

September 19, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 19-95

This letter informs County Welfare Departments (CWDs) of revisions made to two CalFresh disaster response notices: the *Replacement Affidavit/Authorization* (CF 303) and the *Notice of Approval/Denial for Disaster CalFresh* (CF 390). Additionally, this letter provides an overview of the methodology CWDs may use to determine the amount of a replacement benefit.



KIM JOHNSON
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

September 19, 2019

ALL COUNTY LETTER (ACL) NO. 19-95

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

SUBJECT: CALFRESH: UPDATED DISASTER RESPONSE NOTICES AND
REPLACEMENT BENEFIT METHODOLOGY

REFERENCES: [TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\) 274.6](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 16-515](#); [MPP SECTION 16-517](#); [ACL NO. 18-125](#); [NA BACK 9](#); [UNITED STATES DEPARTMENT OF AGRICULTURE, FOOD AND NUTRITION SERVICE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM \(D-SNAP\) SNAP GUIDANCE](#); [FOODS TYPICALLY PURCHASED BY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM \(SNAP\) HOUSEHOLDS](#);

This letter informs County Welfare Departments (CWDs) of revisions made to two CalFresh disaster response notices: the *Replacement Affidavit/Authorization* (CF 303) and the *Notice of Approval/Denial for Disaster CalFresh* (CF 390). Additionally, this letter provides an overview of the methodology CWDs may use to determine the amount of a replacement benefit.

Background

The California Department of Social Services (CDSS) published the [CalFresh Emergency Response Handbook](#) which was released via [ACL No. 18-125](#). The Handbook provides information and policy guidance needed to successfully plan for and implement Disaster CalFresh (D-CalFresh) when a Presidential Declaration of Disaster with Individual Assistance (IA) has been granted. The Handbook also provides guidance on additional CalFresh emergency response options that are available when a disaster strikes, but D-CalFresh is not operational because there has not been, or will not be, a Presidential Declaration of Disaster with IA. The Handbook is part of a broader effort undertaken by

CDSS and CWDs to better prepare for and incorporate CalFresh into emergency response plans.

As a result of the work mentioned above, including lessons learned from past D-CalFresh operations, CDSS has revised the CF 303 and the CF 390 to better equip CWDs with the necessary notices to use during approved D-CalFresh application periods.

As previously mentioned, this letter also provides a methodology that CWDs may use when determining the amount of a replacement benefit. The purpose of the recommended methodology is to ensure that replacement benefit amounts are determined consistently throughout the state.

CF 303 Form Revisions by Section

- INSTRUCTIONS
 - Revised the language under Instructions for clarity
- CURRENT HOUSEHOLD INFORMATION
 - Added a section near the top of the form where households can provide a name, mailing address, and phone number(s)
- ELECTRONIC BENEFITS TRANSFER (EBT)
 - Removed the home address field because it already exists in the Current Household Information section
- DISASTER SUPPLEMENT
 - Added a section where households can request disaster supplements during approved D-CalFresh application period
- COUNTY USE ONLY
 - Included check boxes for CWDs to utilize when:
 - Notating a benefit replacement issuance date
 - Notating a disaster supplement issuance date
 - Notating a disaster supplement issuance amount

CF 303 Utilization

CalFresh Replacement Benefits

A number of circumstances may cause a household to experience food loss, be it a disaster or a general household misfortune. When food loss occurs, a household can request the replacement of benefits used to purchase the food that was lost.

A household has ten days from the date their food was destroyed to report the loss. If the signed CF 303 is not received by the CWD within ten days of the date the food was destroyed, no replacement benefits will be issued. However, if the tenth day falls on a weekend or holiday, and the CF 303 is received the business day after the weekend or holiday, the CWD will consider the CF 303 received in a timely manner.

Prior to issuing replacement benefits, the CWD must verify the household's misfortune. [Per 7 CFR 274.6\(a\)\(6\)\(ii\)](#), the CWD can attempt to verify using a variety of methods. Verification methods include, but not limited to, using a collateral contact, obtaining documentation from a community agency, such as the Red Cross, a utility company, or the fire department, or possibly conducting a home visit, if applicable.

