



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.  
GOVERNOR

October 2, 2015

ALL COUNTY INFORMATION NOTICE NO. I-73-15

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH PROGRAM SPECIALISTS

SUBJECT: CALFRESH AND THE NATIONAL SCHOOL LUNCH PROGRAM:  
REMINDER OF ASSEMBLY BILL (AB) 402 (CHAPTER 504,  
STATUTES OF 2011)

REFERENCE: ASSEMBLY BILL 402, ALL COUNTY INFORMATION  
NOTICE I-38-13

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this reminder letter is to once again provide direction to County Welfare Departments (CWDs) about the bill, AB 402. This bill allows Local Education Agencies (LEAs), defined as a school district or county office of education, and CWDs to share information regarding school lunch participants who may be eligible to receive CalFresh benefits. The goal of this program is to increase the number of eligible families receiving CalFresh by using information about students who are presently receiving free or reduced lunches at school.

Current law requires LEAs to provide an application for free- and reduced-price (F/RP) meals to all pupils and that those students who qualify for F/RP meals are provided access to one nutritionally adequate meal each school day.

Under AB 402, CWDs can enter into Memorandums of Understanding (MOUs) with LEA's to share, with the permission of the parent or guardian signing some form of consent, information submitted on the National School Lunch Program (NSLP) application with the local county CalFresh office. The CWDs will be able to use this information to serve as an initial written request for a CalFresh application for the child and/or his or her family. The bill does not require counties to participate in this program; it is voluntary, but participation is strongly encouraged by the California Department of Social Services (CDSS), the California Department of Education (CDE), and the legislature.

The LEAs now have a choice to use a redesigned NSLP application that includes an AB 402 parental consent section with a check box. This option allows an LEA to

directly send a copy of the F/RP meal application to the CWD, or to continue including a consent form with every NSLP application packet, which a parent or guardian may sign. The LEA will send a copy of the consent form along with a copy of the approved NSLP application to the CWD. A blank copy of both versions of the application along with a copy of the consent form, are enclosed.

As of June 22, 2015, a joint CDSS/CDE letter to all county welfare directors and all LEAs has been released encouraging all CWDs and LEAs to participate in this voluntary program. A copy of this letter is enclosed.

### **Funding**

Costs for CWD activities involved in processing CalFresh benefit applications related to NSLP referrals may be claimed to the appropriate program codes under the CalFresh Administrative Allocation. The budget for the CalFresh Administration funding is adjusted commensurate with caseload increases or decreases. However, CWDs may receive funding for these administrative activities prior to households entering CalFresh by providing advance notice to CDSS of their intent to enter into an MOU with an LEA, and the anticipated start date. Any CWD wishing to participate in the future, should contact Bill Belon via e-mail at [william.belon@dss.ca.gov](mailto:william.belon@dss.ca.gov).

### **Establishing MOUs with LEAs**

In order to establish an MOU with an LEA, certain criteria must be met within the body of the MOU. An LEA may be a school district or county office of education (including private and charter schools). These criteria include but are not limited to:

#### Student Eligibility & Parent Consent:

- 1. The MOU must require that the NSLP application, or information contained therein, may only be shared by a school district or county office of education (LEA) with the local agency that determines CalFresh eligibility (local CalFresh agency) if (1) the child who is the subject of the NSLP application is approved for free or reduced-priced meals and (2) the parent or guardian of the child consents in writing to the sharing of that information pursuant to Education Code section 49557.3(a).
- 2. The MOU must provide that the written consent to be obtained from the applicant will contain statements that the applicant is aware that they are consenting to the sharing of the NSLP application with the local CalFresh agency for purposes of determining eligibility for the CalFresh program, that the NSLP application and the information contained therein is confidential and will not be shared with any other office or for any other purpose beyond enrollment

in the CalFresh program, that participation in the CalFresh program is strictly voluntary and that the CalFresh agency will provide the applicant with a CalFresh application for the purposes of enrollment in the CalFresh program.

