![SoCalGas logo]

CARE Program
Verification Instructions

Step 1: Provide proof of participation in a public assistance program.

If you or someone in your household participates in any of the following qualifying public assistance programs, you will qualify for CARE. If not, skip to STEP 2.

- As proof of participation, send either a current notice of action OR a benefit/award letter OR see the Acceptable Documents Guide.
- The document must be dated within 12 months.

Step 2: Provide proof of income for every adult in the household.

Skip STEP 2 if your household participates in any of the listed public assistance programs.

- If no one in your household participates in a public assistance program, then qualification for the CARE discount is based on total household income staying within the CARE Income Guidelines.
- Each adult (18 years or older) in the household is required to provide proof of income –see chart titled Acceptable Documents Guide to verify household income or support. Income includes all cash and non-cash benefits, financial support, and subsidies for everyone living in your home.
- For your protection, please blackout or conceal your Social Security Number and/or bank account numbers on all documents.

Qualifying Public Assistance Programs

- Medi-Cal / Medicaid
- Medi-Cal for Families A&B
- Women, Infants, and Children (WIC)
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible (Tribal Only)
- CalFresh (Food Stamps)
- Bureau of Indian Affairs General Assistance
- National School Lunch Program (NSLP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

Step 3: Complete and sign the CARE Verification Form and return it with your supporting documents.

Complete and sign the CARE Verification Form and return it with your supporting documents. Send your completed form and supporting documents to us in one of the following ways:

- Visit socalgas.com/CAREverification or log into MyAccount to complete the verification and submit your required proof of eligibility online.
- Fax the verification form and supporting documents to (213) 244-4665.
- Mail to: SoCalGas/CARE Program
              PO Box 3249
              Los Angeles, CA 90051-1249