

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



November 30, 1982

ALL-COUNTY LETTER NO. 82-120

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: STATE REGULATIONS ON BATTERED WOMEN AND DRUG AND ALCOHOLIC  
TREATMENT CENTERS

This letter provides information on regulations recently filed with the Secretary of State regarding shelters for battered women and children and drug and alcoholic rehabilitation treatment centers. In addition, instructions for revised household reporting responsibilities are included. The regulations are effective December 1, 1982 and shall be applied to appropriate applicant households as of the December 1, 1982 effective date.

Shelters for Battered Women and Children

New regulations provide that battered women and their children who are temporarily residing in shelters for battered women may apply for food stamps as separate households. Eligible residents who recently fled food stamp households containing the abuser may receive a separate allotment during the month of shelter residence, and shall be considered a new application for FNS 296 purposes. Certification shall be based on income, resources and expenses at the time of application, and if eligible, residents shall be entitled to expedited services. Shelters that provide meals to their residents may apply to FNS for authorization as retail food stores. Provisions are also included regarding CWD action if a shelter or a resident fails to meet their responsibilities.

Drug and Alcoholic Rehabilitation Treatment Centers

Revised regulations provide for the participation of treatment centers that are certified by the state but have not been authorized by FNS as retail food stores. In addition, the regulations specify the process CWDs shall follow when a state certified drug and alcoholic rehabilitation treatment center fails to meet its responsibilities. CWDs continue to be instructed to take no action prior to FNS action on those treatment centers authorized by FNS as retail food stores.

Household Reporting Responsibilities

To assist CWDs in advising applicants and recipients of current food stamp reporting responsibilities, master copies (English and Spanish) of a stuffer notice and a revised OFA 855, Food Stamp Recipient Reporting Responsibilities, are attached. Neither of these forms will be printed by DSS and CWDs are directed to use the forms as described below:

### Stuffer Notice

County Welfare Departments must provide a copy of the attached stuffer notice to all certified households by no later than the date the households receive their January 1, 1983 allotments. The attached copy is designed so that it can be used for printing directly onto a 3-7/8" x 9-1/2" stuffer notice. CWDs which use another format for printing the notice must use the language contained on the attached notice. Households which are certified during the month of January, and thereafter, need not receive the stuffer notice as they will be provided a copy of the revised DFA 855 reflecting their current reporting responsibilities.

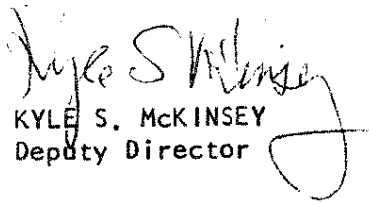
### DFA 855

All households certified or recertified for food stamp participation during the month of January 1983, and thereafter, must be provided a copy of the DFA 855 reflecting their current reporting responsibilities. County Welfare Departments may fulfill this requirement in one of two ways.

1. The CWD may reproduce copies of the attached DFA 855, 11/83 version, for use beginning January 1, 1983.
2. The CWD may manually revise the existing DFA 855, 3/82 version, as shown on the attached sample for use beginning January 1, 1983.

The 11/82 version of the DFA 855 is not being printed by OSS as the form will be obsoleted when the revised food stamp applications, now in process, are implemented. It is anticipated that implementation will occur March 1, 1983. Until such time as the DFA 855 is obsoleted, the DSS Warehouse will continue to stock the 3/82 version of the form for CWDs who elect to continue its use with the appropriate corrections. Instructions for completing the DFA 855 have not changed and were previously issued by All-County Letter 82-09 dated February 2, 1982.

Please contact your Food Stamp Program Consultant at (916) 322-5475 if you have any questions.

  
KYLE S. MCKINSEY  
Deputy Director

cc: CWDA

Attachments

IMPORTANT  
NEW FOOD STAMP REPORTING RESPONSIBILITIES  
(Read Carefully)

Effective December 1, 1982 your food stamp reporting responsibilities have changed. You are now required to report to your eligibility worker within 10 days from the date you learn of the following changes: (1) The gross monthly income received by your household increases or **decreases** by more than \$25, and (2) Anytime there is an **increase** or decrease of more than \$25 in medical expenses for a household member receiving social security payments for his/her disability or blindness, or for a household member aged 60 or older.

