

IDENTIFICATION, BENEFITS & INCOME

IDENTIFICATION

BIRTH CERTIFICATE

WHERE TO GET YOUR BIRTH CERTIFICATE DEPENDS ON WHERE YOU WERE BORN.

Born in City and County of San Francisco

GET A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE

COST: \$25

Payment Methods: VISA, Master Card, cash, money order, or personal or business check payable to Department of Public Health

Office of the County Clerk

- City Hall, Room 162, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
- Phone: (415) 554-4950
- Hours: 8am – 4pm, Monday – Friday (closed major holidays)

In Person: You are required to complete an “Application for Certified Copy of Birth Record,” and present valid legal photo I.D. Processing time for orders in person is approximately 20 minutes. You must know this information to fill out the form:

- Full name at birth
- Date of birth
- Mother’s Full Name *at birth*
- Father’s Full Name
- Place of Birth (Hospital name if known)

Born in California – Outside of San Francisco

Call the California Department of Health Services: (916) 445-2684 for information

GET A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE

Cost: \$25

In-Person Request – County Recorder’s Office

The best option is to go to the Recorder’s Office in the county in which you were born.

BEFORE YOU GO -- Call the California Department or County office and ask questions, including: Do you need to show identification to get the birth certificate? How long does it take to get the birth certificate?

Mailed-In Request – California Department of Health Services

If you can't make it to another county's Recorder's Office, you can mail the request.

California Department of Health Services
Office of Vital Records - M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410

YOU MUST ENCLOSE THE FOLLOWING IN YOUR MAILED REQUEST:

- Check or money order made out to California Department of Health Services for \$25
- Birth Certificate Application and Sworn Notarized Statement
- Formal written (or typed) request for birth certificate – A sample can be found at the end of this section.

IMPORTANT INFORMATION WHEN YOU MAIL IN THE REQUEST

When requests for birth certificates are mailed in, you must submit a **sworn notarized statement** along with the application. You will see that this statement is attached to the standard application. A Notary is someone who is legally empowered to witness signatures and certify a document's validity.

There are many businesses that have a notary on staff.

One suggestion is the UPS Store at 660 4th Street, San Francisco, CA 94107.
Phone: (415) 615-6968.

There is a \$10 fee for the notarized service – Fees may vary from place to place.

To get a notarized statement, you need documentation of your identity, age, and legal presence. If you don't yet have any personal identification, try to get a statement from your probation or parole officer that testifies to your name, age, birth date, address, and parents' legal names. Also, bring a close family member who has I.D. with you to the notary. The notary may allow your family member to "verbally identify" you.

Remember, to mail in a birth certificate request, you need to include four things: The application, fee, notarized statement, and written letter.

It takes about 60 days for a mailed in request to be processed.

Born Outside of California

Call the Recorder's Office in the county in which you were born and ask several questions:

- Can a family member with identification who still lives in the county request the birth certificate? What is the application process for an in-person request?
- How much does it cost? How long does it take to receive it?
- What is the application process for a mailed-in request?

Sample Letter Requesting Birth Certificate If You Are Mailing in the Request

Date

To Whom It May Concern:

This is a formal request to receive a CERTIFIED COPY of my birth certificate. My legal name is Kelly Linda Jones and I was born in San Francisco County in 1971.

Enclosed is my payment for \$25 and the application for a birth certificate which includes the sworn notarized statement.

Please mail the birth certificate to:

Kelly Jones
850 Bryant Street
San Francisco, CA 94103

This is my permanent residence.

I can be reached at (415) 555-5555 if you have questions about any of the submitted information.

Thank you in advance for your assistance with this request.

Sincerely,

Kelly Jones

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.” (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

PLEASE ATTACH CHECK HERE

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH		Number of Copies
		\$ _____ Check \$ _____ Money Order		
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code

BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted: No Yes (If Yes, see #4 on Page 2)
Complete the information below as shown on the birth record, to the best of your knowledge.

FIRST Name		MIDDLE Name	LAST Name	
City of Birth (must be in California)			County of Birth	
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	
Mother/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	

INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905. *The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.*

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

Confidential Information on Birth Record: some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: www.cdph.ca.gov. Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.
6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
 7. Mail completed applications with the fee(s) to:

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

BIRTH

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SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC

CALIFORNIA STATE DRIVER'S LICENSE, ID, AND DMV PRINT OUT

COSTS:

* *Actual fees may have increased. Find out about current rates before you go to DMV.*

* You can pay with cash, check, money order or debit, no credit cards are accepted.

- California Driver's License: \$33
- California Identification: \$28 – Free for seniors age 62+
- Reduced Fee ID Card: \$8 – If you meet income requirements, a qualified agency will give you a Verification for Reduced Fee form (DL 937).
- DMV Printout (H-6 Printout) (Covers 10-Year History): \$5
- Reissue Fees: If you are renewing a suspended or revoked license, expect to pay reissue fees. Fees vary. Call DMV to get the specifics.

San Francisco DMV Office

1377 Fell Street at Baker Street in the
Haight/Western Addition Neighborhood
San Francisco, CA 94117
(800) 777-0133

Daly City DMV Office

1500 Sullivan Avenue
Daly City, CA 94015
(800) 777-0133

Save yourself a lot of time by making an online appointment for all DMV matters:

1. Find a computer with Internet access. Go to www.dmv.ca.gov
2. You'll see several yellow tabs. Click the one that says "online services."
3. You'll see a menu of several options, glance down to "Appointments."
4. Now you're at "Appointment System." Click the middle bar "office visit appointment."
5. Next, click the "Map CA DMV Offices" bar. Then click the county you desire.
6. Next, let them know how many items you need to address. Click 1, 2 or 3 items, depending on how many things you need to do.
7. Unless you are registering a car or boat, click the first box to get your state issue I.D. or CDL and a printout of your driving record.
8. Scroll down and enter in your customer information – name and phone number.
9. Finally, click "submit."
10. A date and time for your appointment will show up on the screen.

If you choose to drop into a DMV Office, call (800) 777-0133 for office hour information for the San Francisco DMV or other offices. Or, you can go online to www.dmv.ca.gov and click the yellow tab that says "offices." Follow the prompts to get local office information.

WHAT YOU NEED TO GET YOUR DRIVER'S LICENSE OR IDENTIFICATION CARD

Call the CA DMV or check the website to get additional verification information.

