

# Bay Area Consortium CAPI Transmittal

To: San Mateo County Human Services Agency  
1487 Huntington Ave, South San Francisco, CA 94080

From \_\_\_\_\_ County

Date: \_\_\_\_\_

Re: \_\_\_\_\_

CAPI Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Social Security Number

The following items are attached:

NO SHOW - Date of Appointment: \_\_\_\_\_  
Time: \_\_\_\_\_

Social Security Card or proof of application for  
Social Security Number

SOC 814 CAPI Statement of Facts (05/19 version)

Passport (clear copy of all pages, even blank ones)

SOC 453 CAPI Statement of Household Expenses  
Contributions (01/18 version)

Proof of identification (ID picture)

SOC 455 CAPI State Interim Assistance  
Reimbursement Authorization (01/99 version)

Alien Registration Card (I-551) – Proof of Alien  
Status (clear copy of both front and back of “green  
card”)

SSP 14 Authorization for Reimbursement of  
Interim Assistance (09/10 version)

Verification that client is a California resident (Rent  
receipt, PG&E, phone bills, etc.)

C-706 CAPI Consent Form (04/14 version)

Verifications of property assets, vehicle  
registration, mortgage, deeds, etc.

Written proof from Social Security Administration  
within 6 months that client is ineligible for SSI due to  
immigration status

Verification of income

CAPI Applicant – ID Verified/Face-to-face interview  
completed  
Worker Initials \_\_\_\_\_

Financial Statements dated within 30-days:  
Checking, savings, credit union, life insurance policy,  
stocks, and any other kind of dividends

C-776 (12/18 version) Authorized Representative  
Form signed in front of a Social Services worker  
(optional)

Others: \_\_\_\_\_

DED packet (for clients under 65 years old)

Due Date for Missing Items: \_\_\_\_\_  
(Please mail to the address above using the business  
envelope provided)

\_\_\_\_\_  
**Print Eligibility's Worker Name and Phone Number**

\_\_\_\_\_  
**Print Supervisor's Name and Phone Number**