



GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS:

Do you need help completing the application or redetermination process?

- YES, I need help. YES, I think I may have a disability.
 NO, I don't need help. NO, I don't think I have a disability.

Please complete the following information and check the appropriate box(es) next to the area(s) in which you may have difficulty.

Name: _____
 Social Security Number: ____/____/____
 Phone Number: (____) _____

Date: _____
 Birthdate: ____/____/____

Please tell us what type of help you may need:

- Understanding or Filling out Forms Talking with Others Seeing
 Walking Sitting Standing Speaking Hearing
 Other (explain): _____

- Check here if you aren't sure what type of help you may need and a staff person will review this form with you.
 Check here if you do not need any help and sign below.

Note:

Alameda County may need verification of your disability in order to provide you with a reasonable accommodation.

I acknowledge and understand the information provided to me by the Social Services Agency about special accommodation.

 Client's Signature

 Date

COUNTY USE ONLY

Applicants and recipients who need assistance in completing forms, or are unable to complete the General Assistance application process, due to some form of a disability must be accommodated according to their need.

- Client declined special accommodation

Workers:

Use the **Collect Case Special Indicators screen**, located in the CalWIN Intake & Case Maintenance, Data Collection section, to enter all applicable accommodations and complete case comments.

- CalWIN entries completed