Proof of Birth date and Legal Presence

- Birth certificate or Passport
- Certificate of Naturalization or Citizenship
- Certification from California Department of Corrections.
- Valid I-94 stamped "Refugee," "Parole or Parolee," "Asylee," or Section 207, Section 208, Section 209, Section 212d(2), HP or PIP

Social Security Card Verification

- A Social Security Card is needed if you are applying for CDL for the first time.
- For duplicates, you just need to verify the number they have in the system.
- A Medicare or U.S Armed Forces Identification Card is also acceptable.
- To ensure a smooth DMV visit, prepare to bring your Social Security or other acceptable card.

Proof of Address

You need to bring proof of a stable residence or P.O. Box number. Bring official mail that has been sent to the address where you are staying – try to bring the most official piece of mail possible. Good examples of proof of address are letters from hospitals or healthcare providers that aren't too old, parole or probation correspondence, or a cell phone statement.

In addition to paying fees and providing various documents, you will need to fill out forms or make specific record requests:

- Driver's License: Complete form "DL 44."
- California ID: Complete form "DL 44."
- Printed DMV Record: Request an "H-6, Printed DMV Record" from the customer service agent.

HOW LONG DOES IT TAKE TO GET YOUR LICENSE OR IDENTIFICATION CARD?

Your license and California I.D. will be mailed within 60 Days. The DMV will issue you temporary, paper CDL or ID's. This will serve as your primary identification until the hard copy arrives. Make sure the address that is on file will still be active within 60 days.

General Information

- Online appointments will save you a lot of time. Go to the website to schedule an appointment.
- Do not go to DMV unless you have all of the required application documents.
- If you have any holds or suspensions, or your license was at some point revoked, you will not be able to immediately get a CDL. You must take care of the disqualifying issues first.
- Even if your license is suspended or revoked, you can still get a California ID.
- REMEMBER: The CA DMV works closely with other city and state departments like Department of Child Support Services, for example. If you have outstanding payments owed to another state department or another unresolved matter, you will need to take care of that business first.
- If you run into a problem trying to get your CDL, get your California ID and request a DMV print out so you can discuss the issues that are preventing you from getting the license.
- The California DMV has available and responsive customer service agents. Call (800) 777-0133. After you select the language you want to communicate in, press 0 (zero) for the operator.
- If your license has been expired for 6 months to 4 years, you will need to take a written renewal test before you can get your CDL. There are 36 questions on this test and you may answer no more than 5 incorrectly. It costs \$5 to take the test unless this is the first time you are taking it and you pass the first time.
- If your license has been expired for more than 4 years, you will have to take the driving and written tests.

SOCIAL SECURITY CARD

COST: Free of Charge

WHERE TO GET A SOCIAL SECURITY CARD IN SAN FRANCISCO

Social Security Office (Mission Neighborhood)
1098 Valencia Street (at 22nd Street), San Francisco, CA 94110
Phone: (800) 772-1213 TTY: (800) 325-0778
Office Hours: Monday – Friday, 9:00am to 4:30pm. Call to confirm schedule.

Social Security Office (Downtown San Francisco)
90 - 7th Street, Annex First Floor (at Mission Street), San Francisco, CA 94103
Phone: (800) 772-1213 TTY: (800) 325-0778
Office Hours: Monday – Friday, 9:00am to 4:30pm. Call to confirm schedule.

San Francisco Office (Financial District)
560 Kearny Street
San Francisco, CA 94108
Phone: (800) 772-1213 TTY: (800) 325-0778
Office Hours: Monday – Friday, 9:00am to 4:30pm. Call to confirm schedule.

WHAT YOU NEED TO GET A SOCIAL SECURITY CARD

- A completed SS-5 Form. A sample form follows.
- Documentation that proves your U.S citizenship and Identity: No photocopies are accepted.
 - U.S. Driver's license or State Issued Identification Card
 - U.S. Passport
 - Certificate of Naturalization or a Certificate of Citizenship
 - Birth Certificate
- If you do not have these specific documents or cannot get a replacement for them within 10 days, you can also provide:
 - Employee ID card
 - School ID card
 - Health insurance card (not a Medicare card)
 - U.S. military ID card
 - Adoption decree

If you are not a U.S. citizen, Social Security must see your current U.S. immigration documents.

- Acceptable documents from the Department of Homeland Security include your:
 - Form I-551 (includes machine-readable immigrant visa with your unexpired foreign passport)
 - I-94 with your unexpired foreign passport
 - Work permit card (I-766 or I-688B)

Sample application documents follow this page.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1				- -
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only	4
				DATE OF BIRTH	MM/DD/YYYY
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work(See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary)	
			<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)			- -	<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			- -	<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY		15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
17	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DATE	

RECORD OF ARREST AND PROSECUTION (RAP) SHEET

Law enforcement agencies will use your RAP Sheet to make future legal determinations, if you have any additional contacts with the criminal justice system. You are entitled to review your RAP Sheet, and you are responsible for making sure it is accurate. There are three different kinds of RAP Sheets (local, state, and federal). The following pages include copies of the applications and letters that you will need to submit in order to get each one.

Where to get your RAP sheet for City & County of San Francisco

COST:	Free (Cost subject to change)
ADDRESS:	San Francisco Hall of Justice Identification Bureau, Room 475 850 Bryant Street San Francisco, CA 94103
OFFICE HOURS:	Monday through Friday, 8:00am – 3:00pm

Information about getting your RAP sheet from the State of California and from the FBI follows this page.



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Print Form

Reset Form

Applicant Submission

_____ Type of Application (Check One Only) Record Review Foreign Adoption
ORI (Code assigned by DOJ)

Reason for Application

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name (AKA or Alias) _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Misc. Number (Other Identification Number) _____
Place of Birth (State or Country) _____ Social Security Number _____ Telephone Number _____
Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Level of Service: DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection): _____
Original ATI Number

- Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))
- Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name _____
Street Address or P.O. Box _____
City _____ State _____ Country _____ ZIP Code _____ Telephone Number _____

Live Scan Transaction Completed By:

Name of Operator	Date		
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed



Kamala D. Harris
Attorney General

State of California
DEPARTMENT OF JUSTICE

BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

P.O. Box 903417
SACRAMENTO, CA 94203-4170

RECORD REVIEW
(Live-Scan)

California Penal Code Sections 11120 through 11127 afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the California Bureau of Criminal Information and Analysis and refute any erroneous or inaccurate information contained therein.

