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ARNOLD SCHWARZENEGGER
GOVERNOR

July 14, 2008

ALL COUNTY LETTER NO. 08-32

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP PROGRAM COORDINATORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL CONSORTIUM PROJECT MANAGERS
ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: FOOD STAMP WAIVER OF FACE-TO-FACE INTERVIEW AND
NON-ASSISTANCE FOOD STAMP HOUSEHOLD RECERTIFICATION
FORM, FS 27

REFERENCE: FOOD STAMP WAIVER #2070014, ADMINISTRATIVE NOTICE (AN)
94-54 CHECKLIST FOR REVIEW OF FOOD STAMP APPLICATION
FORMS, AN 95-10 PROGRAM SIMPLIFICATION – WAIVER, FOOD
STAMP PROGRAM RECERTIFICATION SIMPLIFICATION AND
STATEWIDE FINGERPRINT IMAGING SYSTEM (SFIS)
EXEMPTIONS – REGULATIONS

<u>REASON FOR THIS TRANSMITTAL</u>
<input type="checkbox"/> State Law Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order
<input type="checkbox"/> Clarification Requested by One or More Counties
<input checked="" type="checkbox"/> Initiated by CDSS

The purpose of this letter is to transmit state regulations (attached) and to provide County Welfare Departments (CWDs) with implementation instructions on waiving the face-to-face interview for Quarterly Reporting (QR) households at county option, and for households with elderly or disabled household members. The Food and Nutrition Service (FNS) approved a two-year waiver (attached) allowing CWDs to conduct a telephone interview instead of a face-to-face interview in specific circumstances at intake and/or recertification. The instructions contained in this All County Letter (ACL) and attached regulations are effective August 1, 2008.

This ACL does not modify what information is required to be collected during the initial certification and/or recertification processes. CWDs will continue to verify and review the information and supporting documentation supplied by the household and take the same actions during a telephone interview as during a face-to-face interview, per Manual of Policies and Procedures (MPP) Section 63-300. Counties are reminded to document whether the household receives a face-to-face interview or a telephone interview. Additionally, counties must still inform households of their rights and responsibilities and obtain signed copies of the application/recertification and Rights and

Responsibilities forms to complete the application/recertification process. Counties may mail the requested forms separately, or include them with the QR 7.

QUARTERLY REPORTING HOUSEHOLDS

Counties may conduct a telephone interview in place of a face-to-face interview for QR households during the recertification process without the requirement to document a hardship in individual case files. The face-to-face interview will still be required at initial certification, except for those households exempt due to hardship. If counties choose to waive the face-to-face interview for QR households at recertification, the waiver must be extended to the entire Food Stamp Program (FSP) QR population and must be implemented on a countywide basis.

A face-to-face interview must still be conducted at recertification in the following circumstances: 1) when requested by the household or the household's authorized representative, or 2) when the county determines it is necessary to verify conditions of eligibility, or 3) if the household has not complied with Statewide Fingerprint Imaging System (SFIS) requirements. For Public Assistance Food Stamp (PAFS) households and mixed households, a face-to-face interview may still be required by another program. Therefore, the FSP recertification interview will be conducted in conjunction with the other program's interview.

ELDERLY/DISABLED HOUSEHOLDS

Counties may conduct a telephone interview in place of a face-to-face interview at initial certification and at recertification for those households in which all adult members are either elderly or disabled regardless of the type or source of the household's income. The need for documentation of hardship will not be required for these cases.

However, counties are reminded that a face-to-face interview must be conducted in the following circumstances: 1) when requested by the household or the household's authorized representative, 2) when the county determines it is necessary to verify conditions of eligibility, or 3) when the client is in the office submitting an application and wishes to complete the interview, or 4) at recertification if the household has not complied with SFIS requirements.

QUALITY CONTROL (QC)

No special procedures are required for these cases. QC staff will continue reviewing cases using standard review procedures. However, the QC system will be used to identify all sampled active cases that receive an initial certification or recertification interview by telephone. As a condition of the waiver, payment accuracy data is needed for these households. The data shall be separated for elderly/disabled households with

earned income and for non-elderly/disabled QR households. The data will be collected using the Research and Development Enterprise Project (RADEP) System.