Please note, during a disaster response, it is possible that an entire county or specific ZIP codes within a county will be approved for a Timely Household Reporting of Food Loss waiver. This waiver extends the amount of time in which households have to report food loss, allowing up to 30 days from the date of the disaster to report, instead of the normal ten days.

After a household contacts the CWD to report the food loss and request replacement benefits, the CWD must provide the CF 303 as soon as possible. Households may be provided the CF 303 in person, or by mail if it is requested by phone and an electronic version is not available to the household. The household then has ten days from the date they reported the loss to return the signed form. The signed form may be returned to the county in person, by mail, by fax, or through the household's online benefits portal. The form may be signed over the phone if electronic signature is available. Once a CWD is in possession of a complete and signed CF 303, the CWD has two business days to approve and issue replacement benefits. If the signed form is not received by the CWD within ten days from the date of the reported food loss, no replacement benefits will be issued.

In cases where available documentation indicates that a household's request for replacement benefits appears to be questionable or fraudulent, the CWD may delay or deny the issuance of replacement benefits; a delay may last for up to seven additional days. The CWD must ensure that all approvals and denials of requests for replacement benefits are properly documented in case files per 7 CFR 274.6(a)(7).

Households must be informed of their right to a fair hearing via the NA Back 9, which must be provided with the CF 303. The household can contest the following:

1. A denial of replacement benefits
2. The amount of replacement benefits that were issued
3. A delay in issuance

Until automation of the new CF 303 is completed by the consortium, CWDs will need to manually print copies of the new CF 303, which includes the NA Back 9, to give to households each time the CF 303 is utilized to deny or approve replacement benefits.

Determining the Benefit Replacement Amount

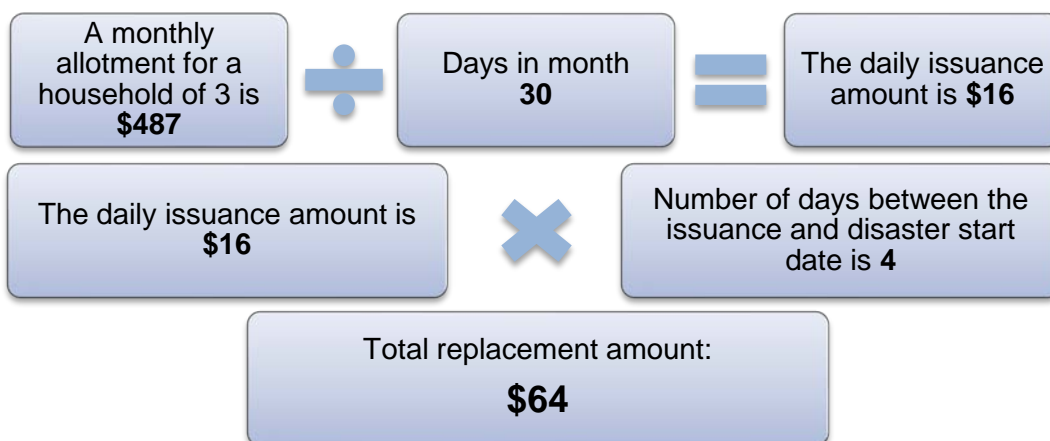
The CWDs must determine on a case by case basis whether the circumstances of the disaster or household misfortune warrant a full or partial replacement of benefits. When determining the amount of the benefit replacement, CWDs should consult with the household to collect as much information as possible about the circumstances of the disaster or household misfortune that caused the food loss, including the date of the disaster or household misfortune.

Please note, per [7 CFR 274.6\(a\)\(3\)\(iii\)](#), benefit replacements must reflect the amount of the actual loss to the household, **but only up to a maximum of one month's allotment**, unless the issuance includes restored benefits which must be replaced up to their full value.

Federal SNAP regulations do not specify how a benefit replacement amount must be calculated. A recommended method to determine the amount of benefit replacement takes into consideration both the household's daily issuance amount and the date of the disaster or household misfortune. The recommended method is especially useful when determining the benefit replacement due to power outages.

In using this method to determine the daily issuance amount, divide the household's monthly allotment by the number of days in the month. Then, multiply the daily issuance amount by the number of days between the household's issuance date and the disaster or household misfortune start date.