Beginning with live scan transactions submitted after April 6, 2006, the Department of Justice will only mail responses to the applicant.

You may use the information you receive to answer questions regarding past criminal history, or to complete an application or questionnaire. However, this process is not to be used to obtain a copy of your record to furnish to another person or agency for immigration, visa, employment, licensing, or certification purposes (refer to California Penal Code Section 11125).

GUIDELINES FOR COMPLETING
"REQUEST FOR LIVE SCAN SERVICE" FORM (BCIA RR8016)

CATEGORY	INSTRUCTION	COMMENT
1) Type of Application	Place a check mark or "X" in the Record Review Box	This is mandatory field and must be completed.
2) Reason for Application:	Write a brief explanation of why you need a copy of your criminal history record.	Examples of explanation: Personal Use, Verify Accuracy of Record, Update FBI record, Prison visit, to Fill Out an Application
3) Name of Applicant & Personal Descriptors:	Enter your full name, any known alias, date of birth, sex, height, weight, eye & hair color, place of birth, social security number, California driver's license number.	Name, date of birth, and sex are mandatory fields and must be provided. All others are optional
4) Applicant Address:	Enter your home address.	This is mandatory field and must be completed.
5) Daytime Telephone Number	Enter telephone number you can be reached at from 8:00am to 5:00pm. Please include the area code.	A telephone number is useful in helping to resolve problems which could result in a delay in the processing of your request

Contact your local Police Department or Sheriff's Office regarding the availability of "Live-Scan" fingerprinting service, the fee charged by the agency for the taking of your fingerprints, and the types of payment they accept. A current listing of Live Scan sites offering electronic fingerprint services is available on the Attorney General's website at: <http://ag.ca.gov/fingerprints/publications/contact.htm>

Go to the agency you have selected and have your fingerprints taken. Your total costs will be \$25 plus the fingerprint rolling fee charged by the Live-Scan agency. You may also use the services of a private fingerprint service as long as the live-scan fingerprint technician is certified by the California Department of Justice.

If you have any further questions regarding the completion of the Request for Live Scan Service form (BCIA RR8016), contact the Record Review Unit at (916) 227-3835.

For inquiries regarding the status of your record review request, please contact us at (916) 227-3849.

**ID, BENEFITS
& INCOME**

How to get your FBI record

You are allowed to request a copy of your own FBI Identification Record for personal review or to challenge information on the Record, as well as for other reasons.

The process involves completing a **cover letter**, submitting a **fingerprint card**, and including **payment**.

1. Complete the Applicant Information Form (see following page).
2. Fingerprint Card: Get a set of your fingerprints (original card – no copies), with your name and date of birth on the card. Use standard fingerprint form (FD-258, below).
3. Include \$18 U.S. in the form of a certified check or money order made payable to the Treasury of the United States. Note: No cash, personal checks, or business checks will be accepted.
4. Mail to:

**FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

How to correct your FBI record

An individual may challenge the information contained in the FBI Identification Record by contacting the original agency that submitted the information to the FBI. These agencies will be able to provide their guidelines for correction of the record.

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

*Hair (please check appropriate box):

- Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
- Purple Red/Auburn Sandy Unknown White

*Eyes (please check appropriate box):

- Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____

Address _____

City _____ State _____

Postal (Zip) Code _____ Country _____

Phone Number (if different from above) _____

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

- Personal review Challenge information on your record Adoption of a child in the U.S.
- International adoption Live, work, or travel in a foreign country Other

* **APPLICANT SIGNATURE** _____ **DATE** _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.

ID, BENEFITS & INCOME

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

APPLICANT

1. LOOP

CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL

DELTA S

THESE LINES RUNNING BETWEEN
DELTA S MUST BE CLEAR

3. ARCH

ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)

THIS CARD FOR USE BY:

- LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
- OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
- U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
- OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

*b7 The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two reliefs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <laison@leo.gov>.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

INSTRUCTIONS:

- PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 - IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 - FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

APPLICANT

* See Privacy Act Notice on Back

FD-258 (REV.12-10-07)

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME FIRST NAME MIDDLE NAME

NAM

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

ID, BENEFITS & INCOME

Credit Card Payment Form

* Denotes Required Fields

Applicant Name

* Name

(as it appears on credit card)

Company Name (if applicable)

* Billing Address

Billing Address 2

* City

* State/Province

* Postal (ZIP) Code

* Country

* **Credit Card #:**

* Expiration Date (MM/YYYY)

* Total Amount To Be Billed To Credit Card \$

(x \$18 US Dollars Per Request)

* Card Holder Signature _____

**No Charge Backs or Refunds
All Sales Final**

Did You Remember To...?

Please check the boxes to ensure that you have included everything needed to process your request.

- Include a **completed** application form.
- Sign your application. *Note: If for a couple, family, etc., all must sign the application.*
- Include a **completed** fingerprint card. A completed fingerprint card includes the following:
 - 1. Name
 - 2. **Date of Birth**
 - 3. Descriptive Data
 - 4. All 10 rolled fingerprint impressions.
 - 5. The plain impressions including thumbs of both hands.
 - 6. Current fingerprint card-no older than 18 months.
- Include a credit card payment form, certified check*, or money order for **\$18.00** per request. *Note: This amount must be exact.*
- If using a credit card, please ensure the credit card payment form is filled out completely. ***Don't forget to include the expiration date of the credit card that you are using.***
- If paying with a certified check or money order, make it payable to the **Treasury of the United States.**

**CASH OR PERSONAL/BUSINESS CHECKS
ARE NOT AN ACCEPTED FORM OF PAYMENT.**

- Include a form of contact information (i.e., e-mail, telephone number) in case we need to contact you.**

**To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.*

YOUR RIGHT TO VOTE

Generally, anyone is eligible to vote in the United States if the person is a U.S. Citizen, a resident of the particular County in which an election is being held, and at least 18 years old at the time of the next election.

In California, you **can** vote if you're on probation or if you're in county jail for a misdemeanor conviction. You **cannot** vote if you have a felony conviction for which you are in prison, on parole, on post-release community supervision, or serving a sentence in county jail under PC § 1170(h). Once you complete your sentence and supervision, your voting rights are automatically restored. All you have to do is to register to vote.