FORMS

Non-Assistance Food Stamp (NAFS) QR Households

When recertifying QR households, counties shall use the following forms: the Application for Food Stamp Benefits Part 1 (DFA 285 A1), Part 2 (DFA 285 A2), Your Rights and Responsibilities (DFA 285 A3 QR), along with the FS 23 (Food Stamp Benefits, How to Report Household Changes). These forms collect the information necessary to determine the applicant's eligibility and benefit level and inform households applying only for food stamp benefits of their rights and responsibilities and the penalties for noncompliance.

As an alternative, counties opting to waive the face-to-face interview may recertify NAFS QR households using the following forms: the NAFS Household Recertification Form, FS 27 (attached), Your Rights and Responsibilities (DFA 285 A3 QR), along with the FS 23 in conjunction with the fourth QR 7 in the QR cycle. The FS 27 form may be used from August 1, 2008 forward for recertifying all NAFS QR households whether the household is recertified face-to-face or by telephone. Counties may use the SAWS 1 and SAWS 2 for recertification as well. Counties that currently use electronic transmission, an automated, or an on-line electronic application process can continue to use the current forms.

PAFS/Mixed QR Households

There is no change in forms from the existing PAFS recertification process. Counties shall use the same forms as are currently used. Categorically eligible and mixed households that are jointly processed shall, to the extent possible, be recertified for food stamps at the same time that their PA eligibility is redetermined.

Elderly/Disabled Households

Counties shall certify/recertify these households by using the Application for Food Stamp Benefits Part 1 (DFA 285 A1), Part 2 (DFA 285 A2), or their approved electronic versions. The forms are to be completed by the applicant and used by counties to initially identify and certify households entitled to expedited service or used by counties, at recertification, to collect the information necessary to determine the applicant's eligibility and benefit level. Your Rights and Responsibilities (The DFA 285 A3 QR), along with the FS 23 are to be used to inform households applying only for food stamp benefits of their rights and responsibilities and the penalties for noncompliance.

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CAMERA-READY COPIES

For camera-ready copies of English language versions, contact the California Department of Social Services (CDSS) Forms Management Unit at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm

When all translations are completed per MPP 21-115.2, they will be posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding this letter, please contact Tiffany Jones at (916) 654-1905.

Sincerely,

Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

NON-ASSISTANCE FOOD STAMPS (NAFS) HOUSEHOLD RECERTIFICATION FORM

This form will be used at recertification in lieu of the DFA 285-A1/A2 Food Stamp Application for Non-Assistance Food Stamp households who are subject to Quarterly Reporting/Prospective Budgeting.

Please fill out the following personal information for the person requesting food stamp benefits.

Fill out as much of this form as you can, sign on page 5, and return it to your local food stamp office. We need at least your name, address and signature. **If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days.**

You need to try to answer all questions on this recertification form.

NAME (FIRST, MIDDLE, LAST)			CONTACT PHONE: ()			COUNTY USE ONLY
HOME ADDRESS (NUMBER, STREET)			MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

Are you homeless? YES NO

If "YES", are you temporarily staying in someone else's home? YES NO

If "YES", give date you began staying at this home: _____

EXPEDITED BENEFITS

1. Is someone in the household a Migrant/Seasonal Farmworker? YES NO

a. How much is your rent or mortgage this month? \$ _____

b. How much are your utilities this month, if separate from your rent or mortgage? \$ _____

c. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ _____

d. Do you have or will you receive any income this month? YES NO

List all your household income below:

NAME OF PERSON WHO GETS MONEY	HOW MUCH EACH MONTH?
	\$
	\$

Complete A, B & C below. If you don't complete this section, the county will do it for you. Check all that apply. THIS WILL NOT AFFECT YOUR ELIGIBILITY.

