APPLICATION FOR CALIFORNIA RESTAURANT MEALS ALLOWANCE

(Application for Optional supplement Variation c – independent Living Arrangement Without Cooking Facilities)

Applicant/Recipient's Name		SSN	SSN	
) applying for the Restaurant rements must be met:	Meals Allowance and unde	rstand that to be eligible the	
1. Beginning	one of the following conditions exists: (check one)			
	I do not have access to a working refrigerator or icebox.			
	My cooking facilities are inadequate; I do not have access to a working oven (regular or microwave) plus at least one temperature controlled heating unit, or at least two temperatures controlled heating units (but no functioning oven).			
	My cooking or food storage facilities are temporarily not working and are not expected to be working until (Date)			
is punishable understand the meals as part facilities.	ove to be true and know that under Federal and/or State land the California Restaurant of my living arrangements or ediately notify Social Securitive.	aw. Meals allowance end with the larger of	the month in which I receive cooking and food storage	
Signed:	(Applicant/Recipient)	SSN	Date	
Signed:	(Spouse if eligible)	SSN	Date	
SSA Decision:	Denied, Notice of Plan	ned Action Provided:termination only)	_	
By: Signed		Title	Date	
SSA Office: M	lodesto, CA. DO 978			