Roles, Responsibilities, and Processes:

- 3. The MOU must set forth the respective roles and responsibilities of the LEA and the local CalFresh agency, including the processes to be used in sharing the NSLP application/information, such as whether the sharing will be conducted physically or electronically.
- 4. The MOU must describe the information to be disclosed by the LEA and how it will be used by the local CalFresh agency. This includes whether the NSLP application itself will be shared or only the information therein, how much of the information will be disclosed and whether the MOU will apply to students approved for free meals only or to students approved for reduced-price meals as well.

Confidentiality:

- 5. The MOU must state that the NSLP application and the information contained therein is confidential and shall not be used by the local CalFresh agency for any purpose not directly related to the enrollment of families in the CalFresh program, and that it should not be shared by the local education agency or local CalFresh agency with any other government agency, including the United States Citizenship and Immigration Services (formerly Immigration and Naturalization Services) or the Social Security Administration, unless specifically authorized to do so pursuant to other provisions of law.
- 6. The MOU must describe how the information that is shared will be protected from unauthorized use and disclosure, including stating that the National School Lunch Act (NSLA) establishes a fine of not more than \$1000 or imprisonment of not more than 1 year, or both, if any eligibility information is published, divulged, disclosed, or made known in any manner or extent not authorized by federal law. This includes the disclosure of eligibility information by one entity authorized under the NSLA to receive the information directly from the determining agency. In addition to the above, the MOU shall state that United States Code 5 USC 552a(i) establishes a fine of not more than \$5000 for any employee who willfully discloses confidential or individually identifiable information in any manner to any person or agency not entitled to receive it, or who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses.

Authority:

- 7. The MOU must be entered into by each LEA and each local CalFresh agency that wishes to engage in information sharing and should be signed by representatives of each respective agency or their designees, who have authority to enter into such an agreement.
- 8. The MOU must require that any NSLP applicant whose information is shared with the local CalFresh agency be required to complete a CalFresh application prior to enrollment in the CalFresh program.

**County Responsibility**

If the CWD receives information for a student who is not already enrolled in CalFresh, the CWD shall treat the NSLP application as a written request for a CalFresh application. The CWD shall contact the parent/caretaker of the child to request additional information pertinent to determining eligibility and send them a CalFresh application via mail or e-mail to complete and sign. This should be done the same day as receipt of the consent form and NSLP application per MPP 63-300.34: "*An application shall also be mailed on the same day a written request for food assistance is received.*" Upon receipt of the signed CalFresh application, the normal processing timeframes for CalFresh shall apply. If, after reviewing the CalFresh application, the CWD determines that the child is not eligible to receive CalFresh benefits, the CWD must notify the parent/caretaker of the child of this determination.

In a case where the child is already receiving CalFresh benefits, the NSLP application is to be destroyed. No other action is to be taken.

The CWD shall check all NSLP applications for eligibility for Expedited Service (ES). For purposes of ES processing, the CWD shall request information from the parent/caretaker necessary for processing a CalFresh application at the first point of contact following receipt of information. If ES is warranted, the ES processing timeframes shall apply from the point of receipt of the signed CalFresh application.

If the LEA uses the two-form system (application and consent form), there may be occasions when the CWD receives one document before the other from the LEA. You must wait until you have **both documents** (NSLP application and consent form) before processing. If the consent form is received (for the application/consent form version of the NSLP), and you have the consent form without the NSLP application, you may not have enough information to process, or you receive the NSLP application but not the consent form, you do not have permission from the parent/caretaker to process the information provided.

If the parent/caretaker of the child refuses to provide the information necessary to complete a CalFresh application, or does not return a signed CalFresh application, the CWD shall send notification that the request for application was not approved and shall state the reasons why.

**Confidentiality**

All information on the NSLP application received by the CWD, as well as any additional documentation, will remain confidential and will only be used for the determination of CalFresh eligibility, except as specifically authorized to do so pursuant to other provisions of law.