A. ETHNICITY

Are you Hispanic or Latino? YES NO

B. RACE/ETHNIC ORIGIN (Select one or more of the following:)

American Indian or Alaskan Native Black or African American

Asian (If checked, please select one or more of the following)

Filipino Chinese Japanese Korean Vietnamese Asian Indian

Cambodian Laotian Other Asian (specify) _____

Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)

Native Hawaiian Guamanian Samoan Other (specify) _____

White

C. PRIMARY LANGUAGE

English Spanish Lao Tagalog American Sign Cantonese

Cambodian Vietnamese Russian Other (specify) _____

2. List all persons living with you, including yourself. Attach a separate sheet of paper if needed.

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:
			HEAD OF HOUSEHOLD

Check all that apply:

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored: YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

NAME:	SSN:	DATE OF BIRTH:	RELATIONSHIP:

Check all that apply: Do you want this person to have an EBT card to buy food for you?

YES NO

U.S. Citizen/National Noncitizen Legal Permanent Resident Sponsored:

YES NO

Do you buy and prepare food with this person?

YES NO

3. Does anyone live in any of the following type of facilities or take part in any food program including those listed below? (check all that apply) YES NO
- | | |
|---|--|
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Reservation for Native American |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Penal Institution |
| <input type="checkbox"/> Drug/Alcohol Rehabilitation Center | <input type="checkbox"/> Shelter for Battered Women |
| <input type="checkbox"/> Food Distribution Program | <input type="checkbox"/> Psychiatric Hospital/Mental Institution |

If YES, complete the following:

NAME:	NAME OF CENTER/SHELTER/FOOD PROGRAM ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE

4. Do you pay anyone or does anyone pay you for meals and/or a room? YES NO
If YES, complete the following:

NAME OF PERSON WHO PAYS FOR MEALS/ROOM	NAME OF PERSON WHO PROVIDES MEALS/ROOM	CHECK ONE: (✓)	HOW MUCH?	HOW OFTEN?	NUMBER OF MEALS PER DAY
		<input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both			

5. Is anyone 16 years of age or older enrolled in school, college or a training program? YES NO
If YES, complete the following:

NAME OF PERSON	NAME OF SCHOOL	ATTENDANCE	NUMBER OF UNITS PER SEMESTER/QUARTER	WORKING
		<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other		<input type="checkbox"/> YES <input type="checkbox"/> NO Number Of Hours:
		<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other		<input type="checkbox"/> YES <input type="checkbox"/> NO Number Of Hours:

6. Is anyone in the home unable to buy or fix meals because they are blind, deaf or disabled? YES NO
If YES, complete the following:

NAME	EXPLAIN

7. Is anyone in the home pregnant? YES NO
If YES, complete the following:

NAME	EXPECTED DUE DATE

8. Do you or anyone living in the home have any housing costs? YES NO
If YES, complete the following:

HOUSING COST	TOTAL COST	HOW MUCH DO YOU PAY?	HOW MUCH IS PAID BY RENTAL ASSISTANCE PROGRAMS, SUCH AS HUD, SECTION 8, ETC?	IF SOMEONE ELSE PAYS, HOW MUCH?	HOW OFTEN BILLED?
Rent					
House (mortgage) payment					
Property Taxes (If not in house payment)					
Insurance (If not in house payment)					
Other (explain):					

9a. Does anyone have any utility costs? YES NO
 If YES, please check all boxes below that apply.

Gas		Garbage or trash	
Electricity		Sewer	
Other fuel (such as propane, butane, wood, coal, etc.)		Telephone/other means of communication, such as internet, etc.	
Water		Other (explain)	

9b. Do you use gas, electricity or other fuel for heating or cooling? YES NO
 If YES, please check below.

Utility	Used for Heating or Cooling?
Gas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electricity	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Fuel	<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Does anyone, including children, have any of the resources listed below? YES NO

If YES, explain below:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Cash or checks • Mortgages • Employee deferred compensation • IRA or Keogh Plans • Retirement Funds • Certificate Deposit | <ul style="list-style-type: none"> • Checking or Saving accounts • Oil, mining or mineral rights • Sales contracts • Trust funds • Stocks, Bonds | <ul style="list-style-type: none"> • Money Market accounts • Credit Union accounts • <u>Other</u> |
|--|---|--|