To register to vote in San Francisco, complete a voter registration form by contacting the San Francisco Department of Elections. If you live outside of San Francisco, contact the California Secretary of State, Elections Division. These offices will mail you a voter registration form upon request.

San Francisco Department of Elections

City Hall
1 Dr. Carlton B. Goodlett Place, Room 48
San Francisco, CA 94102
Hours: Monday – Friday, 8:00am to 5:00pm
Phone: (415) 554-4375 Fax: (415) 554-7344
www.sfgov.org/election

California Secretary of State's Office

Elections Division
1500 11th Street, 5th Floor
Sacramento, CA 95814
Phone: (916) 657-2166 Fax: (916) 653-3214
Email: elections@sos.ca.gov

You should re-register to vote any time you have made a change to your permanent address, your legal name, your political party, have completed a felony prison sentence and are no longer on parole, or have completed parole. Registration forms are also available at any DMV office, Post Office, or Public Library.

If you are incarcerated in San Francisco County Jail and have questions about voting, you can contact Prisoner Legal Services or ask your Public Defender or attorney for information.

Other Resources:

California Secretary of State

Elections Division
1500 11th Street, 5th Floor
Sacramento, CA 95814
Phone: 1 (800) 345 VOTE

ACLU of Northern California

39 Drumm Street
San Francisco, CA 94111
Phone: (415) 293-6325

BENEFITS

Depending on your current income and other factors, you may be eligible to receive government benefits to help you meet your basic needs. Having a record does not necessarily disqualify you from receiving benefits. If you think you might be eligible, apply as soon as you are able.

COUNTY ADULT ASSISTANCE PROGRAM (CAAP)

County Adult Assistance Program (CAAP) consists of four separate, independent programs to better meet the needs of adult residents of San Francisco. These four programs are: **PAES** (Personal Assisted Employment Services), **CALM** (Cash Assistance Linked to Medi-Cal), **SSIP** (Supplemental Security Income Pending), and **GA** (General Assistance). Individuals who are receiving SSI are not eligible for CAAP. Individuals who have timed-out from CalWORKs are not eligible for CAAP unless they've met the conditions for an Executive Director's exception as determined by their CalWORKs worker. Individuals with minor children must apply for CalWORKs for benefits that include CalFresh (formerly Food Stamps) or cash grants. Ongoing CAAP benefits are issued once a month (on the first of the month). Money management is important to ensure essential expenses (such as housing, utilities, and necessary bills) are paid first. A person on parole in another county may be eligible for CAAP when the county of responsibility allows the client to live in San Francisco and the client intends to live in San Francisco. A person on probation in another county may be eligible for CAAP only if the client is allowed to reside in San Francisco by his Probation Officer.

PAES

The **Personal Assisted Employment Services (PAES)** Program provides employable adults with the education, training, and supportive services necessary to gain lasting employment and become self-sufficient. Individuals with a verified disabling condition that is expected to last less than 12 consecutive months in duration are also eligible for PAES; however, they are exempt from participation in employment-related activities and services until such time as their temporary disabling condition has improved. PAES participants may also be exempted from employment-related activities on the basis of age. PAES applicants must have lived in San Francisco for 30 continuous days prior to the time of application. The introductory Appraisal Period begins when the participant signs a PAES Participant Agreement. Work Experience activities during the Appraisal Period are Group Employment Preparation (GEP) sessions, and a number of Work Assignment hours (depending on the grant amount) or an acceptable, qualifying substitute (employment, approved Vocational Training, ESL, G.E.D. preparation, Job Search because of a medical restriction, etc.). Participants may be excused from GEP if they are engaged in an approved activity and there is either a verified conflict in schedule or the other activity requires more than 16 ½ hours per week. All PAES participants performing employment-related activities receive a monthly Muni Fast Pass or tokens. Individuals who have successfully completed the Appraisal Period may begin working with an Employment Specialist to develop an Employment Plan. The Work Assignment (or qualifying substitute) continues until the Plan is signed. The individualized, mutually agreed-upon Employment Plan may include: job training and career counseling, supervised job search, G.E.D. preparation & Vocational English as a Second Language (VESL) classes, vocational training courses and vocational rehabilitation, skill-building workshops for those able to work in a supported setting, various employment projects, combining temporary paid employment with job-seeking services, and substance abuse and mental health treatment. Supportive services available to PAES participants in Employment Plans include vocational assessment, substance abuse and mental health counselors on-site, vocational rehabilitation counseling, ancillary expenses for clothing, tools, supplies, etc., and

Muni Fast Passes or tokens. PAES employment services are limited to 27 months, with a possible extension of 6 months, if such additional services are likely to lead to employment. There is a 60-day sanction for eligibility requirement-related failures and a 90-day sanction for Employment Plan-related failures. PAES clients who are discontinued for fraud are ineligible for PAES for the duration of the fraud sanction.

CALM

Cash Assistance Linked to Medi-Cal (CALM) is for individuals and their spouses who are receiving Medi-Cal benefits because they are either aged or disabled, but do not currently qualify for SSI. There are **no sanction** penalties for non-cooperation (except for fraud). One worker at 1440 Harrison Street provides both Medi-Cal benefits and cash assistance; CalFresh workers are also available at the same location.

SSIP

Supplemental Security Income Pending (SSIP) is for individuals who have medical verification that they have a disability which either has lasted, or is likely to last, at least 12 consecutive months. Muni tokens for verified medical appointments are also provided. There are no sanction penalties for non-cooperation (except for fraud). SSI Case Management is available and continuing SSIP cases are handled by specialized workers. SSIP clients who are discontinued for fraud are ineligible for SSIP for the duration of the fraud sanction.

GA

General Assistance (GA) remains the County safety net program for indigent adults. It is designed for individuals who do not qualify for CALM and SSIP, and who either do not choose to participate in PAES or are not eligible to receive PAES. In exchange for the GA benefit package, able-bodied GA recipients are expected to perform a number of Workfare hours (depending on the grant amount) or an acceptable substitute. GA recipients performing Workfare receive a monthly Muni Fast Pass or tokens. Program requirement failures without good cause may result in a 30-day sanction. GA clients who are discontinued for fraud are ineligible to apply for CAAP for the duration of the fraud sanction.

AM I ELIGIBLE?