Figure A. Determining the Benefit Replacement Amount
(Benefit replacement requested on April 13; household's issuance date was April 9)



Benefit Replacement due to Power Outages

When using the recommended method to calculate a benefit replacement due to a power outage, multiply the final calculated amount by 70 percent to arrive at the final benefit replacement amount. This is because, in 2016, the United States Department of Agriculture, Food and Nutrition Service published the [Foods Typically Purchased by Supplemental Nutrition Assistance Program \(SNAP\) Households](#) report. The study analyzes food-purchase data collected at point-of-sale. Among other findings, the report shows that SNAP households on average spend 70 percent of their monthly allotments on perishable foods. The remaining 30 percent of the monthly allotment is spent on non-perishable food items that would not be lost due to a power outage, and therefore, would not need to be replaced.

Using Figure A. as an example of how to determine the benefit replacement amount due to a power outage, multiply the final calculated amount, \$64, by 70% and arrive at a final benefit replacement amount of \$45. ($64 \times 70\% = \44.80)

Benefit Replacement due to Structure Loss or Irreparable Damages

If a household has suffered structure loss or irreparable damages, CWDs can use the recommended method to determine the appropriate benefit replacement amount, without having to consider the impact of a power outage.

Using Figure A. as an example of how to determine the benefit replacement amount due to structure loss or irreparable damages, the recommended final benefit replacement amount is \$64.

Individual Disaster Supplements

Disaster supplements are only issued during approved D-CalFresh application periods for an area that has received a Presidential Declaration of Disaster with IA. Like the name suggests, individual supplements are issued based on a request made by an individual, ongoing household already approved for normal CalFresh benefits. As the income status of all ongoing households is already known and verified, the CWD is not required to have ongoing households complete a separate D-CalFresh application or complete a D-CalFresh interview to receive an individual disaster supplement.

To request an individual disaster supplement, ongoing households must submit a CF 303, in person or by telephone, during the D-CalFresh application period. The affidavit includes an attestation that the household has lost income or incurred disaster related expenses. This information is sufficient to determine an ongoing household's eligibility for an individual disaster supplement.

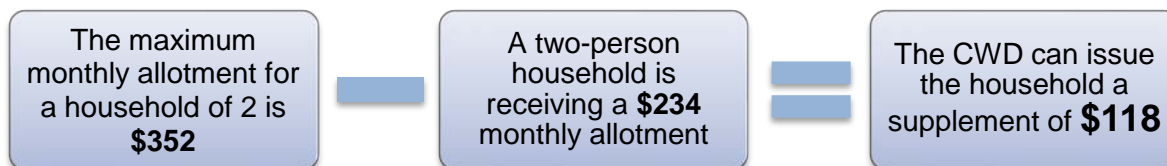
While not required, if an ongoing household inadvertently submits a D-CalFresh application in place of a CF 303, the CWD must use the D-CalFresh application to issue the disaster supplement. In this scenario, the CWD should not require that the household also complete a CF 303.

Once CWDs deem households eligible to receive a disaster supplement, they must issue the benefit within three days, or no more than seven days if the CWD needs to delay the issuance due to a request that is deemed questionable. In most instances, the CWD will be able to issue the benefit the same day.

Additionally, eligible households may receive a disaster supplement *automatically* via a mass issuance. When disaster supplements are issued automatically, no CF 303 is required. As with individual supplements, automatic disaster supplements may only be issued during approved D-CalFresh application periods. For more information on automatic disaster supplements, please reference the [CalFresh Emergency Response Handbook](#).

Determining the Disaster Supplement Amount

Figure B. Determining the Disaster Supplement Amount



Using Figure B. as an example of how to determine the disaster supplement amount, subtract the household's normal monthly issuance (if they are not already at the maximum allotment) from the maximum allotment for their household size. The difference between the two amounts is the final disaster supplement amount.
(\$352 - \$234 = \$118)

EBT Card Replacement

Revisions made to the CF 303 do not impact its use as it relates to the handling of EBT cards. The CWDs will continue to utilize the CF 303 to manage their client's EBT card needs, consistent with regulations found at [MPP section 16-515](#) and [MPP section 16-517](#).

CF 390 Form Revisions

The CF 390 is a required form that CWDs use to notify households of their approval or denial for D-CalFresh benefits. It also includes a table that displays how the D-CalFresh benefit amount was determined.