As a reminder you are also required to report within ten (10) days the following changes:

- The source of income received by you or any member of your household changes.
- Your address changes.
- There are any changes in your housing or utility costs because you moved.
- Anyone moves in or out of your household.
- The property owned by you or any member of your household changes in any way; for example, you acquire a licensed vehicle, stocks, bonds or other money.

You must report these changes to your eligibility worker on the "Food Stamp Household Change Report", Form DFA 377.5, or by telephone, by mail or by coming into the Food Stamp Office, unless **all** members of your household also receive public assistance. If you receive Aid to families With Dependent Children (AFDC) or Refugee Cash Assistance, you must also comply with the reporting responsibilities of these programs.

**IMPORTANTE**  
**NUEVAS RESPONSABILIDADES DE REPORTAR EN EL PROGRAMA DE ESTAMPILLAS PARA COMIDA**  
(Léase cuidadosamente)

A partir del 1 de diciembre de 1982, cambian sus responsabilidades de reportar en el programa de estampillas para comida. Ahora se le requiere que reporte los siguientes cambios a su trabajador(a) de elegibilidad dentro de 10 días de la fecha en que se entere de ellos: (1) El ingreso mensual bruto recibido por su hogar aumenta o **disminuye** en más de \$25 y (2) Siempre que haya un **aumento** o disminución de más de \$25 en gastos médicos para un miembro del hogar que reciba pagos del seguro social debido a su incapacidad o ceguera, o para un miembro del hogar de o mayor de 60 años de edad.

También se le recuerda que se requiere que reporte dentro de diez (10) días los cambios siguientes:

- Cambia la fuente de los ingresos recibidos por usted o cualquier miembro de su hogar.
- Cambia su domicilio.
- Hay cambios en el costo de su vivienda o servicios públicos o municipales debido a que se mudó.
- Alguien se muda a o de su hogar.
- La propiedad que usted o cualquier miembro de su familia posea cambia en cualquier aspecto; por ejemplo, usted adquiere un vehículo con licencia, acciones, bonos, u otro dinero.

Usted debe reportar estos cambios a su trabajador(a) de elegibilidad en el "Reporte de Cambio en el Hogar de Estampillas para Comida," Forma DFA 377.5; o por teléfono, por correo, o viniendo a la Oficina de Estampillas para Comida, a menos que **todos** los miembros de su hogar también reciban asistencia pública. Si usted recibe Asistencia a Familias con Niños Necesitados (AFDC), o Asistencia Monetaria para Refugiados (RCA), también debe cumplir con las responsabilidades de reportar de esos programas.

# FOOD STAMP RECIPIENT REPORTING RESPONSIBILITIES

Case Name:

Case No.:

Worker No.:

I, \_\_\_\_\_, am applying for food stamp benefits. I understand that I have only ten (10) days to notify my worker when I learn of the following changes:

- *Gross monthly income received by my household increases or decreases by more than \$25.*
- *The source of any income received by me or any member of my household changes.*
- *My address changes.*
- *There are any changes in housing or utility costs because I move.*
- *Anyone moves in or out of my household.*
- *The property owned by me or any member of my household changes in any way; for example, we acquire a licensed vehicle, stocks, bonds or other money.*
- *There is an increase or decrease of more than \$25 in medical expenses for a household member receiving Social Security payments for his/ her disability or blindness, or for a household member aged 60 or older.*

I understand that I must report changes to my worker on the "Food Stamp Household Change Report", Form DFA 377.5; or by telephone, by mail, or by coming into the Food Stamp Office. If I receive AFDC or Refugee Cash Assistance as well as food stamps, I must also report these changes on the "Monthly Eligibility Report", Form CA-7.

I understand that I am committing fraud if I receive food stamps because I intentionally do not tell the truth, tell only part of the truth, or do not tell my worker all of the facts having to do with my eligibility as soon as I know about them. I also understand that I am committing fraud if I accept food stamps in an amount that I know I am not eligible to receive.

