



## 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