

**APPLICATION FOR CALIFORNIA RESTAURANT MEALS ALLOWANCE**

(Application for Optional Supplemental Variation C- Independent Living Arrangement without cooking facilities)

\_\_\_\_\_  
(Applicant/Recipient's name) (SSN#)

\_\_\_\_\_  
(Spouse if applying or eligible) (SSN#)

I (we) am (are) applying for the Restaurant Meals Allowance and understand that to be eligible the following requirements must be met:

1. I do not receive meals as part for my living arrangement, **and**
2. Beginning \_\_\_\_\_ one of the following conditions exists:

Check one of the following:

- \_\_\_\_\_ 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 temperature 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)

I certify that above to be true and know that providing false statements or misrepresentative of fact is punishable under Federal and/or State law.

I understand that the California Restaurant Meals Allowance ends with the month in which I receive meals as a part of my living arrangements or I have access to adequate cooking and food storage facilities.

I agree to immediately notify Social Security if there is any change in my living arrangement as described above.

Signed \_\_\_\_\_ SSN# \_\_\_\_\_  
(applicant/recipient) (date)

Signed \_\_\_\_\_ SSN# \_\_\_\_\_  
(spouse if applying or eligible) (date)

SSA Decision: Approved effective:  
Denied, Notice of Planned Action Provided (Redetermination only)

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(date)

Social Security Office: 1851 E First Street, Suite 500, Santa Ana CA 92705