



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



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

June 14, 2017

ALL COUNTY LETTER (ACL) NO. 17-53

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

SUBJECT: NEW CALFRESH NOTICES FOR ELDERLY AND/OR DISABLED HOUSEHOLDS WITH NO EARNED INCOME: CF 377.2B, CF 377.2C, AND CF 377.2D

REFERENCES: [ACL 17-34](#); [FOOD AND NUTRITION ACT OF 2008 SECTION\(f\),17\(b\) AND SECTION 11\(e\)\(3\)](#), [7CFR 273.2\(e\)](#), [7 CFR 273.2\(f\)](#); [7 CFR 273.10\(f\)\(4\)](#) ; [7 CFR 273.14\(b\)\(3\)](#); [7CFR 273.14\(b\)\(1\)](#); [MPP SECTIONS 63-300.3](#), [63-504.25](#), [63-504.251](#), [63-504.6](#)

The California Department of Social Services (CDSS) has developed three new notices for the CalFresh households with an elderly and/or disabled member, based on the United States Department of Agriculture, Food and Nutrition Service's recent approval of California's Elderly Simplified Application Project (ESAP). The ESAP is effective October 1, 2017. ESAP implementation details were issued via ACL 17-34 on April 25, 2017. This letter transmits copies of new CalFresh notices (CF 377.2B, CF 377.2C, and CF 377.2D) and provides guidance on their use.

New Notices of Expiration of Certification (NEC) Period

1. CF 377.2B

At the end of the 36-month period, County Welfare Departments (CWDs) will send the new CF 377.2B to ESAP eligible households. ESAP eligible households include only elderly and/or disabled members and have no earned income. The notice informs the household that:

- A recertification application is required.
- A recertification interview is not required.
- The household will report again at 12 and 24 months by completing a form.

2. CF 377.2C

At the end of the 36-month period, CWDs will send the new CF 377.2C to households that were determined to be eligible for ESAP at application or recertification, but are no longer eligible due to a change during the certification period. The notice informs the household that:

- A recertification application is required.
- A recertification interview is now required.
- The household will report again at 6, 12, and 18 months by completing a form.

New Notice of Action (NOA) for ESAP Status Change

1. CF 377.2D

During the 36-month certification period, CWDs will send the new CF 377.2D to households with only elderly and/or disabled members and no earned income if the household reports a change (e.g. income from a job) which leads the CWD to determine that the household is no longer eligible for ESAP. The CWDs will also convert the household to a non-ESAP household. At the time of conversion CWDs must send the CF 377.2D, informing the household of their new responsibilities and requirements. The CWDs must also document the ESAP status change in the case file.

Notices Implementation

The CWDs must begin using new notices effective October 1, 2017.

Additionally, two notices which were not previously mentioned, the CalFresh Notice of Expiration for Households in Which All Adults are Elderly or Disabled [CF 377.2A (12/13)] and Important Information for Households in Which All Adults are Elderly or Disabled with No Earned Income [CF 377.2A1 (4/14)], will become obsolete as of the release of this letter.

CAMERA-READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When all translations are completed per MPP Section [21-115.2](#), they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact CDSS 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 GEN 1365 may be obtained at <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>.

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 CWD's responsibility to provide interpreter services if an applicant or recipient requests them. More information regarding translations can be found in MPP Section [21-115](#).

This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.cdss.ca.gov/inforesources/Letters-and-Notices>

If you have any questions regarding this ACL, please contact the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FOR HOUSEHOLDS WITH ONLY ELDERLY AND/OR DISABLED MEMBERS

COUNTY OF _____

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

Notice Date: _____

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Number: _____

Telephone Number: _____

Address: _____

(ADDRESSEE)

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Need help or have 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

1. Your CalFresh Certification period will end on _____.
(MM/DD/CCYY)
2. Please fill out the application completely and return to the county by the first day of the last month of the certification period: _____.
(MM/DD/CCYY)
Late applications may cause a delay in benefits.
3. An interview is **not** required. You may call the county to ask for an interview if you want one. Interviews are done by phone unless you want an in-person interview. If you need help due to a disability; please tell the county right away.
4. If you ask for an interview, you will get a separate letter with interview appointment date and time.
5. If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
6. If you are reporting changes such as income and expenses, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period. Please tell the county if you need help getting this information.
7. Based on the information you turn in, the county may need to interview you.