TYPE OF RESOURCE	OWNER	CURRENT VALUE	AMOUNT OWED (IF ANY)	NAME & ADDRESS OF BANK	ACCOUNT NUMBER

11. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? YES NO

If YES, complete the following:

TYPE	ADDRESS OR LOCATION	USED AS:	OWNER:	ESTIMATED VALUE:
		<input type="checkbox"/> HOME <input type="checkbox"/> RENTAL		AMOUNT OWED:
		<input type="checkbox"/> HOME <input type="checkbox"/> RENTAL		AMOUNT OWED:

12. You can authorize someone to act on behalf of the head of household in case of illness or other circumstances. YES NO

If you would like to authorize someone, complete below:

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE NUMBER

13. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)? YES NO

APPLICANT/RECIPIENT CERTIFICATION

I have completed the questions above and read all the information. I understand the new food stamp rules and penalties apply to my application or reapplication for food stamps. I understand the new rules and agree to comply with them.

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, sex, religion, national origin, age, disability or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.

The information on this application may be shared with federal, state and local agencies only for the purposes of certifying eligibility for the Food Stamp Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS, formerly INS) of the immigration status only of those persons seeking food stamp benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

SIGNATURE

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application form is true, correct and complete.

<input checked="" type="checkbox"/> Signature (Adult household member or Authorized Representative)	Date
<input checked="" type="checkbox"/> Signature of Witness or Interpreter	Date
<input checked="" type="checkbox"/> Signature of Eligibility Worker	Date
<input checked="" type="checkbox"/>	Date

Amend Section 63-300.4 to read:

Post-hearing: Amend Section 63-300.41, .43, and .451 to read:

63-300 APPLICATION PROCESS (Continued)

63-300

.4 Interviews (Continued)

.41 Sections 63-300.41 et seq. (MR) shall become inoperative and Sections 63-300.41 et seq. (QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration. (Continued)

(QR) The CWD at the time of the initial application interview shall determine which households shall be subject to QR~~and~~/PB, as specified in Section 63-505.2. The CWD may require those households subject to QR/PB requirements to have a face-to-face interview during the recertification process. For those QR/PB households that are not required to have a face-to-face recertification interview, the CWD shall conduct an interview by telephone, in accordance with Section 63-300.45.

Households subject to QR~~and~~/PB requirements shall be provided with the following at during the certification and recertification interviews process: (Continued)

.43 Waiving the Face-to-Face Interview (No Option)

The face-to-face interview shall be waived at initial certification and at recertification if requested by for any household ~~which is unable to appoint an authorized representative and in which has no~~ all the household members ~~able to come to the interview because they are 65 60~~ 60 years of age or older, or physically disabled ~~and whose members have no earned income~~. The face-to-face interview shall also be waived if requested by any household which is unable to appoint an authorized representative and lives in a location which is not served by a certification office. For those households that are not required to have a face-to-face interview, the CWD shall conduct an interview by telephone, in accordance with Section 63-300.45. (Continued)

.45 When the Interview is Waived or Not Required

The CWD has the option of conducting a telephone interview or a home visit for those households for whom the face-to-face interview is waived or not required. Home visits shall be used only if the time of the visit is scheduled in advance with the household.

The CWD shall conduct a face-to-face interview at recertification in accordance with Section 63-300.4 when requested by the household or when the county determines it is necessary to verify conditions of eligibility.

~~Waiver of the face-to-face interview~~ When the face-to-face interview is waived or not required, it does not exempt the household from verification requirements, although special procedures may be used to permit the household to provide verification and thus obtain its benefits in a timely manner, such as substituting a collateral contact in cases where documentary verification would normally be provided.

~~Waiver of the face-to-face interview~~ When the face-to-face interview is waived or not required, it shall not affect the length of the household's certification period.

There is no limit to how many times a household may be certified based on telephone interviews. However, the case file must be adequately documented each time the face-to-face interview is waived.

