

## PROGRAM INTEGRITY REQUEST FOR REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the Word Document for your records, and submit via email to: [PIBPolicy@dss.ca.gov](mailto:PIBPolicy@dss.ca.gov).

1. REQUESTOR NAME:	5. COUNTY:
2. PHONE NO: EMAIL:	6. SUBJECT:
3. REGULATION CITE(S):	7. REFERENCES: (ACLs/ACINs, COURT CASES Etc.)
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

10. REQUESTOR'S PROPOSED ANSWER:

11. CDSS RESPONSE:

PROGRAM INTEGRITY ANALYST:	APPROVING MANAGER:
DATE:	DATE:

DATE RESPONSE RECEIVED/LOG # (CDSS Use Only):

Please note: The policies expressed in this response are based on the unique set of facts presented and should not be presumed to apply in other situations.