

May 20, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 19-49

This All County Letter provides County Welfare Departments (CWDs) with updated form revisions due to the Expansion of CalFresh to Supplemental Security Income Recipients. In addition to providing the forms in a regular font sized version that is digitally accessible, each form is also being issued in a large print and digitally accessible version. The California Department of Social Services is able to provide a braille version of each form to the CWDs, upon request, to assist the CWDs in their responsibilities to provide reasonable accommodations to blind and visually impaired or otherwise disabled applicants and recipients in compliance with Title II of the Americans with Disabilities Act ([42 USC § 12131, et seq.](#)) and other applicable federal and state laws.



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



GAVIN NEWSOM
GOVERNOR

May 20, 2019

ALL COUNTY LETTER (ACL) NO. 19-49

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

SUBJECT: CALFRESH FORMS AND NOTICES UPDATES DUE TO
EXPANSION OF CALFRESH TO SUPPLEMENTAL SECURITY
INCOME RECIPIENTS

REFERENCE: [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTIONS 18900.5 TO .7 and 11051; ACL No.18-90; ACL No. 18-91; ACL No. 18-92; and ACL No. 19-13; TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990 \(ADA\), at 42 UNITED STATES CODE \(USC\) § 12131 et seq. AND IMPLEMENTING REGULATIONS AT 28 CODE OF FEDERAL REGULATIONS \(CFR\) § 35.101 et seq.; MANUAL OF POLICIES AND PROCEDURES \(MPP\) § 21-115.](#)

The Expansion of CalFresh to Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) Recipients (the Expansion) will take place on June 1, 2019. The California Department of Social Services (CDSS) is issuing CalFresh forms and notices that have been revised due to the Expansion via a series of ACLs. This is the first ACL in the series and serves to disseminate five (5) revised forms and notices (links below), including:

- [CF 285: Application for CalFresh Benefits](#)
- [CF 377.1: Notice of Approval for CalFresh Benefits](#)
- [CW 2200: Request for Verification](#)
- [SAR 2: Reporting Changes for Cash Aid and CalFresh](#)

Each of the above listed forms and notices is being issued in a regular font sized version that is digitally accessible, as well as a large print (20-point font) version that is also digitally accessible. CWDs may also request braille versions of these forms and notices from CDSS on behalf of any client who requests braille by submitting the [Gen 727B County Forms Order](#). The form may be submitted electronically to CDSS or in one of the following methods:

- Fax: 916-263-4233
- Mail: CDSS Warehouse
4291 Pell Drive Unit B
Sacramento, CA 95838

The DFA 285-D: *CalFresh Budget Worksheet – Special Medical/Shelter Deductions* (now the CF 33) used by CWD staff has also been revised to reflect the Supplemental Nutrition Benefit (SNB) Program and Transitional Nutrition Benefit (TNB) Program allotment types and to include references to updated form numbers.

Changes by Form/Notice (Links Included)

CF 285

Application for CalFresh Benefits

- Page 1 of application: As now required by [WIC section 11051](#) and, as stated in [ACL No. 19-13](#), the initial application must include questions regarding the need for reasonable accommodations and if there is a history of domestic abuse/violence.
 - The first three 'yes/no' questions have been updated and are optional questions.
- Number 12 of application: "NOTE: Do not list spouses or children receiving dependent payments for an SSI or disability and blindness recipient" has been removed.
- The application is digitally accessible, meaning those with screen readers are able to access the document.
- The application is available in large print font.
- The application is available in braille upon request to CDSS.
- [CF 285 \(6/19\) – Application for CalFresh Benefits](#)
- [CF 285LP \(6/19\) – Application for CalFresh Benefits](#) (20pt font)

CF 377.1

Notice of Approval for CalFresh Benefits

- No changes made to notice content.
- The notice is digitally accessible.
- The notice is available in large print.
- The notice is available in braille upon request to CDSS.
- [CF 377.1 \(6/19\) – Notice of Approval for CalFresh Benefits](#)

- [CF 377.1LP \(6/19\) – Notice of Approval for CalFresh Benefits](#) (20pt font)

CW 2200

Request for Verification

- No changes made to form content.
- The form is digitally accessible.
- The form is available in large print.
- The form is available in braille upon request to CDSS.
- [CW 2200 \(6/19\) – Request for Verification](#)
- [CW 2200LP \(6/19\) – Request for Verification](#) (20pt font)

SAR 2

Reporting Changes for Cash Aid and CalFresh

- No changes made to form content.
- The form is digitally accessible.
- The form is available in large print.
- The form is available in braille upon request to CDSS.
- [SAR 2 \(6/19\) – Reporting Changes for Cash Aid and CalFresh](#)
- [SAR 2LP \(6/19\) – Reporting Changes for Cash Aid and CalFresh](#) (20pt font)

CF 33 CalFresh Budget Worksheet-Special Medical/Shelter Deduction

- The worksheet has been renamed from DFA 285-D to CF 33.
- Under “Part 3 – Benefits”, the allotment box has been revised to reflect the CalFresh, SNB Program, and TNB Program benefit allotments.
- The worksheet is digitally accessible.
- [CF 33 \(6/19\) – CalFresh Budget Worksheet – Special Medical/Shelter Deductions](#)

County Responsibilities

The revised forms and notices are available on the CDSS website and CWDs must begin using these forms as of June 1, 2019. As necessary, revised forms and notices will be automated as soon as administratively feasible.

Counties are reminded that they must provide individuals with disabilities, as defined under the ADA, with auxiliary aids and services whenever necessary to communicate effectively. ([28 CFR § 35.160\(b\)\(1\)](#).) If an individual with a disability requests a particular auxiliary aid or service, the county must give primary consideration to that request. ([28 CFR § 35.160\(b\)\(2\)](#).) CWDs are also responsible for documenting in the case file whether the applicant or recipient has disclosed a disability, their format preferences, and the alternative format(s) provided.

This ACL does not limit counties' obligations to provide these or any other forms in these or other alternative formats or to provide other auxiliary aids. Likewise, this ACL does not limit counties' obligations to provide any other reasonable accommodations to individuals who are Blind and Visually Impaired or who have other physical or mental disabilities.

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.

The CWDs must 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 must be provided, free of charge, to the applicant/recipient. If 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. Additionally, the CWDs must 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