

August 9, 2018

ALL COUNTY LETTER NO.18-94

TO:

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

SUBJECT: NEW AND REVISED CALFRESH NOTICES OF ACTION AND
LETTERS FOR THE ABLE-BODIED ADULTS WITHOUT
DEPENDENTS TIME LIMIT

REFERENCES: [ADMINISTRATIVE NOTICE 17-15](#); [ALL COUNTY LETTER \(ACL\) 16-24](#); [18-08](#); [ALL COUNTY INFORMATION NOTICE \(ACIN\) 1-12-17](#);

The purpose of this All County Letter (ACL) is to transmit new and revised Notices of Action (NOAs) and letters to be used in the implementation of the Able-Bodied Adults Without Dependents (ABAWD) Time Limit. The current statewide waiver in California will expire August 31, 2018. As of September 1, 2018, County Welfare Departments (CWDs) must use the new and revised NOAs and letters upon implementation of the ABAWD time limit in each county. The new and revised NOAs and letters are described in the attachment.

Changes to required notices, other than adding the county name, logo, and contact information, must be approved by the California Department of Social Services (CDSS) prior to making the change.

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 the 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; a link to this form may be found 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 your County CalFresh Consultant or the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Family Engagement and Empowerment Division

Attachments

Attachments

CALFRESH NOTICES OF ACTION (NOAs) AND LETTERS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS

Form # Form Title, Description, Explanation of Changes, and Directions for Use

CF 377.11 CalFresh Time Limit Notice – Failure to Meet the Able-Bodied Adults Without Dependents (ABAWDs) Work Requirement

This notice replaces the DFA 377.11. The title of this notice has changed from “Food Stamp Notice of Discontinuance (Failure to meet the Able-Bodied Adults Without Dependents (ABAWDs) Work Rule)” to “CalFresh Time Limit Notice – Failure to Meet the Able-Bodied Adults Without Dependents (ABAWDs) Work Requirement”. The purpose and intent of this notice has not changed. The purpose of the CF 377.11 is to inform the client that they will be discontinued from receiving CalFresh after failing to satisfy the ABAWD work requirement for three full countable months during the 36-month period. This notice also provides instructions to the client on how they may continue to receive CalFresh benefits or regain CalFresh eligibility after discontinuance.

This notice must be sent no later than ten days prior to discontinuance.

CF 377.11A CalFresh Time Limit Notice – Expiration of Three Consecutive Months for Able-Bodied Adults Without Dependents (ABAWDs)

This notice replaces the DFA 377.11A. The title of this notice has changed from “Food Stamp Notice of Discontinuance (Three Consecutive Months for ABAWDs/Non-Assistance CFAP Recipients)” to “CalFresh Time Limit Notice – Expiration of Three Consecutive Months for Able-Bodied Adults Without Dependents (ABAWDs)”. The purpose and intent of this notice has not changed. The purpose of the CF 377.11A is to inform the client that they have been granted the additional three consecutive months of CalFresh benefits available to ABAWDs subject to the time limit. This notice also provides instructions to the client on

**Form # Form Title, Description, Explanation of Changes, and
Directions for Use**

how they may continue to receive CalFresh benefits or regain CalFresh eligibility.

This notice must be sent no later than ten days after the three consecutive months has been granted.

**CF 377.11B CalFresh Countable Month Letter – Use of Countable Month
for Able-Bodied Adults Without Dependents (ABAWDs)**

This is a new letter sent to ABAWDs subject to the time limit who are not satisfying the ABAWD work requirement. CWDs must send ABAWDs subject to the time limit, but not satisfying the work requirement, and accruing countable months, this letter for every month the CWD determines that the ABAWD has received a countable month of benefits, based on the most recent information available.

This letter informs the household they have received a countable month of benefits toward the ABAWD time limit. Additionally, the countable month letter will include information about how to report a change in circumstances, particularly if the ABAWD has started to satisfy the work requirement and has not informed the county, or is now meeting the criteria for an exemption.

The ABAWD Countable Month Letter must be sent for countable month one and two. The CF 377.11B is an informational letter and there is no required client action and no negative action associated with the letter.

This notice should be sent no later than the 5th day of every month during which the CWD, based on the most recent information available, assumes the ABAWD is not satisfying the work requirement and subsequently receives a countable month of CalFresh benefits.