Basic CAAP eligibility criteria are as follows, but are not limited to:

- You must live in San Francisco and you must have resided in SF for 15 continuous days (30 days for PAES) prior to the time of application;
- You must intend to reside in SF;
- You must have the ability/right to reside in SF;
- You must be 18 years old to apply unless you are applying with your parent(s) and are not eligible for CalWORKs, or are legally married or divorced (except when the marriage has been annulled);
- If you live with your husband/wife or domestic partner, you must both apply, unless he/she receives SSI;
- Non-U.S. citizens must prove legal status in the U.S., unless you have a terminal illness with a verified life expectancy of 6 months or less; and
- You must also meet other financial requirements.

PRESUMPTIVE ELIGIBILITY (P.E.) PERIOD

Presumptive eligibility (P.E.) of one (1) week or more (P.E. period) may be granted if you are apparently eligible for CAAP. Your P.E. benefits may be in the form of bus tokens, shelters or, under special circumstances, cash benefits. During the P.E. period, you will be expected to provide the

necessary documentation for your worker to verify your eligibility to one of the County Adult Assistance Programs and to comply with other Program requirements, which your worker will discuss with you.

YOU MUST APPLY FOR THESE BENEFITS IN PERSON:

- For CAAP (PAES, SSIP, GA eligibility) and benefits information, go to 1235 Mission Street (between 8th and 9th Streets).
- For CALM eligibility and benefits information, go to 1440 Harrison Street (between 10th and 11th Streets)

CALWORKS

If you are an adult with dependent children, you may be eligible for CalWORKs. CalWORKs provides financial support and a variety of services to help you get back on your feet and into the workforce. An employment specialist will work with you to follow an individualized employment plan. Even after you have found a job and become self-sufficient, there may be follow-up services available to help you stay employed and move to better paying work. If you participate in CalWORKs, you may receive:

- Financial support (up to 60 months for parent, and to age 18 for eligible children)
- Refugee cash assistance and assistance to noncitizen victims of trafficking, domestic violence, and other serious crimes
- Job preparation, assessment, training, and employment counseling
- Education and job search activities
- CalFresh (Formerly Food Stamps)
- Medi-Cal
- Subsidized child care
- Transportation allowance
- Financial assistance with uniforms, books, or other support needed to participate in Welfare to Work activities
- Counseling for mental health, substance abuse, and domestic violence issues
- Homeless assistance for move-in costs of securing a new residence
- Payment of up to two months of back rent to prevent eviction

To apply, or inquire about eligibility, contact:

SF Human Services Agency-CalWORKs

170 Otis Street

San Francisco, CA 94103

Hours: 8:00am - 5:00pm

(415) 557-5723

FOOD STAMPS (NOW CALFRESH)

CalFresh, formerly known as the Food Stamp Program, is a government program designed to eliminate hunger and improve the health of low-income families and individuals by providing funds to access a nutritious diet.

Income limits (below 200 percent of the federal poverty level) and some non-financial eligibility factors determine who qualifies for CalFresh benefits. In San Francisco, CalFresh is distributed via Electronic Benefit Transfer (EBT) card, which may be used at grocery stores and farmers' markets. Homeless, elderly, or disabled individuals qualify to use CalFresh at dozens of restaurants across San Francisco.

Those with criminal records, including a drug felony, may be eligible to receive CalFresh benefits. Being on probation or parole does not impact your CalFresh eligibility. However, you cannot be a fleeing felon (i.e., have a warrant) or be in violation of your probation or parole and qualify for CalFresh.

You may apply for CalFresh in person, by mail, or online. If you are found eligible for the CalFresh program, you can begin receiving benefits as soon as three days after you apply. Apply online at www.MyBenefitsCalWIN.org, or call our office at (415) 558-4700 if you have any questions. Application forms are available in English, Chinese, Russian, Spanish, Tagalog, and Vietnamese. You may request a new application form, or submit a completed application to:

CalFresh

Phone: (415) 558-4700

Hours: Monday-Friday, 8:00am - 5:00pm

Mailing Address

P.O. Box 7988

San Francisco, CA 94120

Physical Locations

- 1235 Mission Street, between 8th and 9th Streets
- 1440 Harrison Street, between 10th and 11th Streets, for those also applying for Medi-Cal
- 170 Otis Street, on the west side of Van Ness Avenue, for families applying for CalWORKs
- 3120 Mission Street, one block south of Cesar Chavez Street

Online Application:

www.MyBenefitsCalWIN.org

SOCIAL SECURITY ADMINISTRATION BENEFITS

The Social Security Administration (SSA) is a federal agency that administers Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), among other programs. **Benefits may be available to adults and children (if child's disability started before age 22).**

SSI or SSI/SSP provides monthly payments to aged, blind and disabled people who have little or no resources and income. Applicants need not have worked or paid Social Security taxes to be eligible.

Social Security Disability Insurance (SSDI) provides benefits to aged, blind and disabled people who have worked a certain number of years and paid Social Security taxes. The income limitations that apply to SSI/SSP do not apply to SSDI.

To find out more about these programs, call 1-800-772-1213, Monday-Friday, 7:00am-7:00pm. However, it is generally best to go in person to a Social Security District Office.

All offices' Hours: Monday-Friday, 9:00am to 4:30pm

San Francisco District Office, Downtown
90 7th Street, Annex 1st floor (7th and Mission St.)
1 (866) 964-5051

San Francisco District Office, Mission
1098 Valencia Street (Valencia & 22nd St.)
1 (866) 755-6323

San Francisco District Office, Financial District
560 Kearny Street (California & Sacramento St.)

Applying for SSI or SSDI may be time-consuming. Seek out assistance from a service provider listed in this Guide, or contact the Volunteer Legal Services Program of the Bar Association of San Francisco, by calling (415) 575-3130, or by dropping by Tuesdays between 1:00pm and 4:00pm at 1360 Mission Street, 2nd floor.

Medicaid Benefits – These are state-run benefits for low-income people. It covers children, the aged, blind, and/or disabled and other people who are also eligible for Supplemental Security Income. Contact the Social Security Administration for information on enrollment.

Medicare Benefits – These are medical benefits for adults 65 and older. If you or your spouse worked and paid Medicare taxes for at least ten years, you may be eligible for Medicare Benefits.

Contact the Social Security Administration immediately at the above number to understand enrollment, eligibility, and benefits. You can also call the Medicare Helpline at 1-800-633-4227 for information.

VETERAN'S BENEFITS

If you served in the US Military, you may be eligible for Veteran's benefits. Start by contacting the following key offices to see if you may qualify.