In cases where an NSLP application is part of the dual form system, a copy of the consent form will accompany the NSLP application. Once the NSLP application information is entered into a CalFresh application, and the form is no longer needed, the NSLP application should be destroyed. The consent form is to be kept by the CWD for its records. If the NSLP application is the "consent box" version, no consent form will be received and therefore no consent form will be kept on file. When finished with the NSLP application it is to be destroyed. In this case, a note must be made in the case file stating that the CalFresh referral came from a NSLP application with the consent box checked.

If you have any questions concerning this letter, please contact your CalFresh county consultant or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

KIM McCOY WADE, Branch Chief  
CalFresh Branch

Attachments

**California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."**

**STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)**

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
**Children in foster care, Head Start, or Kin-GAP** and children who meet the definition of **homeless, migrant, or runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Homeless, Migrant, Runaway, Head Start		Foster Child	Kin-GAP Case Number
			Yes	No	Yes	No		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?**

If **YES** > Check the applicable program box, enter the case number, and then go to **STEP 4 (Do not complete STEP 3)**  CalFresh  CalWORKs  FDIRP **Case Number:**   
If **NO** > Complete STEP 3

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Please read **How to Apply for Free and Reduced-Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**  
Sometimes children in the household earn income. Please include the **TOTAL** income earned by all Household Members listed in STEP 1 here.

**Total Child income** \$     
 How often?  Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
List all household members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Total Household Members (From STEP 1 and STEP 3)**    
**Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household**              
 Check box if no SSN →

**STEP 4 Contact Information and Adult Signature**

**Certification:** "I certify (promise) that all information on this Application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and/or E-mail (optional) Printed Name of Adult Completing this Form Signature of Adult Completing this Form Today's Date

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino **Race (check one or more):**  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or other Pacific Islander  White

**DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.**

**Total Household Members (From STEP 1 and STEP 3)**    
**Total Household Income** \$     
**Annual Income Conversion** How often?  Weekly  Bi-Weekly  2x Month  Monthly  
 Weekly x52 | Bi-Weekly x26 | Twice Per Month x24 | Monthly x12

**Approved as:**  Free  Reduced-Price  Denied  
**Reason:** \_\_\_\_\_

**Verified as:**  Homeless  Migrant  Runaway  Head Start  Kin-GAP

Incomplete  Error Prone

**Determining Official**  **Date**  **Confirming Official**  **Date**  **Verifying Official**  **Date**

**PARENTAL OR GUARDIAN CONSENT TO RELEASE  
SCHOOL MEAL APPLICATION TO THE CALFRESH PROGRAM**

Dear Parent/Guardian:

Your participation in the Free and Reduced-Price (F/RP) school meal program means your family could be eligible for the CalFresh food assistance program. CalFresh provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. By signing this form, you consent to allow the \_\_\_\_\_ District (District) to share the information you provided on your F/RP school meal application with the \_\_\_\_\_ County CalFresh Office (CalFresh Office) that is responsible for determining eligibility (benefits) for the CalFresh program. Or if you prefer to apply directly and not exchange this information, you may call the CalFresh program at 1-877-847-3663 or apply online at [www.calfresh.ca.gov](http://www.calfresh.ca.gov).

**Please note, your participation in the CalFresh program is voluntary. Failure to sign this consent form will not affect your child's eligibility or participation in the district's F/RP school meal program.**

Yes! I want the District to share information from my F/RP school meal application with the CalFresh Office to determine if my family is eligible for CalFresh benefits. I realize that the information provided will be shared only with the CalFresh Office.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

**By signing this consent form, I voluntarily consent to let the District share the information on my F/RP school meal application with the CalFresh Office, and I acknowledge that I have read and understood all the information on this form.**

**Also, by consenting to this process, I understand that the CalFresh Office will provide me with a CalFresh application to determine CalFresh eligibility.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*If you have any questions about this form or this process, you may contact (First name Last name), (Title.....), at (area code + phone number) or by e-mail at (e-mail address.....).*

[insert School Year XXXX-XX] [insert school name] Application for Free and Reduced-Price Meals w/CalFresh Option

Complete one application per household. Please use a pen (not a pencil).

