



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

September 15, 2015

ALL COUNTY LETTER NO. 15-68

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL CaWORKs PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: UPDATE ON FORMS FOR THE CALFRESH PROGRAM

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 letter is to transmit updated information on obsoleted CalFresh forms. This letter also transmits a new Income Reporting Threshold (IRT) form (SAR 2 CR) for those households that receive CaWORKs and are Change Reporters in CalFresh. This letter also revises the Notice of Approval for CalFresh Benefits (CF 377.1) for the State Utility Assistance Subsidy, the AR 2 CR for Annual Reporters of CaWORKs receiving CalFresh and the CF 23 CR for Change Reporting and Transitional CalFresh households.

The California Department of Social Services (CDSS) has updated several forms with the “DFA” designation. The forms have been revised to reflect the new form numbers, new “CF” designation, referenced the updated numbers for prior forms and changed any references of “Food Stamps” to “CalFresh”. In addition, a number of forms have been obsoleted. Any additional changes are listed on the attachment.

IRT FORM

**SAR 2 CR (7/15) Reporting Changes for Cash Aid and CalFresh**

This form is used for recipients that are Semi-Annual reporters for CaWORKs and are a Change Reporting household for CalFresh. The form includes a box for the CaWORKs IRT for the household but does not include a box for a CalFresh IRT as Change Reporters do not have an IRT for CalFresh.

## **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 Manual of Policies and Procedures (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.

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 consultant or call the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Enclosure:  
CalFresh Updated forms list and referenced forms

**Enclosure**  
**CALFRESH UPDATED FORMS LIST**

<b>Form #</b>	<b>Form Title, Description, Explanation of Changes, and Directions for Use</b>
<b>AR 2 CR</b>	<b><u>Reporting Changes for CalWORKs and CalFresh (7/15)</u></b> The purpose of this form has not changed, but has been updated with the correct reporting requirements for CalFresh households.
<b>CF 23 CR</b>	<b><u>CalFresh Benefits: How to Report Household Changes (8/15)</u></b> The purpose of this form has not changed, but had been updated with the correct reporting requirements for CalFresh households.
<b>CF 377.1</b>	<b><u>Notice of Approval for CalFresh Benefits (9/15)</u></b> The purpose of this form has not changed, but has been updated with information regarding the State Utility Assistance Subsidy (SUAS) payment to CalFresh households.
<b>CF 1239</b>	<b><u>CalFresh Notice of Approval/Denial/Termination Transitional Benefits (5/13)</u></b> This form replaces the DFA 1239. The purpose and content of this form has not changed. The form was updated to change references from 'Food Stamps' to 'CalFresh'.
<b>NA 1215</b>	<b><u>Food Stamp Notice of Change: SFIS Discontinuance (6/00)</u></b> This form became obsolete effective January 1, 2012 with the passage of Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011) repealing the Statewide Fingerprint Imaging System (SFIS) as a requirement for issuing CalFresh benefits.
<b>NA 1216</b>	<b><u>Food Stamp Notice of Change: SFIS Denial (4/00)</u></b> This form became obsolete effective January 1, 2012 with the passage of AB 6 (Chapter 501, Statutes of 2011) repealing SFIS as a requirement for issuing CalFresh benefits.
<b>SAR 2 CR</b>	<b><u>Reporting Changes for Cash Aid and CalFresh (7/15)</u></b> This is a new form for recipients that are Semi-Annual reporters receiving cash aid and are a Change Reporting household for CalFresh. The form includes a box notifying the household of the CalWORKs IRT and also includes a list of reporting requirements for both CalWORKs and CalFresh.

- TEMP 2198**      **Important Food Stamp Information for Noncitizens (11/01)**  
This form became obsolete effective with the passage of AB 6 (Chapter 501, Statutes of 2011) and when Semi-Annual Reporting (SAR) became effective in all counties, but no later than October 1, 2013. The information on this form is now included on the SAWS 1 and the CF 285.
- TEMP 2223**      **Notice to All Quarterly Reporting (QR) Households Not Receiving Cash Aid Important – Please Read (3/05)**  
This form became obsolete effective with the passage of AB 6 (Chapter 501, Statutes of 2011) and when SAR became effective in all counties, but no later than October 1, 2013.
- TEMP CA 600**      **Annual Reviews: For Cash Aid and Food Stamps (4/99)**  
This form became obsolete effective with the statewide implementation of QR, effective July 1, 2004.
- TEMP CA 601**      **Checklist – Eligibility Simplification Project (ESP) (12/99)**  
This form became obsolete effective with the statewide implementation of QR, effective July 1, 2004. In addition, provisions of the simplification project were included in federal regulations in 2008.
- TEMP QR 1**      **Quarterly Reporting Information (8/03)**  
This form became obsolete effective with the statewide implementation of QR.
- TEMP SAR 1**      **New Reporting Requirement for Cash Aid and CalFresh (9/13)**  
This form became obsolete effective with the statewide implementation of SAR.

## REPORTING CHANGES FOR CalWORKs AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

**Because you get CalWORKs, you must report within 10 days when your TOTAL income reaches a certain level.** You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is	\$ _____
<b>Your CalWORKs IRT is</b>	<b>\$ _____</b>

### How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the County or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned **and unearned**).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

### What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report during your annual redetermination/recertification (RD/RC) all income the RD/RC form asks about, even if you already reported that money.

### Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you may get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

**Because you get CalWORKs, you MUST ALSO report the things below within 10 days of when they happen:**

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law.
4. Anytime you have an address change.