**Form # Form Title, Description, Explanation of Changes, and
Directions for Use**

**CF 377.11C CalFresh Informational Notice – CalFresh Time Limit for
Able-Bodied Adults Without Dependents (ABAWDs)**

The CF 377.11C is a new informational notice that provides ABAWD households and potential ABAWD households with information regarding the ABAWD time limit, ABAWD time limit exemptions and changes to their reporting requirements. This informational notice highlights changes related to the ABAWD time limit. The informational notice does not explain all CalFresh reporting requirements or rules and does not replace any existing notices.

The CWD must send the informational notice to all existing CalFresh households with individuals determined to be an ABAWD based on information available to the CWD in the existing case record at least six months in advance of the CWD implementing the ABAWD time limit. The informational notice must also be given to all applicant households that apply during the 6-month time period prior to implementation and that includes individuals determined to be an ABAWD based on information provided to the CWD on the application.

The CF 377.11C is an informational notice and there is no required client action and no negative action associated with the notice.

**CALFRESH TIME LIMIT NOTICE
FAILURE TO MEET THE ABLE-BODIED ADULTS
WITHOUT DEPENDENTS (ABAWDs) WORK
REQUIREMENT**

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

Starting _____, CalFresh will be stopped for _____.
The amount of your household's CalFresh will be changed from _____ to _____.

The county is taking this action because _____ got CalFresh for _____, _____ and _____ without meeting the ABAWD work requirement which is described below.

You will be required to work, be excused from the work requirement or have a good reason for not meeting the work requirement in order to get CalFresh for more than three months within the 36-month period.

HOW TO KEEP GETTING CALFRESH

You can continue getting CalFresh if you:

- Meet the work requirement by showing proof that for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age 49;
 - Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
 - Applying for or getting disability benefits (including veterans disability benefits);
 - Applying for or getting unemployment insurance benefits (UIB);
 - Chronically homeless;
 - Struggling with drugs or alcohol;
 - A victim of domestic violence;

- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home); or
- Meeting or excused from the CalWORKs Welfare-to-Work rules.

If you think you met the work requirement, may be excused from the work requirement or have a good reason for not meeting the work requirement, contact your county as soon as possible.

IF YOU LOSE CALFRESH, YOU MAY REAPPLY

- If you meet the work requirement during a period of 30 days in a row.
- At any time if you become excused from the work requirement.
- If you move to an area where the time limit is waived.
- On or after January 1, 2020 when the 36-month period restarts.

36-MONTH PERIOD

During a 36-month period you can only get CalFresh for three months unless you meet the ABAWD work requirement or are excused from the work requirement. If you start meeting the work requirement and need to stop, you can get CalFresh for another three months without meeting the work requirement if you meet certain conditions. Call the county at that time and explain your situation.

MANDATORY REPORTS

You are required to contact the county when you have either:

- Received gross monthly income over the Income Reporting Threshold (IRT); or
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month.

RULES: These rules apply. You may review them at your county office. MPP Section ☐ 63-410

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 TIME LIMIT NOTICE
EXPIRATION OF THREE CONSECUTIVE
MONTHS FOR ABLE-BODIED ADULTS WITHOUT
DEPENDENTS (ABAWDs)**

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

Starting _____, _____ will get CalFresh for _____, _____ and _____.

Starting _____, CalFresh will be stopped for _____.

You will be required to work, be excused from the work requirement or have a good reason for not meeting the work requirement in order to get CalFresh for more than three months within the 36-month period.

REASONS YOU ARE GETTING CALFRESH ONLY FOR THREE MONTHS IN A ROW

- Your CalFresh was stopped once before because you did not meet the work requirement for three months; and
- You were not excused from the work requirement or you did not provide a good reason for not meeting the work requirement.

HOW TO KEEP GETTING CALFRESH

- When the three months stops, you can keep CalFresh if you meet the work requirement. You can meet the work requirement by showing proof that for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age 49;
 - Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
 - Applying for or getting disability benefits (including veterans disability benefits);

- Applying for or getting unemployment insurance benefits (UIB);
- Chronically homeless;
- Struggling with drugs or alcohol;
- A victim of domestic violence;
- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home); or
- Meeting or excused from the CalWORKs Welfare-to-Work rules.

If you think you meet the work requirement, may be excused from the work requirement or have a good reason for not meeting the work requirement, contact your county as soon as possible.