63-601.124

~~.451 The household is certified by an out of office interview, as specified in Section 63-300.4. However, †The CWD should~~ shall attempt to obtain the fingerprint images and photo images complete all SFIS requirements not completed at time of certification, when the household member(s) is/are in the office for any reason. The CWD shall not require the household member to make a special trip into the office solely for the purpose of SFIS compliance. However, a household that has not met SFIS requirements during the initial certification period must satisfy the SFIS requirements by the end of the household's initial certification period or prior to being recertified. If the household member does not comply with SFIS requirements, the CWD must take appropriate action as specified in Section 63-505.14.

.46 Scheduling Initial Application Interviews (Continued)

.464 Scheduling Recertification Interviews

- (a) As part of the recertification process, the CWD must conduct a face-to-face interview with a member of the household or its authorized representative at least once every 12 months for households certified for 12 months or less. The requirement for a face-to-face interview once every 12 months may be waived in accordance with Sections 63-300.43 and .44 or not required in accordance with Section 63-300.41(QR). (Continued)

Authority cited: Sections 10554, 11265.1, .2 and .3, 18901.3, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11023.5, 11265.1, .2, and .3, 11348.5, 18901.3, 18901.10, 18904, 18910, and 18932, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 271.2, 273.2(b)(ii), (c)(2)(i) and (ii), (c)(3), (c)(5), (e)(1), (e)(2), (e)(3), (f)(1)(i)(C), (ii)(B)(1), (2), (3), and (C), and (iii)(h)(1)(i)(D), and proposed (f)(1)(xii) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, (f)(3), (f)(3)(ii), (f)(8), (h), (h)(1)(i)(D), and (j)(1); 7 CFR 273.4(a)(2) and (10) and (c)(2); 7 CFR 273.7(i)(4) and (j)(1); 7 CFR 273.12(c) and (c)(3); 7 CFR 273.14(b)(3)(i), (iii) and (b)(4) and (e); 7 CFR 273.21(h)(2)(iv), (i), and (j)(3)(iii)(B); USDA, Food and Nutrition Service (FNS) Office, Western Region, Administrative Notice 84-56, Indexed Policy Memo 84-23; ~~Food and Nutrition Service FNS Quarterly Reporting/Prospective Budgeting waiver dated April 1, 2003; USDA, FNS Waiver #2070014;~~ 7 U.S.C.A. 2020(e)(2); Americans with Disabilities Act (ADA), Public Law (P.L.) 101-336, 1990; U.S.D.A., Food and Consumer Services, Administrative Notice No. 94-22, dated January 7, 1994; Chapter 306, Statutes of 1988, and AB 1371, Chapter 306, Statutes of 1995; Blanco v. Anderson Court Order, United States District Court, Eastern District of California, No. CIV-S-93-859 WBS, JFM, dated January 3, 1995, and Federal Register, Vol. 66, No. 229, dated November 28, 2001.

Amend Section 63-504.6 to read:

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY 63-504
(Continued)

.6 Recertification of All Households

.61 General Requirements (Continued)

(d) Any household receiving a notice of action informing them of the expiration of their certification period shall attend any interview scheduled by the CWD on or after the date the application is timely filed in order to retain their right to uninterrupted benefits.

(1) The CWD may schedule the interview prior to the date the application is timely filed provided the household is not denied at that time for failing to ~~appear for~~ participate in the interview.

(2) The CWD shall schedule the interview on or after the date the application was timely filed if the interview has not been previously scheduled, or the household has failed to ~~appear for~~ participate in any interviews scheduled prior to this time and has requested another interview.

(3) If the household does not ~~appear for~~ participate in any interview scheduled in accordance with this section or attempted to reschedule another appointment, the CWD need not initiate any further action.
(Continued)

(g) CWD Action on Timely Applications for Recertification

The CWD shall provide uninterrupted benefits to any household determined eligible after the household timely files an application and ~~attends~~ participates in an interview. The CWD shall provide uninterrupted benefits within the time standards listed below even if, to meet these standards, the CWD must provide an opportunity to participate outside the normal issuance system. (Continued)

(i) CWD Action on Untimely Applications for Recertification

(1) Any household shall lose their right to uninterrupted benefits if they fail:
(Continued)

(B) To ~~appear for~~ participate in an interview. (Continued)