**If you get CalFresh, you MUST report the things below within 10 days of when they happen:**

1. Anytime someone moves into or out of your household.
2. Anytime you have an address change.
3. You have a change in the source of income including starting, stopping or changing jobs.
4. Earned income changes by more than \$100.
5. Unearned income changes by more than \$50 (except for CalWORKs or General Assistance).
6. Rent or utility costs change (only if you move).
7. Any change in the amount of any legally obligated child support.
8. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report any time your work or training hours drop to less than 20 hours a week or 80 hours a month.
9. Your household's total cash, stocks, bonds or other money is more than \$2,250 (or \$3,250 if someone in your household is age 60 or over or disabled).

### Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

## CALFRESH BENEFITS

### HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives CalFresh benefits must report when their income or household situation changes. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker. You are receiving this notice because:

- You have been approved for CalFresh benefits and will be reporting changes on a Change Reporting basis.
- Your household was previously assigned Semi-Annual Reporting status and will now be reporting on a Change Reporting basis.

Change Reporting requirements are described below.

#### CHANGE REPORTING

You **MUST** report the following changes within ten days:

- If your household has a change in the source of monthly earned income, or your household's monthly earned income starts, stops, or changes by more than \$100.00.
- If your household has a change in the source of monthly unearned income, or your household's monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move or gets a new mailing address.
- Your household's total cash, stocks, bonds or other money is more than \$2250 (or \$3250 if someone in your household is age 60 or over or disabled).
- If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
- If you are meeting the Able Bodied Adult Without Dependents (ABAWD) work rule by working and your work hours drop below 20 hours a week or 80 hours a month. CalFresh rules limit the receipt of CalFresh benefits to 3 months in a 3-year period for ABAWDs who are not working or participating in other allowable activities. You are excused from the ABAWD work rule and do not need to report a drop in your work hours if you are:
  - Living in a county where the ABAWD work rule is waived because of high unemployment rates;
  - Under 18 or 50 years of age or older;
  - Medically certified as physically or mentally unfit for employment'
  - Meeting the CalWORKs Welfare-To-Work rules
  - Caring for an injured or sick person who will need help for more than 30 days;
  - Participating in an alcohol or drug treatment program that keeps you from working 30 hours or more per week;
  - Getting or have applied for Unemployment Insurance benefits;
  - Employed or self-employed at least 30 hours per week or receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours;
  - Going to school at least half-time;
  - Pregnant; or
  - Living in a CalFresh household that contains a minor child even if the minor child is not eligible for CalFresh benefits.

You **MAY** report when:

- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship, immigration status changes or anyone gets a letter, form or new card from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS).
- You have changes in your dependent care costs.
- Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
- Any member begins to pay court-ordered child support for a child not living in the home.

**You may report changes either:**

- By mail, telephone, or in person at the County CalFresh Office; or
- By turning in a CF 377.5 CR CalFresh Household Change Report form.

#### TRANSITIONAL CALFRESH BENEFITS

California's Transitional CalFresh program provides CalFresh benefits for five months to households that leave CalWORKs. If your household begins receiving transitional CalFresh benefits, you do not have to report while receiving these benefits.

If you are receiving transitional CalFresh benefits, you may reapply to see if you can get more benefits. If you reapply and are approved for regular CalFresh benefits, then all normal reporting rules will apply.

# NOTICE OF APPROVAL FOR CALFRESH BENEFITS

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

**YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.**

Your initial amount of benefits is: \$ \_\_\_\_\_ for \_\_\_\_\_. Your benefit amount for the rest of your certification period will be \$ \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_.

**IF YOU ALSO APPLIED FOR CASH AID**, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

- Your CalFresh eligibility starts the same day as your cash aid.
- Your first month's benefits include more than one month's benefits because of the date your application was approved.
- Your first month's benefits were prorated from the date you filed your application.

**BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY**, we did not require you to give us the following verification:

You must give us this verification before \_\_\_\_\_ or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You **will not** get an advance notice before we take this action.

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

**Rules:** These rules apply:  
You may review them at your welfare office.

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh (Food Stamps)  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid  CalFresh (Food Stamps)  Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE



## REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

### Because you get CalWORKS, you must report within 10 days when your TOTAL income reaches a certain level.

You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	_____
Your current income is	\$ _____
<b>Your CalWORKs IRT is</b>	<b>\$ _____</b>

### How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

### By "total monthly income" we mean:

- ⇒ Any money you get (both earned **and unearned**).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

### What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

### Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you might get more benefits than you should. You **must** repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

### Because you get CalWORKS, you **MUST ALSO** report the things below within 10 days of when they happen:

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
4. Anytime you have an address change.

### If you get CalFresh, you **MUST** report the things below within 10 days of when they happen:

1. Anytime someone moves into or out of your household.
2. Anytime you have an address change.
3. You have a change in the source of income including starting, stopping or changing jobs.
4. Earned income changes by more than \$100.
5. Unearned income changes by more than \$50 (except for CalWORKs or General Assistance).
6. Rent or utility costs change (only if you move).
7. Any change in the amount of any legally obligated child support.
8. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to less than 20 hours a week or 80 hours a month.
9. Your household's total cash, stocks, bonds or other money is more than \$2,250 (or \$3,250 if someone in your household is age 60 or over or disabled).

### Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

**Note:** Some changes you report voluntarily may result in a decrease in your CalFresh benefits.