

April 10, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 19-15E**

The purpose of this erratum is to issue a revised version of the benefit tables for the Supplemental Nutrition Benefit Program and the Transitional Nutrition Benefit Program.



PAT LEARY  
ACTING DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

April 10, 2019

**ERRATUM**

ALL COUNTY LETTER (ACL) NO. 19-15E

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

SUBJECT: REVISED BENEFIT TABLES FOR THE SUPPLEMENTAL  
NUTRITION BENEFIT PROGRAM AND THE TRANSITIONAL  
NUTRITION BENEFIT PROGRAM

REFERENCE: [ASSEMBLY BILL \(AB\) 1811 \(CHAPTER 35, STATUTES OF 2018\);](#)  
[WELFARE AND INSTITUTIONS CODE \(WIC\) § 12200.01\(b\);](#)  
[§ 18900.5-7; ACL 18-90; ACL 18-91; ACL 18-92; ACL 18-107; ACL](#)  
[18-108; ACL 18-131; AND ACL 19-12.](#)

The purpose of this erratum to All County Letter (ACL) 19-15 is to issue a revised version of the benefit tables for the Supplemental Nutrition Benefit (SNB) Program and the Transitional Nutrition Benefit (TNB) Program.

The following erratum provides the revised version of the benefits tables with new values in **bold**. The changes are as follows:

**Supplemental Nutrition Benefit (SNB) Program Table**

New Household Size	(Previously Excluded SSI Recipients) 1	(Previously Excluded SSI Recipients) 2	(Previously Excluded SSI Recipients) 3+
<b>1</b>	<b>\$70</b>		
2	\$70	<b>\$135</b>	
3	\$96	\$135	<b>\$191</b>
4	\$116	\$172	\$191
5	\$130	\$205	\$265
6	\$144	\$234	\$306
7	\$147	\$259	\$343
8	\$144	\$280	\$376
9	\$135	\$297	\$405
10	\$120	\$300	\$430
11	\$110	\$308	\$451
12+	\$84	\$312	\$468

**Transitional Nutrition Benefit (TNB) Table**

New Household Size	(Previously Excluded SSI Recipients) 1	(Previously Excluded SSI Recipients) 2	(Previously Excluded SSI Recipients) 3+
<b>1</b>	<b>\$115</b>		
2	\$115	<b>\$192</b>	
3	\$123	\$192	<b>\$192</b>
4	\$136	\$258	\$192
5	\$146	\$282	\$352
6	\$162	\$287	\$395
7	\$179	\$292	\$438
8	\$179	\$309	\$439
9	\$179	\$309	\$440
10	\$179	\$309	\$440
11	\$179	\$309	\$440
12+	\$179	\$309	\$440

**Reason for Revision**

If on a continuing CalFresh household's effective date the previously excluded Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) recipient member, who holds the case number (i.e. is the primary applicant), becomes the only household member (i.e. all the previously included members are reported to have left the household at the same time) and no additional members are added, it is possible to have an SNB Program or TNB Program household of one. Therefore, several new benefits cells and corresponding benefit amounts have been added to the tables to accommodate this rare scenario. All rules regarding SNB Program and TNB Program eligibility continue to apply in these cases.

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

Sincerely,

***Original Document Signed By:***

KIM JOHNSON  
Deputy Director  
Family Engagement and Empowerment Division