Authority cited: Sections 10553, 10554, 10604, 11265.1, .2, and .3, 11369, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 11265.1, .2, and .3, 18901.6, 18904, and 18910, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 271.2; proposed 7 CFR 273.2(f)(1)(xii) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, (f)(8)(i); (f) (8)(i)(A) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994; (f)(8)(ii), (h), and (h)(1)(i)(D), 7 CFR 273.2(j)(3) and (4); 7 CFR 273.8(b); 7 CFR 273.9(d)(6)(iii)(F), 7 CFR 273.10(d)(4), (f), (g)(1)(i) and (ii); 7 CFR 273.12(a)(1)(i)(A), (a)(1)(i)(B), and (a)(1)(i)(C)(2); proposed 7 CFR 273.12(a)(1)(vi) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, and (c); 7 CFR 273.12(e)(1), (e)(2), and (e)(4); 7 CFR 273.13(a)(2); 7 CFR 273.13(b)(1); 7 CFR 273.14; 7 CFR 273.14(b)(3) and (e); 7 CFR 273.18(e)(6)(ii); 7 CFR 273.21(e)(1), (f)(1)(iii), (f)(1)(iv)(B), (f)(2)(v), (h)(2)(iv), proposed (h)(2)(ix) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, (h)(3)(ii), (i), (j), (j)(1)(vi), (j)(1)(vii)(A) and (r), (j)(2)(iii), (j)(3)(ii), (j)(3)(iii)(B), (j)(3)(iii)(C), and proposed (j)(3)(iii)(E) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994; 7 CFR 274.10; Public Law (P.L.) 100-435, Section 351, P.L. 101-624, and P.L. 103-66; Section 1717, [7 U.S.C. 2014(e)]; 7 U.S.C. 2014(d)(7), AND (e)(6)(C)(iii), 2017(c)(2)(B) and 2020(s); U.S.D.A. Food and Consumer Services, Administrative Notices 94-39 and 97-50; P.L. 104-193, Sections 801, 807 and 827 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996); Federal Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003; Federal Administrative Notice 97-99, dated August 12, 1997; United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) Administrative Notice (AN) 03-23, dated May 1, 2003; USDA, FNS Waiver #2070014; and the Farm Security and Rural Investment Act of 2002 (P.L. 107-171).

Post-hearing: Amend Section 63-505.14 to read:

63-505 HOUSEHOLD RESPONSIBILITIES

63-505

.1 Household Cooperation (Continued)

.14 Refusal to Cooperate with the Statewide Fingerprint Imaging System (SFIS) Requirement

Eligible household members who are not exempt per Sections 63-601.12 through ~~125~~ 123 and Section 63-601.14 shall be required to fulfill SFIS requirements prior to the issuance of food stamp benefits to that household, even if the household is eligible for benefits. The SFIS requirements, exemptions, and postponements are explained in Sections 63-601.12 through ~~125~~ 123, Section 63-601.13, and Section 63-601.14.

Authority cited: Sections 10553, 10554, 10604, 11265.1, .2 and .3, 11369, 18904, and 18910, Welfare and Institutions Code.

Reference: Sections 10554, 10830, 11265.1, .2, and .3, 18904, and 18910, Welfare and Institutions Code; 7 CFR 272.4(f); 7 CFR 273.2(j)(3) and (4); 7 CFR 273.10(d)(4); 7 CFR 273.11(a)(2)(iii); 7 CFR 273.12, (a)(1)(i), (a)(1)(i)(A), (a)(1)(i)(B), (a)(1)(i)(C)(2), and proposed .12(a)(1)(vi) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994; 7 CFR 273.2(d); proposed 7 CFR 273.2(f)(1)(xii) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994; 7 CFR 273.21(b), (b)(4), (f)(2)(v), (h)(2)(iv), proposed (h)(2)(ix) as published in the Federal Register, Vol. 59, No. 235 on December 8, 1994, (h)(3), and (i); 7 CFR 273.12(a)(1)(vii); 7 CFR 273.24(a)(1)(i) and (b)(7); P.L. 100-435, Section 351; P.L. 101-624, Section 1717 [7 U.S.C. 2014(e)] and Section 1723 [7 U.S.C. 2015(c)(1)(A)]; P.L. 102-237, Section 908 [7 U.S.C. 2016(h)(1)]; 7 U.S.C. 2014(d)(6) and (e)(6)(C)(iii); Food and Consumer Services Administrative Notice 96-13, dated December 7, 1995; United States Department of Agriculture, Food and Nutrition Service Administrative Notice 03-23, dated May 1, 2003; Letter from Food and Consumer Services to Fred Schack, dated March 25, 1996; Food Stamp Act of 1977; Federal Nutrition Service Quarterly Reporting/Prospective Budgeting waiver approval dated April 1, 2003; and the Farm Security and Rural Investment Act of 2002 (P.L. 107-171).

