

CBEST Referral Guide



Please note: Completing the online referral will take approximately 15 minutes and is best done with the applicant present (in person or on the phone). Be sure to finish it in one sitting, as the online submission cannot be saved and resumed later. Use this guide to review/prepare responses to the questions before beginning the online referral.

Not sure if the applicant has a qualifying immigration status? For resources and support, please contact:

- [LA County Office of Immigrant Affairs \(OIA\) | Call: 1-800-593-8222](#)
- [Benefits Access for Immigrants Los Angeles \(BAILA\) | Call: 1-888-624-4752](#)

Countywide Benefits Entitlement Services Team (CBEST) is a Department of Homeless Services and Housing (HSH) program with teams made up of benefit advocates, clinicians, and legal partners who assist individuals in applying for the following disability programs:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Cash Assistance Program for Immigrants (CAPI)

CBEST Scope of Services:

- Gather health records and outline medical history
- Submit disability benefits applications
- Full-scope legal services for appeals, post-award suspensions, and terminations
- Refer people to case management for housing and supportive services.

Basic CBEST eligibility includes the following:

- LA County Resident
- Low-income
- Blind, aged (65+) or have a documented disability that prevents them from engaging in [Substantial Gainful Activity](#)
- Homeless or At Risk of Homelessness
- If Incarcerated, projected release date within 90 days
- Not already working with an attorney on a disability benefits application or appeal
- U.S. Citizen or Immigrant with qualifying status

For reference, please visit the [Adult Disability Starter Kit](#) in the Social Security Administration website. We encourage you to use the Checklist to help you prepare to file for disability benefits.

Please be advised that your CBEST referral may take 2-4 weeks to process. Thanks!

This paper version of the CBEST referral questions is provided for your information so that you may prepare the necessary responses before starting the online referral process. If you are unable to access the online referral portal, you may complete this version and email the completed questionnaire to CBESTreferral@dhs.lacounty.gov

Eligibility Questions

Question	Circle One
Is the applicant a Los Angeles County resident?	Yes No
Is the applicant currently working with an attorney to help apply for disability benefits?	Yes No
Does the applicant have a Social Security number or an Individual Taxpayer Identification Number (ITIN)?	Yes No
Does client have over \$2000 in cash or other resources (e.g. certificate of deposit, bonds, stocks, etc.)?	Yes No
Is the applicant currently incarcerated?	Yes No
Is the applicant's projected release date within 90 days of this referral?	Yes No N/A
<p>Citizenship or Immigration Status Eligibility</p> <p><i>To be eligible for federal or state disability benefits, an applicant must be a U.S. citizen or have a qualifying immigration status. For more information on what qualifies, please visit:</i></p> <ul style="list-style-type: none"> • <i>SSI Eligibility Supplemental Security Income (SSI) SSA</i> • <i>Cash Assistance Program for Immigrants (CAPI)</i> <p><i>After reviewing the eligibility information above, please indicate whether the applicant believes they meet one or more of the citizenship or immigration status criteria.</i></p>	
Does the applicant meet one or more of the citizenship or immigration status criteria? *	Yes No

Referring Party

Question/Prompt	Response
Referral Date	<i>Mm/dd/yyyy format</i>
Are you referring yourself as an applicant?	Yes No
Select the type of referring party that is submitting this referral: <i>(Circle one option)</i>	<p>Private Healthcare Private Clinic Private Hospital</p> <p>County Department Department of Homeless Services and Housing HSH – ERC HSH – Homeless Prevention Unit HSH – IHOP HSH – IHCG HSH – Interim Housing HSH – Permanent Housing/ICMS HSH – SBE/Outreach HSH – Other</p> <p>Department of Health Services DHS – Licensed Care Facility DHS – Hospital/Clinic DHS – Other</p> <p>Department of Mental Health DMH – ERC DMH – IHOP DMH – Contracted Clinic DMH – Licensed Care Facility DMH - Other</p> <p>Department of Public Health DPH – IHOP DPH – Other</p> <p>Dept. of Public Social Services Sheriff’s Department Other County Department</p> <p>Community-Based Service Provider Interim Housing Provider Legal Outreach Permanent Housing/ICMS Provider Other Service Provider</p> <p>Other Referral Sources Self-Referral Other (explain, if Other)</p>

Is this referral coming from a coordinated County or City encampment resolution event?	Yes No
Referring Agency/Facility:	
Referrer Name:	
Referrer Title:	
Referrer Phone Number:	
Referrer Email Address:	
Referrer Special Remarks:	