County Veteran Service Office

If you have never filed for benefits before or you are unsure where to start, you can contact Veterans Service Office in San Francisco.

San Francisco County Veterans Service Office

Location: 27B Van Ness Avenue, San Francisco, CA 94102

Phone: (415) 503-2000, (800) 807-5799

Fax: (415) 503-2010

Hours: 9:00am to 12:00pm; 1:00pm to 4:00pm

Location: 4150 Clement Street, Bldg. 2, Room 169, San Francisco, CA 94121

Phone: (415) 379-5613

Fax: (415) 750-2256

Hours: Monday – Thursday, 7:30am to 4:00pm

Swords to Plowshares

Swords to Plowshares is a community-based organization dedicated to supporting veterans.

1060 Howard Street

San Francisco, CA 94103

Phone: (415) 252-4788

www.swords-to-plowshares.org

San Francisco Vet Center

The San Francisco Vet Center connects veterans to services. Our primary service is individual psychotherapy for Post-Traumatic Stress Disorder, Depression, and Anxiety. Other services are referred to the V.A. Downtown Clinic or the V.A. Medical Center.

505 Polk Street

San Francisco, CA 94102

Phone: (415) 441-5051

Fax: (415) 441-5092

Hours: Monday – Friday, 8:00am to 4:30pm, and by special arrangement

San Francisco VA Medical Center

4150 Clement Street

San Francisco, CA 94121-1598

Phone: (415) 221-4810

Member services office: (877) 487-2838

www.sanfrancisco.va.gov

THE AFFORDABLE CARE ACT (ACA)

The Affordable Care Act (Obamacare) was signed into law by President Barack Obama on March 23, 2010. The law expands health coverage to all U.S. citizens and Legal Permanent Residents. If your employer does not provide health coverage, or if you are unemployed, you can sign up for health coverage through Covered California online at www.coveredca.com/medi-cal

Medi-Cal Overview

Medi-Cal is free or low-cost health coverage for children and adults with limited income and resources.

Who can qualify for Medi-Cal?

Medi-Cal covers low-income adults, families with children, seniors, persons with disabilities, children in foster care as well as former foster youth up to age 26, and pregnant women.

What is the difference between Covered California and Medi-Cal?

Medi-Cal is health coverage, just like the coverage from Covered California health plans. If you qualify for Medi-Cal, your health care will be free or at a lower cost to you and your family. Medi-Cal plans and Covered California plans both offer a similar set of important benefits, called "essential health benefits."

How can I apply for Medi-Cal?

You can apply online at www.coveredca.com. This single application will let you know if you qualify for Covered California or Medi-Cal coverage.

If you need help applying or have questions, you can contact a trained Certified Enrollment Counselor (CEC) for free. Search a list of local Certified Enrollment Counselors (www.coveredca.com/get-help/local/) or call (800) 300-1506.

If you live in San Francisco, you can apply several ways:

- **Phone:** 415-863-9892 or 855-355-5757 (Monday-Friday 8:00am-5:00pm)
- **In Person:** Human Services Agency, 1440 Harrison Street or 1235 Mission Street, San Francisco, CA 94103 (Monday-Friday; 8:00 am-5:00pm)
- **Intranet:** www.mybenefitscalwin.org (available 24 hours 7 days a week)

Otherwise, if you need to find county offices outside of San Francisco, check the following: www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

After Applying

If you qualify for Medi-Cal, you will get a benefits identification card (BIC) in the mail, and get a list of available health plans to choose from. With the card, you can begin to use your health care as a new Medi-Cal member.

In some cases after you apply, the county may need clarify or get more information from you so that we can make sure you qualify for Medi-Cal or other affordable health coverage.

If you have applied and haven't received a benefits issue card (BIC), please do not apply again but contact the Medi-Cal either on the phone or in person.

Most individuals who are unemployed or do not receive medical coverage from their employer can receive health coverage under the Affordable Care Act.

MEDI-CAL

- **Benefits:** Provides medical, dental and vision coverage.
- **Cost:** Depending on income, Medi-Cal may be free.
- **Eligibility:** Services are available to low income adults and children.
- For information or to apply: (415) 777-9992 or (888) 558-5858.
- For information on Medi-Cal for low-income adults, children, families, or long-term convalescent care,
 - **Phone:** 415-863-9892 or 855-355-5757 (Monday-Friday 8:00am-5:00pm)
 - **In Person:** Human Services Agency, 1440 Harrison Street or 1235 Mission Street San Francisco, CA 94103 (Monday-Friday; 8:00 am-5:00pm)

OTHER AVAILABLE HEALTHCARE COVERAGE IN SAN FRANCISCO

If you do not qualify for health coverage under the Affordable Care Act (for example, if you are undocumented), San Francisco has a strong network of primary care clinics and connections to healthcare for almost all residents of San Francisco. Connecting to Healthy San Francisco is the first best step to get connected to the care that you need. www.healthysanfrancisco.org

HEALTHY SAN FRANCISCO

You may qualify for Healthy San Francisco if you are ALL of the following:

- A San Francisco resident who can provide proof of San Francisco residency;
- Uninsured for the last 90 days;
- Not eligible for public insurance program (Medi-Cal, Healthy Families, or Healthy Kids™);
- Between the ages of 18 and 64; and
- Living within program income guidelines.

Healthy San Francisco is available to San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

HOW TO APPLY FOR HEALTHY SAN FRANCISCO

STEP 1: Determine if you qualify to apply for the program by contacting Healthy San Francisco

- Call the Healthy San Francisco Hotline at (415) 615-4588, M - F, 8:30am to 5:30pm
- Call the San Francisco City Information Line at 3-1-1 (San Francisco only), 24/7
- Email info@healthysanfrancisco.org
- Write to Healthy San Francisco, 201 3rd Street, 7th Floor, San Francisco, CA 94103.

STEP 2: Make an appointment to apply (All applications are done in-person. No Drop-In services.)

- Call a specific participating clinic to set up an appointment (listing available online: www.healthysanfrancisco.org).

- Call the Hotline to select a clinic and get a phone number to make your appointment.
- When you go to your appointment, you will need to bring all required documents:
 - Personal identification
 - Proof of residency
 - Proof of household income and assets

STEP 3: Complete a Healthy San Francisco Application.