Amend Section 63-601.12 to read:

63-601 COUNTY WELFARE DEPARTMENT RESPONSIBILITIES (Continued) 63-601

.1 Basic Issuance Requirements (Continued)

.12 The CWD shall be required to obtain fingerprint images and a photo image of each eligible household member using SFIS equipment, as specified in Section 63-505.14, unless that member meets one or more of the following exemptions. (Continued)

.124 (Renumbered to 63-300.451) (Continued)

Authority cited: Sections 10554 and 18904, Welfare and Institutions Code.

Reference: 7 CFR 272.4(f); 7 CFR 274.1; 7 CFR 274.2; 7 CFR 274.7; Food and Consumer Services Administrative Notice 96-13, dated December 7, 1995; and Sections 10554 and 18904, Welfare and Institutions Code.



**United States
Department of
Agriculture**

Food and
Nutrition
Service

Western Region

90 Seventh St.
Suite 10-100
San Francisco, CA
94103

FS-10-6/Waiver #2070014

May 17, 2007

Ms. Charr Lee Metsker, Deputy Director
Welfare to Work Division
Department of Social Services
744 P Street, MS 17-08
Sacramento, CA 96251

Dear Ms. Metsker:

This is in response to your April 2, 2007 letter requesting waiver approval of the face-to-face interview at recertification [7 CFR 273.14(b)(3)] and the face-to-face interview at initial and recertification for those households in which all members are elderly or disabled regardless of income source [7 CFR 273.2(e)(2)].

California Department of Social Services (CDSS) now conducts face-to-face interviews for almost all recertifications unless CDSS makes an individual determination of hardship and documents that hardship in a household's case record. CDSS also conducts face-to-face initial certification interviews with pure elderly/disabled households unless a face-to-face interview would be a hardship.

As pointed out in your request, these practices may constitute obstacles to clients' access to our Program and may impede retention of participating households. These practices also add to the workload of the county welfare offices in California. You have proposed to solve these problems and to streamline office operations by foregoing the documentation of hardship for most households at recertification. Telephone interviews will replace these face-to-face interviews. You also propose to eliminate the documentation of hardship at initial certification for households whose members are all either elderly or disabled. This solution requires waivers of 273.14(b)(3) and 273.2(e)(2) for non-elderly/disabled households at recertification. Also required is a waiver for both initial certifications and recertifications for elderly/disabled households with earnings. Because CDSS has the authority to waive face-to-face interviews for elderly/disabled households without earnings, these waivers do not apply to these households.

We are approving your request, because it is important that California county welfare departments use their limited resources efficiently. These waivers will also make it easier for many households to participate in the Food Stamp Program. This is particularly true of households with earnings, who will be able to participate in interviews without taking time off from work to visit the county welfare offices. Please note that only the face to face aspect of interviews is being waived; telephone interviews must still be conducted. Also, a face to face interview must be provided for anyone who requests it.

Ms. Charr Lee Metsker, Deputy Director

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As requested, we are approving these waivers for 2 years; however, after 1 year, the State must provide an interim report that contains the information described in item 12 of the enclosed waiver response.

It is our understanding that CDSS will continue to require finger-imaging for many household members. Therefore, even though these households will receive telephone interviews, many household members will still have to come to local offices no later than their first recertification to comply with this requirement.

If you have any questions, you may contact Ed Mars at (415) 705-1361, ext. 309, or Patricia Cruise at (415) 705-1361, ext. 307.