Applicant Demographics

Question/Prompt	Response
Applicant First Name:	
Applicant Middle Name:	
Applicant Last Name:	
Applicant Aliases:	
Applicant Date of Birth:	<i>Mm/dd/yyyy format</i>

Applicants Contact Information

Question/Prompt	Response
What is the applicant's housing status? <i>(Select one option)</i>	<input type="checkbox"/> Homeless <input type="checkbox"/> Imminent risk of losing housing <input type="checkbox"/> Stably Housed
Mailing Address:	
Mailing Address 2:	
Mailing City/State/Zip Code:	

Different Residential Address:	Yes No <i>If YES – enter Residential Address information here:</i>
Frequent Client Location:	
Primary Phone Number:	
Alternate Phone Number:	
Email Address:	
Primary Language: <i>(Select one option)</i>	<input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> OTHER (explain, if other)
Can the applicant communicate in English, including reading, writing, and speaking? <i>(Select one option)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Residency Documentation

Question/Prompt	Response
Is the applicant able to provide proof of US Citizenship or immigration status?	Yes No
Does the applicant have a current government-issued ID? *	Yes No

If no, please select one reason:	<input type="checkbox"/> Lost or misplaced – has submitted replacement request to DMV <input type="checkbox"/> Lost or misplaced – DMV replacement request still required <input type="checkbox"/> Expired – has submitted renewal request to DMV <input type="checkbox"/> Expired – DMV renewal still required
Does the applicant have their Social Security card?	Yes No
If no, please select one reason:	<input type="checkbox"/> Lost/misplaced <input type="checkbox"/> Social Security card not received from SSA

Benefits

Question/Prompt	Response
Does the applicant currently have an active application for Social Security benefits or CAPI?	Yes No
If YES, please select all active application types:	<input type="checkbox"/> Social Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Retirement Insurance Benefit (RIB) <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) <input type="checkbox"/> Other (explain, if other)
Has the applicant received a denial from SSA or DPSS recently (within the last 90 days) and need assistance with an appeal?	Yes No
<i>If YES to any of the above, avoid delays by having the applicant bring all Social Security Administration (SSA) or CAPI denial notices and related correspondence to their CBEST interview.</i>	

☐ Income & Resources

Question/Prompt	Response
Is the applicant currently working?	Yes No
What is the applicant's gross monthly income? <i>(Gross income is the total earnings before taxes and deductions.)</i>	\$

☐ Health Questionnaire

Question	Select One
<p>Do any of these conditions apply to the applicant? <i>(If one or more from the list below applies, select YES).</i></p> <ul style="list-style-type: none"> • Alzheimer's Disease • Amputation of leg at hip or of two limbs • Amyotrophic Lateral Sclerosis (ALS) • Bed Confinement/Immobility • Cancer with metastases (Stage 4) • Cerebral Palsy/ Muscular Dystrophy/ Muscular Atrophy • Down Syndrome • End Stage Renal Disease on chronic dialysis • Huntington's Disease • Mental Impairment that prevents work ability (e.g. depression, bipolar disorder, schizophrenia, anxiety, PTSD, etc.) • Non-Hodgkin's Lymphoma • Other Intellectual Disability • Spinal Cord Injury • Symptomatic HIV or Current AIDS • Terminal Illness • Total blindness • Total deafness 	Yes No
Does the applicant have one or more Physical and/or Mental Health condition(s) expected to last MORE THAN 1 YEAR that prevents the applicant from working?	Yes No

If YES to the question above, has the applicant been treated for one or more Physical and/or Mental Health conditions in the last 6 months? *(Select one option)*

- Yes
- No
- Client doesn't know
- N/A

Document Attestation

The applicant will be asked to provide documentation during their CBEST Interview appointment. You do not need to submit or upload documents, but we do need the applicant to attest that the following types of documentation will be provided at the time of their CBEST Interview:

- Government-issued ID
- DMV Notice of Renewal or Replacement (only relevant if client does not have their physical government-issued ID)
- Proof of Residency (e.g., utility bill, lease)
- SSA Correspondence (only relevant if the client has previously applied for benefits)
- Social Security Card or Proof of Social Security Number
- Proof of Income (e.g., recent pay stub)

Do you attest that the applicant will bring the required and relevant documents to their CBEST Interview appointment?

- Yes No

Additional Forms to Review and Sign (No Attestation Required)

To avoid delays, please also have the applicant review and sign the following documents prior to or during the CBEST Interview:

- [CHAMP Consent Form](#)
- [DHS Notice of Privacy Practices](#)
- Universal Consent – CBEST Addendum
- Multi-Agency Consent
- Acknowledgement of CBEST Need for Medical Evidence