Benefit Service Center
P.O. BOX 7999
SANTA MARIA, CA 93456-7999

COUNTY OF SANTA BARBARA

Date: 07/04/2023
Case Name: Joshua A Magallanes
Case Number: 1B12Q96
Worker Name: CF EN BSC
Worker ID: 42LS0H2O0M
Worker Phone Number: (844) 289-4682

VERIFICATION OF BENEFITS

JOSHUA A MAGALLANES
1317 N V ST
SPC 106
LOMPOC, CA 93436-3140

Physical Address:

Home Phone Number: (805) 294-2169

Monthly Benefits							
Month/Year	**CalWORKs**	**GA/GR**	**CalFresh**	**RCA**	**MC**	**CMSP**	**Family Size**
07/22			250		Y	N	1
08/22			250		Y	N	1
09/22			250		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
03/23			281		Y	N	1
04/23			281		Y	N	1
05/23			281		Y	N	1
06/23			281		Y	N	1
07/23			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**
Joshua A Magallanes	12/23/1992	M1	Y	Y	N	N	N	Y	N	0.00

Comments