IMPORTANT RULES

- You will report again in 12 and 24 months by completing a form you will get from the county.
- If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period.
 - You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
 - You ask for an interview and do not complete an interview within 10 days before the end of the certification period.
 - You are told an interview is required and do not complete an interview within 10 days of the end of the certification period.
- You have the right to get an application from the county and to have the county accept your application. The application must be signed and contain at least your name, address, and signature.
- You, or your authorized representative, have the right to file a CalFresh application by turning in the form to the county in person, by mail, by fax or by other transmission available in your county (e-mail or on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county.

Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them online at cdss.ca.gov or at your local county 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, 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 benefits 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 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
☐ 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 ☐ 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

CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FOR HOUSEHOLDS WITH ONLY ELDERLY AND/OR DISABLED MEMBERS

COUNTY OF _____

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

Notice Date: _____

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Number: _____

Telephone Number: _____

Address: _____

(ADDRESSEE)

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Need help or have 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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

SPECIAL NOTE

We told you that a recertification interview is not required. Based on the changes you have told county about, **you now need to complete** a recertification interview.

1. Your CalFresh Certification period will end on _____
(MM/DD/CCYY)
2. An interview is required. Interviews are done by phone unless you want an in-person interview. If you need help due to a disability, please tell the county right away.

NEXT STEPS

1. Please fill out the application completely and return to the county by the first day of the last month of the certification period: _____.
(MM/DD/CCYY)
Late applications may cause a delay in benefits.
2. You will get a separate letter with an interview appointment date and time. Call your worker right away if you do not get the appointment letter within 10 days of this notice.
3. If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
4. If you are reporting changes such as income and expenses, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period. Please tell the county if you need help getting this information.

IMPORTANT RULES

- You will report again in 6, 12, and 18 months by completing a form you will get from the county.
- If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period.
 - You are told an interview is required and you do not complete an interview within 10 days of the end of the certification period.
 - You do not turn in any proof of income, expenses, or other change information within 10 days of the date of the interview.
 - You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
- You have the right to get an application from the county and to have the county accept your application. The application must be signed and contain at least your name, address, and signature.
- You, or your authorized representative, have the right to file a CalFresh application by turning in the form to the county in person, by mail, by fax or by other transmission available in your county (e-mail or by on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county.

Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them online at cdss.ca.gov or at your local county office.

YOUR HEARING RIGHTS

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, 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 benefits 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 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
☐ 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.

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- 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

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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 ☐ 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

CALFRESH NOTICE OF STATUS CHANGE FOR HOUSEHOLDS WITH ONLY ELDERLY AND/OR DISABLED MEMBERS

COUNTY OF _____

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

Notice Date: _____

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Number: _____

Telephone Number: _____

Address: _____

(ADDRESSEE)

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If you have any questions or want more information about this action, please contact your worker.

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

STATUS CHANGE

- Based on a change you told the county about, you now need to complete a recertification interview at the end of your 36-month certification period.
- If this change was a change in earned income and/or household composition you will need to complete a form every 6 months instead of every 12 months.
- No action is needed at this time. You will get two notices. You will get a notice of expiration of certification. You will also get a notice with an interview appointment date and time. Once you get these notices, action will be required.

Rules: You may review them online at cdss.ca.gov or at your local county office.

YOUR HEARING RIGHTS

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, 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 benefits 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 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
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

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- 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.

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HEARING REQUEST

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- ☐ Cash Aid ☐ CalFresh ☐ 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

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CITY STATE ZIP CODE