

Fontana TAD/WTW/Child Care/PID
7977 SIERRA AVE
FONTANA, CA 92336-2661

COUNTY OF SAN BERNARDINO

Date: 02/14/2023

Case Name: Jacqueline Rohaley

Case Number: 2727556

Worker Name: Fontana Cont MC

Worker ID: 36LS09ZM07

Worker Phone Number: (877) 410-8829

VERIFICATION OF BENEFITS

JACQUELINE M ROHALEY

1500 W 13TH ST

UPLAND, CA 91786-2978

Physical Address:

Home Phone Number:

Monthly Benefits							
Month/Year	CalWORKs	GA/GR	CalFresh	RCA	MC	CMSP	Family Size
02/22			250		Y	N	1
03/22			250		Y	N	1
04/22			250		Y	N	1
05/22			250		Y	N	1
06/22			250		Y	N	1
07/22			250		Y	N	1
08/22			250		Y	N	1
09/22			158		Y	N	1
10/22			281		Y	N	1
11/22			281		Y	N	1
12/22			281		Y	N	1
01/23			281		Y	N	1
02/23			281		Y	N	1

Current Household Details										
Name	DOB	Aid Code	In the Home	CalFresh	CW	GA /GR	OHC	Medi-Cal	CMSP	MC/CMSP SOC
Jacqueline M Rohaley	08/31/1992	M1	Y	Y	N	N	N	Y	N	0.00

Comments