Only a Certified Application Assistor can complete and submit a Healthy San Francisco application. If you qualify, you will receive a Summary Sheet with instructions on how to access medical services. You will then receive a Participant ID Card and a Participant Handbook in the mail. If you are required to pay a fee, you will receive a bill in the mail within the next month.

HEALTHY KIDS

- Benefits: Provides medical, dental, and vision coverage.
- Cost: Depending on income and family size, Healthy Kids & Young Adults members pay either \$48 or \$108 a year. Financial assistance is available.
- Eligibility: Services are available to uninsured individuals and those younger than 18 years of age; San Francisco residents, U.S. citizens, nationals, eligible qualified immigrants, or undocumented immigrants; individuals not eligible for no-cost Medi-Cal or the Healthy Families program; individuals who meet the income guidelines.
- **For information or to apply: (415) 777-9992 or (888) 558-5858.**

HEALTHY WORKERS

- Benefits: Healthy workers is ONLY currently offered to ELIGIBLE providers of In-Home Support Services (IHSS) and a select category of temporary, exempt, as-needed employees of the City and County of San Francisco. Healthy Workers members have access to many medical services through the San Francisco Department of Public Health (DPH). Dental services may be available.
- Cost: The cost is \$3 per month and it is automatically deducted from paychecks.
- Providers for In-Home Supportive Services (IHSS): to find out if you're eligible for Healthy Workers or to apply, contact the IHSS Public Authority at (415) 243-4477.
- Temporary, exempt, as-needed employees of the City and County of San Francisco should contact the Department of Human Resources at (415) 557-4942 for more information.

INCOME

YOUR IDENTITY

You need to know about your Identity.

When you are released, take steps to understand if your identity is in trouble:

Do you have any warrants? Get a copy of your RAP sheet to review.

Do you have any outstanding fines or payments?

Do you have any outstanding charges associated with child support or court rulings to pay damages or restitution, and/or court or defense costs? Uncover this information with the help of your probation or parole agent.

CREDIT

Conduct a credit background check on yourself.

The Fair Credit Reporting Act (FRCA) requires several nationwide companies to provide you with a free copy of your credit report, at your request, once every 12 months.

You can order a free credit report online:

- www.annualcreditreport.com

MONEY

BANKING

Start “banking” your money by opening a savings or checking account. Avoid check cashing and payday loan businesses, because they charge fees to cash your checks and loan you money. Learn about how to become a “banked San Franciscan.” Go to www.bankonsf.org.

To open an account, you will need:

- Government issued photo ID like a State driver’s license.
- A utility bill or other official piece of mail that proves your address.
- If you have it, also bring your social security card/number. (You do not need a social security number to open a checking account, but you will need it to open a savings account.)

Many people are nervous about opening accounts because of prior financial problems – bounced checks or overdrawn fees. Bank on San Francisco is a service to help people deal with past banking obstacles and to help you understand the value of banking your money.

To open an account, you can go to a variety of places that are partners in San Francisco’s Bank On San Francisco program:

- Bank of America
- Bank of the West
- Chase
- Citibank
- Community Trust. A division of Self-Help Federal Credit Union
- Northeast Community Federal Credit Union
- Patelco Credit Union
- Redwood Credit Union
- San Francisco Federal Credit Union
- Spectrum Federal Credit Union
- Union Bank of California
- East West Bank
- US Bank
- Wells Fargo

ASSET BUILDING

EARN breaks the cycle of poverty by matching the savings of low-wage workers and helping them invest in assets that build wealth, creating a cycle of prosperity across generations.

When you invest money in an EARN account, they will match your money so that it grows more quickly.

Individual Development Account (IDA)—An IDA is a matched savings account for low-wage workers to save towards an asset goal. Please note requirements may vary per agency.

Starter Account—The EARN Starter Account is your start to creating the spark to seeing your savings grow. With each \$20 deposit, you will steadily earn Rewards each month.

Firefly Account—The Firefly Account is designed for new savers. It gives financial incentives and coaching to help you turn saving into a habit you've been wanting to build.

Triple Boost Account —Want to save for your child's education? Receive \$3 for every \$1 you save for your child's education.

EARN

235 Montgomery Street, Suite 470

San Francisco, CA 94104

Phone: (415) 217-3660

(415) 830-3003

Fax: (415) 217-3663

info@earn.org

www.earn.org

MONEY MANAGEMENT

When you know where your money goes, it's easier to pay your bills on time, save money each month, and find financial freedom.

To get started, think about your money. Money should go towards things you need, things you want and towards your debts or into savings.

Some expenses are required every month. A place to live, a way to get around, and nutritious food to eat are things you can't live without. Every month you make rent or mortgage payments and spend money on utilities as well as transportation. Many people pay for different types of insurance and some pay for school fees and loans.

These expenses are things you can't do without. Ideally, this should be half of your budget. If you lose your job, or have an unexpected emergency expense, these are the things that you will still have to spend your money on.

Do you enjoy watching cable television, shopping, or eating in restaurants? While these aren't things you need, it's your life and you should enjoy it with a budget that fits you best.

The best budget includes money to meet your needs and your wants as well as save for your future. When you put money into your savings, you can better plan for your retirement or education for your family.

Credit cards, payday lenders, and rent-to-own furniture stores charge very high interest rates. It's important to pay down these debts first so that your savings can go farther.

If you need help getting started, build a budget and seek credit counseling to take control of your money!

CREDIT COUNSELING

If you find that you are so indebted that you need help, contact a reputable non-profit credit counseling agency. Do not fall for the many predatory scams that are advertised as debt counseling. One well-known and reputable non-profit credit counseling agency is Money Management International (MMI). It provides credit counseling as well as other financial educational services.

Counseling is also available 24 hours a day, 7 days a week by phone: 1 (866) 889-9347. Website: www.moneymanagement.org

CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO

Consumer Credit Counseling Service of San Francisco (CCCS) is a non-profit service and a member of the National Foundation for Credit Counseling (NFCC). By providing comprehensive financial counseling and education, we help consumers achieve financial independence through debt reduction, homeownership, and improved money management skills. As a financial resource center, we offer the tools to help our clients set and achieve financial goals. Whether you need immediate help to pay off debt and avoid bankruptcy or you just need guidance in designing a spending and savings plan or buying a first home, we offer a variety of programs and services that put you in control of your financial future. There is no charge for money management, debt, or housing counseling services. Debt Management Plan participants pay a small monthly administrative fee to cover the cost of handling their accounts; the fee never exceeds \$35 per month. www.cccssf.org

To Get Connected

Contact Person: Staff

Phone: (800) 777-7526

Email: info@cccssf.org

Intake Hours: Monday - Friday, 8am-5pm

Location: 595 Market Street, 15th Floor, San Francisco, CA 94104

Notes: Please call first to schedule an appointment.

