



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](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

September 20, 2016

ALL COUNTY LETTER NO. 16-77

TO: ALL CALWORKS PROGRAM SPECIALISTS  
 ALL COUNTY WELFARE DIRECTORS  
 ALL CALFRESH PROGRAM SPECIALISTS  
 ALL CONSORTIA REPRESENTATIVES  
 ALL QUALITY CONTROL COORDINATORS

SUBJECT: REVISIONS MADE TO THE APPLICATION FOR  
 CALFRESH BENEFITS (CF 285) AND  
 RECERTIFICATION FOR CALFRESH BENEFITS (CF 37)

REFERENCES: ALL COUNTY LETTER [12-25](#), [12-25E](#), [13-75](#), [13-96](#),  
[14-101](#), [14-101E](#), [16-14](#), [16-43](#); ALL COUNTY  
 INFORMATION NOTICES [1-45-11](#) ; MANUAL OF  
 POLICIES AND PROCEDURES [63-300.3](#) , [63-504.25](#),  
[63-504.6](#), [63-804.4](#) AND [7 CODE OF FEDERAL  
 REGULATIONS \(CFR\) 273.15 \(d\)](#)

The purpose of this All County Letter (ACL) is to transmit revisions that were made to the *CalFresh Application for CalFresh Benefits* (CF 285) and to the *Recertification for CalFresh Benefits* (CF 37). The following changes have been made:

1. Language has been added to the CF 285 informing applicants of their right to request an agency conference to informally resolve any Expedited Service dispute.
2. Language has been added to the CF 285 and to the CF 37 under the heading "Privacy Act and Disclosure" to provide authorization for the use of the Work Number (WN).

3. New information has been added to the CF 285 and CF 37 in the “Privacy Act and Disclosure” section, as well as updated non-discrimination language provided by the Food and Nutrition Service (FNS).
4. The “Contact Information” section on the CF 285 and the CF 37 has been expanded to include cell phone number and consent to use text messaging, as well as language encouraging applicants to provide the best contact information.
5. New language and additional information has been provided regarding Intentional Program Violations (IPV) on the CF 285 and the CF 37 under the “Program Rules and Penalties” section.

There are also minor changes to the CF 285 and CF 37 detailed at the end of this letter.

Agency Conference: The language added to page one of the CF 285 cover sheet under the new heading “Agency Conference,” is in accordance with Manual of Policies and Procedures (MPP) Section 63-804.4 and 7 Code of Federal Regulations (CFR) 273.15(d), and reads as follows:

*Agency conference is a process that provides the household the right to request a meeting with an eligibility supervisor (this meeting may be attended by an eligibility worker and an authorized representative) to informally resolve any dispute as to whether the household meets Expedited Service criteria. The agency conference shall be scheduled within two working days of the request, unless the household requests that it be scheduled later or states that they do not wish to have an agency conference.*

There is flexibility available in conducting the conference. The conference may be done by phone at the client’s option.

Privacy Act and Disclosure: The language added on page three of the CF 285 and page four of the CF 37 under the heading “Privacy Act and Disclosure” is in accordance with federal law and U.S. Department of Agriculture (USDA) policy guidance. The language added reads as follows:

*273.2(b)(4) Privacy Act statement. As a County agency, you must notify all households applying and being recertified for CalFresh benefits of the following:*

*(i) The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the CalFresh Program. We will verify this information through computer matching programs including the Income and Eligibility Verifications System (IEVS). This information will also be used to monitor compliance with program regulations and for program management.*

*(ii) This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.*

*(iii) If a CalFresh claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.*

*(iv) Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of CalFresh benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.*