California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in foster care, Head Start, or Kin-GAP and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Form section for child information including First Name, MI, Last Name, Student? (Yes/No), Foster Child, Homeless/Migrant/Runaway/Head Start, and Kin-GAP Case Number.

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?

Form section for assistance programs: CalFresh, CalWORKs, FDPIR. Includes a Case Number field and instructions for YES/NO responses.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Form section for Child Income reporting, including Total Child income amount and frequency options (Weekly, Bi-Weekly, 2x Month, Monthly).

B. All Adult Household Members (including yourself)

List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Form section for reporting income for all adult household members, including Name of Adult Household Members, Earnings from Work, Public Assistance/Child Support/Alimony, and Pensions/Retirement/All Other Income.

Total Household Members (From STEP 1 and STEP 3) field

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household

Check box if no SSN

STEP 4 Contact Information and Adult Signature

Certification: "I certify (promise) that all information on this Application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Form section for contact information and signatures, including Street Address, Apt #, City, State, Zip, Daytime Phone and/or E-mail (optional), Printed Name of Adult Completing this Form, Signature of Adult Completing this Form, and Today's Date.



**OPTIONAL**

**Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (check one):**

- Hispanic or Latino
- Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**OPTIONAL**

**Parent or guardian consent to information-sharing for CalFresh benefits—Pursuant to California *Education Code 49558(d)***

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

**Student Name(s) – Print**

← Check this box if you are the parent or guardian of every student listed in STEP 1 (on other side) to consent to sharing this application as stated above. Print and sign parent name and enter today's date.

**Parent Name(s) – Print**

**Parent Name(s) – Signature**

**Date**


**DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.**

Enter the number of Total Household Members (From STEP 1 and STEP 3)

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Total Household Income

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How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Annual Income Conversion:**

Weekly x52 | Bi-Weekly x26  
Twice Per Month x24 | Monthly x12

**Approved as eligible for:**

- Free
- Reduced-Price
- Denied (Paid)

Reason: \_\_\_\_\_

**Verified as:**

- Homeless
- Migrant
- Runaway
- Head Start
- Kin-GAP

- Incomplete
- Error Prone

**Determining Official**

**Date**

**Confirming Official**

**Date**

**Verifying Official**

**Date**

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**CALIFORNIA DEPARTMENT OF EDUCATION**  
TOM TORLAKSON, State Superintendent of Public Instruction



**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**  
WILL LIGHTBOURNE, Director

June 22, 2015

Dear County and District Superintendents, Charter School Administrators, School Food Service Directors, and County Welfare Directors:

### **INCREASING PARTICIPATION IN THE ASSEMBLY BILL 402 PROCESS**

Effective January 1, 2012, Assembly Bill 402 (Chapter 504, Statutes of 2011) allowed local educational agencies (LEA) to voluntarily implement a process to share select free and reduced-price (F/RP) meal applications with county welfare departments (CWD) for the purpose of qualifying interested households for CalFresh benefits.

On behalf of the California Department of Education (CDE) and the California Department of Social Services (CDSS), we encourage all LEAs and CWDs to participate in the AB 402 process.

For CWDs, the AB 402 process may increase the participation of F/RP meal eligible student households in the CalFresh Program. Receiving CalFresh eases the burden of a limited budget and increases the availability of healthy, nutritious foods during those times that the school nutrition program does not supply meals. Ensuring student access to nutritious foods results in increased attention and information retention.

For LEAs, the increase in CalFresh participation will result in higher Direct Certification rates. This will reduce the administrative burden on parents and LEAs and automatically qualify more children for free meals.

Therefore, we strongly urge CWDs and LEAs to participate in this process and help households to participate in the assistance programs that are available to them, including the School Nutrition Programs (SNP) and CalFresh.