Sincerely,



DENNIS STEWART
Regional Director
Food Stamp Program
Western Region

Enclosure

cc: Richton Yee, FSB, CDSS, MS 16-32, Sacramento, CA w/enc.
Michael J. Papin, FSPB, FSB, CDSS, MS 16-32, Sacramento, CA w/enc.
Hector Hernandez, FOB, FSB, CDSS, Los Angeles, CA w/enc.
Anna Capetillo, FDRAB, CDSS, MS 12-57, Sacramento, CA w/enc.
PDD, FSP, Alexandria, VA
CA SPO, POI, FSP, WRO

WAIVER RESPONSE

1. Waiver serial number: 2070014
2. Type of request: Initial
3. Primary regulation citation: 7 CFR 273.14(b)(3)
4. Secondary regulation citation: 7 CFR 273.2(e)(2)
5. State: California
6. Region: Western
7. Regulatory requirements:

7 CFR 273.14(b)(3) requires a state agency to conduct a face-to-face interview at least once every twelve months and, by cross-reference to 273.2(e), to document each instance of waiving the face-to-face aspect of an initial interview when the waiver is based on hardship for the household.

7 CFR 273.2(e)(2) requires a state agency to document each instance of waiving the face-to-face aspect of an initial interview when the state agency's bases their decision on the hardship that a face-to-face interview would entail.

8. Description of proposed alternative procedures:

Non-elderly / disabled households

When recertifying periodic reporting households, California's Department of Social Services (DSS) will:

- Conduct telephone interviews. DSS will not document hardship for these households.
- Recertify Public Assistance households using current forms.
- Recertify Non-Assistance households using the household's QR-7, the Quarterly Report Form and a recertification form.
- Conduct a face-to-face interview when either of the following occurs:
 - DSS determines that a face-to-face interview is necessary, or
 - The household requests a face-to-face interview.

Elderly / disabled households

DSS will use the following alternative procedure only for households whose members are all either elderly or disabled.

- At initial certification and recertification, DSS will conduct telephone interviews. DSS will not document hardship for these households.
 - DSS will certify these households initially using the Standard Application Form, DFA 285 A1.
 - DSS will recertify these households using the Statement of Facts, DFA 285 A2.
9. Action and reason for approval or denial: We are approving this waiver. California's Food Stamp Program is not in the first year of liability. California's official payment error rate for Fiscal Year 2005 was 6.38%.
- Our approval of the waivers for elderly / disabled households concerns only those households with earned income. DSS already has the authority under the Food Stamp Program's regulations (273.2(e)(2)) to waive the face-to-face interview for elderly / disabled households without earnings.
10. Regulatory or legislative basis for action: 7 CFR 272.3(c)(1)(ii), which allows the Food and Nutrition Service to approve waivers that would result in a more effective and efficient administration of the program.
11. Conditions and reasons:
- DSS must grant a face-to-face interview if a household or their authorized representative asks for one.
 - As long as DSS requires finger-imaging, some household members will still have to provide finger images in person, no later than their first recertification.
 - After twelve months of operation of this waiver, DSS will provide an interim report that contains the information that we describe in item 12.
12. Information required for extension: DSS's quality control (QC) system must identify all sampled active cases that receive an initial certification or recertification through a telephone interview. From these households, DSS must provide QC payment accuracy data for the following groups of households. DSS should report these data separately for the elderly / disabled households with earned income and for the non-elderly / disabled households:
- Initial applications under the waiver
 - Initial applications approved with a face-to-face interview
 - Recertified cases under the waiver
13. Expiration date: This waiver will be in effect from July 1, 2007 through June 30, 2009. If DSS wants to change the date of implementation, please advise FNS immediately so that the waiver's effective dates may be adjusted.
14. Limitation, if any, on regional office approval of like requests: Approval of this waiver is limited to the California Department of Social Services.
15. Quality control procedures: No special QC procedures are required for cases subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.

16. Date of national office action: May 10, 2007.
17. Date of State agency's request: April 2, 2007.
18. Date of regional office transmittal of request to national office: April 19, 2007.