City and County of San Francisco

London Breed, Mayor

Human Services Agency

Department of Human Services
Department of Aging and Adult Services
Office of Early Care and Education

Trent Rhorer, Executive Director

Medical Exemption Form

Dear Medical Provider*:

The CalFresh program (formerly the Food Stamp program), limits certain adults between the ages of 18-49 to only 3 months of CalFresh. This rule applies unless the adult is working a minimum of 20 hours per week or qualifies for an exemption. If the individual is unable to work due to a physical or mental health condition, the individual may be exempted from this work requirement. Please help us determine whether your patient meets the medical exemption by completing the sections below.

Patient/participant's authorization:

I ____ hereby authorize the release of the medical information
(patient/participant's name)

requested to the San Francisco Human Services Agency.

Medical determination of exemption from CalFresh Work Requirement

Patient's name: _______________________________________ Date of birth: ________________________

☐ This patient has a mental and/or physical condition, which restricts their ability to work 20 hours a week.

☐ This patient is pregnant. If yes, expected delivery date: ___________________________

Medical Provider Information*:

____ ____
Name of Medical Provider (First, Last) Title/Position

____ ____
Name of Hospital / Clinic / Organization Address of Hospital / Clinic / Organization

I certify that the information provided above is true and accurate

Signature: ____ Date:________________________

* Qualified medical or mental health professionals include, but are not limited to: audiologist, dentist, optometrist, osteopath, designated representative of the physician's office, drug and/or alcohol counselor, mental health counselor, psychologist, midwife, nurse, nurse practitioner, physical therapist, occupational therapist, physician, physician assistant, podiatrist, social worker, etc.

<u>This form may be returned via</u>

Mail: P.O. Box, San Francisco, CA 94120-7988

Fax: (415) 558-1184 **Online:** www.MyBenefitsCalWIN.org **In Person:** 1235 Mission Street **Email:** food@sfgov.org