



	Agriculture & Natural Resources University of California Cooperative Extension						
Section A		CalFresh Healthy Living, University of California					
		County					
Sec	Phone	Email					
	Thi	s form is valid from	October 1,	to	September 30,		
TO:  Re:  Documentation Requirements from the U.S. Department of Agriculture SN  This material was produced by the CalFresh Healthy Living, University of California Pro							
Section B	USDA SNAP, k CalFresh provid CalFresh inforn	nown in California as les assistance to low nation, call 1-877-847	CalFresh. These in income household in income household in income.	nstitutions are equ is and can help bu	al opportunity prov y nutritious foods f	iders and employers. or better health. For	
	The CalFresh Healthy Living, University of California Program is funded through a joint agreement among the U.S. Department of Agriculture/Food and Nutrition Service (USDA/FNS), the California Department of Social Services (CDSS) CalFresh branch, and the University of California Cooperative Extension (UCCE), all of these agencies are equal opportunity providers and employers.						
	To provide nutrition education, your site must be serving a population where 50% or more of your clients meet one of the following guidelines:						
	<ul> <li>Have income at or below 185 percent of the Federal Poverty Guidelines;</li> <li>Parents or guardians of children at a school or childcare setting where 50% of the total population are receiving FRPM;</li> <li>CalFresh recipients OR Over 50% of the agency's clientele are eligible by income for CalFresh benefits (income of 130% of poverty or lower)</li> </ul>						
	In order to provide nutrition education supporting eligibility documentation is used to determine the percentage of clients eligible at your site. Please fill in the required information below, then sign and date. A yearly update will be made to recalibrate our reporting to the USDA and confirm continued enrollment eligibility.						
	Name of Agency						
	Agency Address						
	Agency Phone Clientele Serve			Email			
	Total # of Clien	ents Number of clients at or below 185% FPL					
Section C	% or # of Clients ≤ 185% of the FPL	% or # of Clients receiving SNAP/CalFresh	% or # of children who receive FRPM or CAFAP	% or # of Clients receiving Medi-Cal or SSI benefits	% or # of Clients receiving CalWorks/TANF services	% or # of Clients receiving public housing benefits	
	Sources of docume	ntation: Please provide so	urce and /or type of doc	umentation maintained	on site below, attach e	xamples if possible:	

The person above may be contacted if questions arise regarding documentation. Thank you for providing this documentation so we can provide your clients with a comprehensive nutrition education program.

Date

Agency or site Representative Signature Title

## **UC CalFresh Staff to complete Sections A** 1 County Name 2 Phone Section A 3 Email contact 4 Verify the fiscal years are correct for period of verification 6 Name of County contact person Section B is informational for the agency to describe the CalFresh Healthy Living, Section University of California program. For more information Agencies may go to www.uccalfresh.org Agency to complete Section C 1 Agency Name 2 Agency Address 3 Agency Phone and Contact Email address 4 Describe the agency clients 5 Provide total number of clients served at the location of this agency. Section C 6 Provide the total number of clients that meet the CalFresh Healthy Living, UC Eligibility requirements as described above 7 Complete the table as appropriate for the clients served 8 Provide the documentation that is maintained on site to verify this information or attach a Blank copy of forms. 9 Sign and date the form and return to the CalFresh Healthy Living, UC representative.