

WAYS TO APPLY OR COMMUNICATE WITH A WORKER

Online:

www.coveredca.com for Medi-Cal Only

www.c4yourself.com for CalWORKs, General Assistance, CalFresh & Medi-Cal

www.getCalFresh.org to apply for CalFresh or submit documents

Telephone:

1-877-410-8823 Active CalFresh and Medi-Cal Cases

1-866-323-1953 All Others

1-800-300-1506 (Covered CA – For Medi-Cal Only)

Fax:

831-784-5691

Mail:

Department of Social Services
1488 Schilling Place
Salinas, CA 93901

Applicants and Recipients may also submit documents via email. Please notate case name and if known case number.

- To submit to the Salinas District Office:
 - Salinas-Docs@co.monterey.ca.us
- To submit to the King City District Office:
 - KC-Docs@co.monterey.ca.us
- To submit to the Seaside District Office:
 - SS-Docs@co.monterey.ca.us

Applications will continue to be available but in person interviews will be limited to individuals who meet the following criteria:

- No access to a telephone or computer,
- Scheduled CalWORKs appointments for emergencies
- Emergency Electronic Benefit Transaction (EBT) and Medi-Cal card pick-up

We would like to thank you for your cooperation, patience, and understanding during this time.