IF YOU LOSE CALFRESH, YOU MAY REAPPLY

- If you meet the work requirement during a period of 30 days in a row.
- At any time if you become excused from the work requirement.
- If you move to an area where the time limit is waived.
- On or after January 1, 2020 when the 36-month period restarts.

36-MONTH PERIOD

During a 36-month period you can only get CalFresh for three months unless you meet the ABAWD work requirement or are excused from the work requirement. Call the county at that time and explain your situation.

MANDATORY REPORTS

You are required to contact the county when you have either:

- Received gross monthly income over the Income Reporting Threshold (IRT); or
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month.

RULES: These rules apply. You may review them at your county office. MPP Section ☐ 63-410

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 COUNTABLE MONTH LETTER
USE OF COUNTABLE MONTH FOR ABLE-BODIED
ADULTS WITHOUT DEPENDENTS (ABAWDs)**

State of California
Health and Human Services Agency
California Department of Social Services

COUNTY OF _____

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____

Questions? Ask your worker.

_____ has been identified as
an Able-Bodied Adult Without Dependents (ABAWD).

You are receiving this notice to inform your household that you have received a countable month of benefits. Based on the most recent information available, you have used your **(FIRST / SECOND)** full countable month of your eligible three full months of CalFresh within the current 36-month period. After receiving your third countable month, your CalFresh will be discontinued unless you begin meeting the work requirement or become excused from the work requirement.

Please review the information below. If you need help meeting the work requirement or you meet any of the excuses listed below, contact your county right away.

HOW TO KEEP GETTING CALFRESH

- You can keep CalFresh, and avoid using a countable month, if you meet the work requirement. You can meet the work requirement by showing proof that for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age 49;

- Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
- Applying for or getting disability benefits (including veteran's disability benefits);
- Applying for or getting unemployment insurance benefits (UIB);
- Chronically homeless;
- Struggling with drugs or alcohol;
- A victim of domestic violence;
- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home); or
- Meeting or excused from the CalWORKs Welfare-to-Work rules.

MANDATORY REPORTS

You are required to contact the county when you have either:

- Received gross monthly income over the Income Reporting Threshold (IRT); or
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month.

HOW TO REPORT A CHANGE IN CIRCUMSTANCES

Please contact the county if you or anyone in your household is meeting the work requirement, needs help meeting the work requirement, if anyone meets any of the excuses listed above, or if you have any questions about this letter.

CALFRESH INFORMATIONAL NOTICE
CALFRESH TIME LIMIT FOR ABLE-BODIED
ADULTS WITHOUT DEPENDENTS (ABAWDs)

State of California
Health and Human Services Agency
California Department of Social Services

COUNTY OF _____

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____

Questions? Ask your worker.

Coming Soon September 1, 2018!

CalFresh Time Limit for Able-Bodied Adults Without Dependents (ABAWDs) Starts
September 1, 2018.

This notice is being sent to inform you of a federal change to the CalFresh Program. **Effective September 1, 2018**, CalFresh recipients who are Able-Bodied Adults Without Dependents (ABAWDs) living in _____ will need to work or be excused from working in order to get
County(s)

CalFresh for more than three full countable months within a 36-month period. You are receiving this notice because _____ has been identified as an ABAWD. Keep reading to
Name
learn more.

Who is an ABAWD?

An ABAWD is an individual who is an able-bodied adult without dependent children. If you are an ABAWD and are not working or excused from work, you can only receive CalFresh for three months from September 1, 2018 to December 31, 2019.

Who is excused from meeting the ABAWD work requirement?

An individual who is an ABAWD may be excused from meeting the work requirement if he/she is:

- Under age 18 or over age 49;
- Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
- Applying for or getting disability benefits (including veterans disability benefits);
- Applying for or getting unemployment insurance benefits (UIB);
- Chronically homeless;
- Struggling with drugs or alcohol;
- A victim of domestic violence;

- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home); or
- Meeting or excused from the CalWORKs Welfare-to-Work rules.

How can I keep my CalFresh if I am an ABAWD and I am not excused from the work requirement?

You can get CalFresh for more than three months between September 1, 2018 and December 31, 2019 if you:

- Show proof that for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.

When am I required to contact the county?

You are required to contact the county when you have either:

- Received gross monthly income over the Income Reporting Threshold (IRT); or
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month.

Need help or have questions?

Please contact the county if you or anyone in your household needs help meeting the work requirement, if anyone meets any of the excuses listed above, or if you have any questions about this letter.