into program counts and overall application totals. NOTE: The Medi-Cal counts will include CMSP if you are assisting a customer in a CMSP county.


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 [Home](#) | [Help](#)

English

Resources
 e-App Status
 Application

e-App Status

This page contains statistical information about the applications submitted through your agency.

Date From	Date To	Application Assistor	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/>

▼ CalWORKS				
Submit Month	Pending	Approved	Denied	Program Count
12/2011	1	0	0	1
Total	1	0	0	1

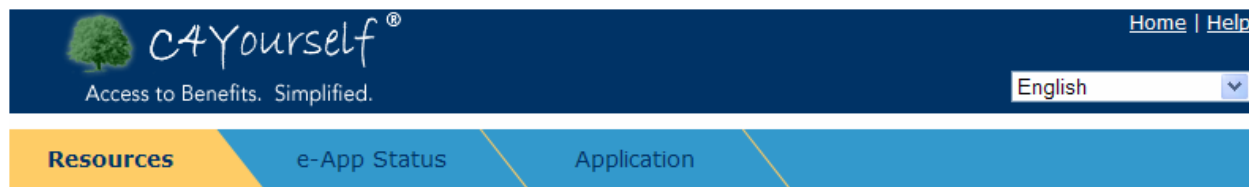
▼ CalFresh				
Submit Month	Pending	Approved	Denied	Program Count
01/2012	1	0	0	1
Total	1	0	0	1

▼ Medical				
Submit Month	Pending	Approved	Denied	Program Count
01/2012	1	0	0	1
12/2011	1	0	0	1
Total	2	0	0	2

▼ Overall Application	
Submit Month	Application Count
01/2012	1
12/2011	1
Total	2

CBO RESOURCES TAB

PURPOSE The CBO Resources tab can be used to start a new application or to access various programs forms and policy links.



Resources

You can use this page to start a new application, access forms, or access policy information.

Manage My Applications

[Start New Application](#)

Resources

[Forms](#)

[Policy](#)

Policy

[CalWORKs/Food Stamps Manual](#)

[Medi-Cal Manual](#)

[County Medical Services Plan - 34 Participating Counties List](#)

[County Medical Services Plan \(CMSP\) Manual](#)

[ACWDLS](#)

[ACLs/ACINs](#)

[CMSP ACL](#)