Below are some important facts regarding the AB 402 process. For more information, please refer to the attached summary of the AB 402 process.

- The California Health and Human Services (CHHS) agency has made funding available to any CWD that wishes to participate in the process, including reaching out to LEAs to initiate the process. In addition, LEAs may now use nonprofit school food service (cafeteria fund) account monies to pay for the time it takes to process F/RP meal applications for AB 402 purposes, such as making

copies, purchasing postage, and sending confidential faxes. However, cafeteria funds may not be used for CalFresh outreach.

- LEAs are required to make every effort to keep F/RP meal records confidential, especially during any type of disclosure process where the records are being shared with another department within or outside of an LEA. This includes not leaving applications in public areas or in copy machines, requesting “proof of delivery” for postal mail or e-mail messages, etc.
- The CDE will be releasing a Management Bulletin that explains the AB 402 implementation process for LEAs in June 2015, which will be available on the CDE SNP Management Bulletins Web page at <http://www.cde.ca.gov/ls/nu/sn/mb.asp>.
- The CDSS will be releasing an All County Information Notice (ACIN) that explains the AB 402 implementation process for CWDs in June 2015. The ACIN will be made available through the CDSS County Letter Web page at <http://www.dss.cahwnet.gov/lettersnotices/PG3679.htm>.

If you are an official who represents LEAs, county or district superintendents, or charter school administrators and would like to participate in the AB 402 process, please contact Ras Siddiqui, Staff Services Analyst, by phone at 916-322-8315 or by e-mail at [rsiddiqui@cde.ca.gov](mailto:rsiddiqui@cde.ca.gov).

If you represent CWDs or county welfare directors, please contact your CalFresh County Consultant or the CalFresh Policy Bureau by phone at 916-654-1896.

Sincerely,

**Original Document Signed By:**

Tom Torlakson  
State Superintendent of Public Instruction  
California Department of Education

**Original Document Signed By:**

Will Lightbourne  
Director  
California Department of Social Services

TT/WL:nr  
Attachment

## SUMMARY OF ASSEMBLY BILL 402 PROCESS

The AB 402 process begins with either a local educational agency (LEA) or county welfare department (CWD) initiating a memorandum of understanding between the LEA and CWD. Participating LEAs are then required to obtain written consent from a parent or guardian in order to share their household's free and reduced-price (F/RP) information with the CWDs. Either entity, the LEA or CWD, may initiate this process.

The existing process outlined in the California Department of Education (CDE) Management Bulletin NSD-SNP-05-2013 requires LEAs to have a separate consent form signed by a parent or guardian. However, it has come to the attention of the CDE and the CHHS that the use of a separate consent form may not work for some LEAs.

Therefore, LEAs will soon have the choice to either:

1. Use a redesigned F/RP meal application that includes an AB 402 parental consent section; this option allows an LEA to directly send a copy of the AB 402 F/RP meal application to the CWD.
2. Continue to include a consent form with every F/RP meal application packet, which a parent or guardian may sign; LEAs will send a copy of the consent form along with a copy of the approved F/RP meal application to the CWD.

CWDs will then verify the information on the F/RP meal application or consent form to see if the family is already participating in the CalFresh Program. If the household is not currently receiving CalFresh benefits, then the CWD will contact the household to let them know that they may be eligible for CalFresh benefits and begin the CalFresh application process.

The CDE has designed an additional F/RP meal application with a parental consent section for LEAs and households to participate in the AB 402 process, which provides the LEA permission to share a copy of a household's meal application with the CWD. This new application will eliminate the need for a secondary consent form, thereby removing additional steps for potential households to participate in the CalFresh Program. However, please note that the original parental consent form and F/RP meal application will remain on the CDE Web site for LEAs that want to use it in their AB 402 process. The original consent form is now available in 15 languages.

For more information, please contact:

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- California Department of Social Services: CalFresh County Consultant or the CalFresh Policy Bureau by phone at 916-654-1896.