

September 20, 2018

ALL COUNTY LETTER (ACL) 18-118

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

SUBJECT: CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FORM
(CF 377.2) REVISIONS

REFERENCES: [NOTICE OF EXPIRATION OF CERTIFICATION CF 377.2](#), [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 63-300.3](#), [MPP 63-504.25](#), [MPP 63-504.251](#), [MPP 63-504.5](#), [MPP 63-504.6](#), [MPP 63-504.61](#), [7 CODE OF FEDERAL REGULATIONS SECTION 273.12](#), [7 CFR 273.14](#); [7 CFR 273.2\(k\)\(1\)\(i\)](#)

The purpose of this letter is to inform County Welfare Departments (CWDs) of changes made to the Notice of Expiration of Certification (NEC) form (CF 377.2).

Background

The California Department of Social Services (CDSS) has updated the NEC form to comply with federal requirements as they apply to requisite language that must be included on the form. Further revisions to the form include removing language only relevant before Simplified Reporting was implemented in 2013, as well as additional revisions that will be covered within this letter.

Additionally, the NEC form was revised to update language regarding CalFresh eligibility for Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) recipients. Assembly Bill 1811 reverses the CalFresh eligibility policy known as cash-out, under which SSI/SSP recipients are ineligible for CalFresh. Effective June 1,

2019, or the alternate implementation date, individuals receiving SSI/SSP are eligible for CalFresh, provided all other eligibility criteria are met.

In addition to the attached copy, the updated NEC form can be found by visiting the [CalFresh Forms](#) page on the Department's website.

Implementation Timeline

Automation of the revised NEC form shall be completed by the Statewide Automated Welfare System by June 1, 2019, or the alternate implementation date of the reversal of cash-out. Please note that the revised NEC form cannot be used by CWDs before June 1, 2019, or the alternate implementation date due, to revised language regarding CalFresh eligibility for individuals receiving SSI/SSP.

NEC 377.2 Form Revisions by Section

- *Form Name*
 - The NEC form, which was previously named "CalFresh Notice of Expiration of Certification," has been renamed the "Notice of Expiration of Certification"
- *Numbered Section*
 - The language in what was previously number 3, "If you have a one-month or two-month certification period, contact your worker for when your application needs to be turned in," has been removed because it is no longer relevant under Simplified Reporting
 - What was previously number 4, is now number 3
 - What was previously number 5, is now number 4
- *"IMPORTANT RULES" Section*
 - The bullets under the IMPORTANT RULES section have been re-sequenced for clarity based on CWD feedback
 - The second bullet has been reworded for improved readability
 - The third bullet has been reworded for accuracy and to provide general language regarding delayed processing of an application for recertification
 - The fifth bullet has been revised to inform households about the right to apply for CalFresh benefits at an office of the Social Security Administration, per 7 CFR 273.2(k)(1)(i).

Camera Ready Copies and Translations

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

When all translations are completed per [MPP §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 the CDSS Language and 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 (<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. In addition, the CWDs shall ensure that individuals with disabilities are provided services such as auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where necessary. More information regarding translations can be found in [MPP §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>.

For CalFresh program questions, or inquiries related to the attached form, please contact the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

Original Document Signed By:

KIM JOHNSON
Deputy Director
Family Engagement and Empowerment Division

Attachment

NOTICE OF EXPIRATION OF CERTIFICATION

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)

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.

1. Your CalFresh Certification period will end on _____.
MM/DD/CCYY
2. If you want to keep getting your benefits without a break; you must file an application no later than the 15th day of the last month of the certification period. You must also complete an interview with the county, and turn in any proof of income, expenses, or other information before the end of your certification period listed above.
3. 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. Your appointment letter will tell you if you have a phone interview or if you have to come into the office for your interview.
4. If you do not keep the scheduled appointment, it is your responsibility to reschedule it.

IMPORTANT RULES

- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain at least a readable name, address, and signature or a witness to the mark.
- 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.
- If you do not turn in an application by the 15th day of the last month of the certification period, complete an interview, **and** turn in any proof of income, expenses, or other information within 10 days of the date of the interview, your case may be discontinued. If your case is discontinued, you will still have up to 30 days after the end of the certification period to complete the required steps, and depending on the cause of the delay, your benefits may be prorated.
- If you have a good reason for not recertifying on time, you should tell the county welfare department. If you have a good reason for the delay, you may get back lost benefits.
- If your household consists of only SSI members, you, or your authorized representative, have the right to apply for CalFresh at an office of the Social Security Administration.
- If you receive CalWORKs and you fail to complete your CalWORKs redetermination, you will not be eligible for Transitional CalFresh benefits.
- You will be given 10 days to turn in any requested information. Please tell your worker if you need help getting this information.

RULES: These rules apply: CalFresh MPP Section(s): 63-300.3, 63-504.25, 63-504.251, 63-504.5, 63-504.6, 63-504.61; Federal Regulation Title 7 CFR § 273.12. You may review them online or 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, 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