I understand that if I fail to report a change and because of this I receive food stamp benefits I am not entitled to, I may have to repay these benefits. In addition, if I intentionally withhold information or provide false information in order to receive food stamps, I may be disqualified from the Food Stamp Program; fined, imprisoned, or both.

I have read the above (or had it read to me) and understand my responsibility to immediately report all information regarding any change in circumstances that affects my food stamp eligibility. If I have any doubt about needing to report any change, I will contact my worker.

Signature	County Where Signed	Date
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I certify that I have informed the applicant/ recipient of his/ her responsibilities as stated above and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects his/her food stamp eligibility.

Eligibility Worker's Signature	Telephone Number	Date
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## RESPONSABILIDADES DEL BENEFICIARIO DE ESTAMPILLAS PARA COMIDA RESPECTO A REPORTAR

Nombre del Caso:

No. del Caso:

Trabajador(a) No.:

Yo, \_\_\_\_\_, estoy solicitando beneficios de estampillas para comida. Comprendo que tengo solamente diez (10) días para avisarle a mi trabajador(a) cuando me entere de los siguientes cambios:

- *Los ingresos mensuales brutos que recibe mi hogar aumenten o disminuyan más de \$25.*
- *La fuente de cualquier ingreso recibido por mi o cualquier miembro de mi hogar cambie.*
- *Mi domicilio cambie.*
- *Haya cambios en los costos de vivienda o servicios municipales porque me haya mudado.*
- *Alguien se mude a o de mi hogar.*
- *La propiedad poseída por mi o por cualquier otro miembro de mi hogar cambie de cualquier modo; por ejemplo, adquiramos un vehículo registrado, acciones, bonos, o cualquier otro dinero.*
- *Los gastos médicos de un miembro de/ hogar que reciba pagos de/ Seguro Social a causa de su incapacidad o ceguera, o de un miembro de/ hogar que tiene la edad de o es mayor de 60 años disminuyan o aumenten más de \$25.*

Comprendo que debo reportar los cambios a mi trabajador(a) en el "Reporte de cambio en el hogar de Estampillas para Comida", forma DFA 377.5; o por teléfono, correo, o presentándome en la Oficina de Estampillas para Comida. Si recibo AFDC o Asistencia Económica para Refugiados además de estampillas para comida, también tengo que reportar estos cambios en el "Reporte Mensual de Elegibilidad", forma CA-7.

Comprendo que estoy cometiendo fraude si recibo las estampillas para comida porque intencionalmente no digo la verdad, digo solamente parte de la verdad, o no le digo a mi trabajador(a) todos los detalles tocantes a mi elegibilidad tan pronto como yo los sepa. También comprendo que estoy cometiendo fraude si acepto una cantidad de estampillas para comida la cual sé que no soy elegible para recibir.

Comprendo que si no reporto un cambio y consecuentemente recibo beneficios de estampillas para comida a los cuales no tengo derecho, es posible que tenga que reembolsar estos beneficios. Además, si yo intencionalmente no doy información o proporciono información falsa para poder recibir estampillas para comida, puede ser que se me descalifique del Programa de Estampillas para Comida: que sea multado, encarcelado, o ambas cosas.

He leído (o alguien me ha leído) lo mencionado arriba, y comprendo que tengo la responsabilidad de reportar toda la información tocante a cualquier cambio en las circunstancias que afecten mi elegibilidad para estampillas para comida inmediatamente. Si tengo cualquier duda acerca de si necesito reportar algún cambio, me comunicare con mi trabajador(a).

Firma	Condado donde se firmo	Fecha
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Certifico que he informado al solicitante/beneficiario de sus responsabilidades, las cuales se han descrito arriba, y de la posibilidad de castigos criminales si intencionalmente hace declaraciones falsas o no reporta información que afecta su elegibilidad para estampillas para comida.

Firma del Trabajador(a) de Elegibilidad	No. De teléfono	Fecha
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