

## **Cash Assistance Program for Immigrants (CAPI) Financial Assistance for Aged, Blind or Disabled Immigrants**

**CAPI** is a state funded cash assistance program that provides monthly cash benefits to certain aged, blind, and disabled legal immigrants who are not eligible for the [Supplemental Security Income/State Supplementary Payment \(SSI/SSP\) Program](#) due to their immigration status. The amount of CAPI benefits is equivalent to the amount of SSI/SSP benefits.

CAPI recipients may be eligible for Medi-Cal, CalFresh and In-Home Supportive Services (IHSS), but they must file for each benefit separately. There is no automatic eligibility connection between CAPI and these other programs.

### **You may be eligible for CAPI if you meet all of the following conditions:**

- Be a resident of California.
- Be a non-citizen and meet the immigration status criteria in effect for SSI/SSP as of 8/21/96.
- Be age 65 or over, blind or disabled.
- Be ineligible for SSI/SSP solely due to their immigration status. (This means they must either apply for SSI/SSP and have a notice of denial based on their immigration status alone, or submit other proof of ineligibility from the Social Security Administration.)
- Have income less than the CAPI standards.
- Have resources below the allowable limits of \$2,000 for an individual or \$3,000 for a couple.
- Successfully complete the application process.

Eligibility for benefits depends on a number of factors, including marital status, living arrangement, and income. Once you apply a County Eligibility Worker will decide if you qualify.

You are not eligible for CAPI if you are:

- A United States (U. S.) Citizen;

- A resident of a public institution for at least 30 consecutive days;
- A fleeing felon/parole violator; or
- Outside of California for at least 30 consecutive days.

### **How to Apply**

You may apply for CAPI in person, drop off, by mail, by phone, or by fax.

#### **Apply by Mail or Fax**

Please print and fill out the [Application for CAPI \(English\) \(Spanish\)](#). You may also call us and ask us to mail you an application.

Once completed, mail or fax to:

#### **By Mail:**

San Benito County Health and Human Services Agency

[1111 San Felipe Road Suite 206](#)  
[Hollister, CA. 95023](#)

#### **By Fax:**

Fax application to: (831) 637-9754

#### **Apply in Person or Drop off**

#### **In Person:**

Pick up an application or hand your application to a receptionist at the location below Monday through Friday between 8 a.m. and 5 p.m.

San Benito County Health and Human Services Agency

[1111 San Felipe Road Suite 206](#)  
[Hollister, CA. 95023](#)

#### **Drop Off:**

Drop your application in our drop box:

San Benito County Health and Human Services Agency

[1111 San Felipe Road Suite 206](#)  
[Hollister, CA. 95023](#)

**Apply by Phone**

You can apply over the phone by calling:

Ph: (831) 636-4180

TDD/TTY: [\(831\) 634-4969](#)