Things To Know

Languages Spoken: English, Spanish.

Client fees: Free and low cost.

Eligible Population: All individual 18 years of age and older

Faith Based: No.

Direct Services: Debt Management; Credit Counseling; Financial Counseling; Homeownership Counseling; Workshops. Referrals to other resources available as needed.

SAVINGS

Saving is important because having it (whatever the amount) brings you peace of mind and the ability to pay for things without using credit.

Start Saving Now.

Even if you think you can't afford it – Even if it is only a few dollars out of each paycheck.

What's next?

If you're going to start saving, you'll need to have a budget (for assistance building your budget, check out The Beehive, online at <http://capetown.thebeehive.org/content/86/121>). Use these seven steps to make a successful financial plan:

1. Start as early as possible
2. Set goals (short- and long-term)
3. Tell your family members or others with whom you share finances
4. Support your plan with a practical, working budget
5. Do your homework – think about your options and be flexible
6. Put your plan in writing
7. Review your plan every month or two

Budgets are just the beginning. Your plan won't make much sense unless you also learn to build credit, save, and invest wisely.

The best way to make a budget for the future is to figure out how you spend your money now. First, look at where your money comes from and where it goes. Track all of your income and expenses for one month before creating your budget. You'll need to keep track of all of your purchases by writing them down by category in a notebook or holding on to receipts organized by category.

Write down how much you spend in each category every month. Don't forget to include money that you save each month to help you meet your future goals. Be realistic about your budget, so that it's easy for you to follow.

Step One: Calculate Income

Your income is the most important part of your budget—it allows you to take care of your family and yourself. You can put that money into a budget to figure out how you spend your money now and how to make the most of it in the future.

Step Two: Calculate Expenses

It is also important to know where you spend your money. Keeping track of your receipts and watching your statements is the best way to see how much you spend. If you already have a way of recording daily expenses, like a diary, use that information to fill out this section.

Step Three: Calculate Assets

There are many ways to look at your personal finances. You may own some things that are worth money that you never even considered. Think about things like electronics, jewelry, or even your home. These things, plus the money in your savings or investment accounts, are part of your assets.

Step Four: Calculate Debt

If you are struggling with debt, you can help yourself by making a plan. You might owe money to many people or companies, but you can make a big difference by writing down those numbers. Be

honest with yourself about how much you owe. Once you know how much you have to pay, your budget plan can help you figure out how to get rid of your debt.

Do not enter any account numbers in this section. You will only need to write the amount of money you owe.

Prioritizing Your Budget

If your budget shows you have more expenses than income, there are many ways to get out of trouble. Remember, everyone has different priorities. You will have to make the decisions that are right for you.

What payments should I make first if I don't have enough money to pay for all my bills?

1. First, pay off your necessary household expenses, such as rent or mortgage, utilities, and food. You need to pay your rent or mortgage to ensure you don't get evicted or have your property foreclosed upon. Think about the health and safety of your family when making these types of decisions.
2. Many utilities, such as the telephone company, electric company, and gas company, have programs to lower your bill if you qualify. If you think you need assistance, contact your utility company.

What should I do if I can pay off my monthly household expenses, but am having trouble paying off my loans?

1. Pay off the loan with the highest interest rate first to save on interest payments.
2. Talk to your creditor. Your creditor may be willing to reduce your payments or change the terms to accommodate your situation by offering extensions, smaller payments over a longer period of time, or accepting partial payments.
3. Get a debt consolidation loan. Be cautious of this option. If loan fees and interest rates are too high, it may not be the best option for you.
4. Get professional advice. Reputable credit counselors can help you deal with your financial problems. Some organizations charge little or nothing for their services.
5. Be cautious of companies that promise to fix your credit problems right away. Credit repair can be a long process that might take several years.

Sample Daily Spending Diary Worksheet

Use this budgeting tool to track where your money is going. You are far more likely to save your money when you see how much small purchases, like cigarettes and soda, can add up.

Day	What did I spend my money on today?
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Monthly Payment Schedule

Track all of your income and expenses in a format similar to below for each month. Write out these columns, and space to write in your expenses and income. When the expense has been paid, enter the date in the paid column.

Income	Expenses/Bills	Pay or Due Date	Amount Due	Paid

CHILD SUPPORT

The San Francisco Department of Child Support Services works to empower parents to provide for the economic needs of their children. The San Francisco Department of Child Support Services has an array of programs available to support you in meeting your obligations by providing the resources you need. www.SFGOV.org/dcss or www.facebook.com/sfdcsc

COMPROMISE OF ARREARS PROGRAM (COAP)

The COAP program assists noncustodial parents with past due child support (arrears) owed to the State to compromise the debt by reducing the obligation that can be paid in a lump sum or in monthly payments over 36 months.

Contact: Mary Mora, Child Support Officer/COAP Coordinator

Phone: (415) 356-2871 **Fax:** (415) 356-2773 **Email:** mary.mora@sfgov.org

Address: 617 Mission Street, San Francisco, CA 94105

CUSTOMER SERVICE OUTREACH (COMMUNITY & Jail OUTREACH PROGRAM)

The Community and Jail Outreach Program holds workshops with various groups in the community, including treatment facilities, to educate and assist noncustodial parents with their child support cases, obligations and issues. The Jail Outreach Program assists incarcerated non-custodial parents with outstanding child support issues that arise as a result of their incarceration.

Contact: Beatriz Flórez Huertas, Public Relations Assistant

Phone: (415) 356-2950 **Fax:** (415) 356-2773 **Email:** beatriz.florez@sfgov.org

Address: 617 Mission Street, San Francisco, CA 94105

NONCUSTODIAL PARENT EMPLOYMENT & TRAINING PROGRAM (C-NET)

The C-NET program was developed to assist custodial and noncustodial parents with resolving barriers to employment, parenting, and their child support obligations.

Contact: Tyrone Owens, Child Support Officer

Phone: (415) 356-2945 **Fax:** (415) 356-2774 **Email:** tyrone.owens@sfgov.org

Address: 617 Mission Street, San Francisco, CA 94105