U.S. Department of Agriculture (USDA) Nondiscrimination Statement Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) State or local agencies and their subrecipients, must post the following Nondiscrimination Statement: *Regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- |                   |  |  |
|-------------------|--|--|
| <i>(1) mail:</i>  | <i>U.S. Department of Agriculture<br/>Office of the Assistant Secretary for Civil Rights<br/>1400 Independence Avenue, SW<br/>Washington, D.C. 20250-9410;</i> | <i>CDSS<br/>Civil Rights Bureau<br/>P.O. Box 944243, M.S. 8-16-70<br/>Sacramento, CA 94244-2430<br/>1-866-741-6241 (Toll Free)</i> |
| <i>(2) fax:</i>   | <i>(202) 690-7442; or</i>  |  |
| <i>(3) email:</i> | <i><a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</i>   |  |

*This institution is an equal opportunity provider.*

Contact Information: During the Expedited Service workgroup, where ACL 16-14 was developed, a recommendation was established to encourage applicants to provide as much contact information on their application forms as possible. On page one of the CF 285 and page one of the CF 37, question number one (i.e. applicant's information) was revised to stress the importance of providing the best contact information. An extra "Contact Authorization" field was added to include a cell phone number and a check box to indicate that the applicant allows the county to text communication to them regarding their application. Additional client contact information will allow the CWD to provide the best service regarding application status and the scheduling of interview appointments.

The Work Number (WN): Language added on page three of the CF 285 and page five of the CF 37 under the heading "Privacy Act and Disclosure" reads as follows:

*"The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or **a consumer reporting agency**. If the information doesn't match, the County may ask you to send proof."*

Upon signing the CF 285 and/or the CF 37, applicants and recipients have acknowledged the added disclosure. Therefore, CWDs are authorized to access information from the WN without having to obtain a separate written authorization from applicants and recipients. This language is already stated in the *Application for CalFresh, Cash Aid, and/or Medi-Cal/Health Care Programs (SAWS 2 Plus)* form and has been added to the CF 285 and recertification CF 37 for consistency. The WN can be used for initial and ongoing eligibility, along with fraud detection, in conjunction with and not in lieu of, existing required income and eligibility verification sources.

Intentional Program Violation: Language added on page two of six of the CF 285 and page three of the CF 37 under the headline "Program Rules and Penalties" was recommended in the SAWS 2 PLUS workgroup to provide the most current violation verbiage and alleviate chances of fraud. Additional bullets read as follows:

- *Trade, buy, sell, steal or give away CalFresh benefits or EBT cards*
- *Try to get dual benefits, for example, apply in two or more different counties or states at the same time*
- *Submit false documents for children or adult household members who are not eligible or who do not exist*
- *Violate conditions of my probation or parole*
- *Flee after a felony conviction*
- *Purchase (buy) a product with CalFresh benefits that has a return deposit, intentionally (on purpose) throw away the contents, and return the container for the deposit amount or attempt to return the container for the deposit amount*
- *Buy a product with CalFresh benefits and intentionally resell it for cash or anything other than eligible food*

### Minor Change to the CF 285

A minor, non-substantive change on the CF 285 was the addition of the multi-page header indicating the application for CalFresh benefits is an official document of the California Department of Social Services (CDSS). The header reads: *State of California – Health and Human Services Agency and California Department of Social Services.*

### Minor Changes to the CF 37:

- According to ACL 14-101, page three, the CF 37 is a “No Substitutes Permitted” form. The language “REQUIRED FORM-NO SUBSTITUTES PERMITTED” has been added to the left side of the footer section on all pages
- On page two of the “Program Rules” section under the subheading “You Have a Right To” section, bullet point number nine was deleted to add clarification that CalFresh Expedited Service is not offered at the time of recertification
- On page one of the recertification application section, the third sentence of the introductory paragraph was deleted to clarify for applicants that they are encouraged to complete as many questions as they can, not only those related to changes
- On page one of the recertification application section, question numbers three and four, the applicant is now given the exact timeframe “in the last six months” for which he/she has to report any changes

The CWDs shall implement the revised CF 285 and the CF 37 with the release of this ACL.

## **CAMERA READY COPIES AND TRANSLATIONS**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain these forms from the CDSS webpage at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

For questions on translated materials, please contact Language Services at (916) 651- 8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual

employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letter and Notices are available on the internet at:

<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

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

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division