The revisions made to the CF 390 do not change its utilization. Other than minor formatting changes, there were two important revisions made to the notice:

1. Changed the form number from DFA 390 to CF 390
2. In the paragraph above the benefits table, DFA 385 was changed to CF 385, which is the D-CalFresh application

Implementation Timeline

The revised CF 303 and CF 390 are posted on the [CDSS website](#) and available upon release of this ACL. Automation of the form should be completed by the consortia within six to nine months 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 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 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 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 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>.

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

Sincerely,

Original Document Signed By:

ALICIA SUTTON
Acting Deputy Director
Family Engagement and Empowerment Division

Attachments

REPLACEMENT OR DISASTER SUPPLEMENT AFFIDAVIT (CF 303)

Instructions: Check the box(es) that apply to your household, then sign and return this form.
Note, this form must be submitted within 10 days of your reported food-loss or your household may not be eligible to receive replacement benefits.

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.

CURRENT HOUSEHOLD INFORMATION

Name: _____

Address: _____

Phone: _____

DISASTER SUPPLEMENT

- ☐ My household resides in a federally declared disaster area with individual assistance and I have experienced one or more adverse effects as a result of the disaster.

I declare that my statement is true and correct to the best of my knowledge. I also understand that if I give wrong or incomplete facts I may be disqualified from the CalFresh Program, fined, imprisoned, or all three.

HOUSEHOLD AFFIDAVIT

I, _____,
declare that the household:

ELECTRONIC BENEFITS TRANSFER (EBT)

- ☐ EBT card was not received in the mail at the address below and the benefits have been transacted by an unauthorized person:

Mailing Address (Number, Street, P.O. Box) _____

City _____ State _____ Zip _____

- ☐ EBT card was reported lost/stolen to the county or to EBT hotline and the county, or the EBT hotline failed to cancel the EBT card and the benefits have been transacted by an unauthorized person.
Reported on _____ at _____
Date Time

REPLACEMENT

- ☐ Food destroyed in household misfortune or disaster. What happened and when:



Signature Of Responsible Household Member Or Representative _____ Date _____

COUNTY USE ONLY

Case Name: _____

Case Number: _____

Worker: _____

Date CF 303 Received: _____

REPLACEMENT/DISASTER SUPPLEMENT

- ☐ APPROVED - EBT Replacement Date _____
☐ APPROVED - Benefit Replacement Date _____
Benefit Replacement Amount \$ _____
☐ APPROVED - Disaster Supplement Date _____
Disaster Supplement Amount \$ _____
☐ DENIED - Reason for Denial (Explain)

Signature (Person Authorizing Or Denying Request) _____ Date _____

Rules: These rules may apply and you may review at your welfare office MPP 16-515 and 16-517.

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		Date of Birth	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

NOTICE OF APPROVAL/DENIAL FOR DISASTER CALFRESH

COUNTY OF _____

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.

- ☐ **Your application for Disaster CalFresh benefits has been approved.** Your certification covers the disaster benefit period from _____ through _____. Your one time Disaster CalFresh benefit allotment for a household of _____ is _____.
- ☐ **Your application for Disaster CalFresh benefits has been denied because of the following:**
- ☐ You failed to appear for the Disaster CalFresh interview.
 - ☐ You did not live or work in the disaster area at the time of the disaster.
 - ☐ Your income and resources exceed the income and resource limits for the Disaster CalFresh Program.
 - ☐ You did not experience an adverse effect due to the disaster.
 - ☐ Other _____.

The table below shows how we calculated the Disaster CalFresh benefit amount for your household. We used the information you gave us on the Application for Disaster CalFresh (CF 385) to determine your household's Disaster CalFresh benefit amount.

Disaster CalFresh Benefit Calculation:		
a. Anticipated Income	\$ _____	
b. Accessible Cash Resources	(+)	
c. Total disaster period income = (a+b)	(=)	
d. Total allowable disaster related expenses	(-)	
e. Accessible disaster period income = (c-d)	(=)	
f. Maximum Disaster Income Limit for Household size (use information from Disaster Table)	_____	Household size: _____
If (e) is equal to or less than (f), the household is eligible.		

Rules These rules apply: MPP 63-900, you may review these regulations at your 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.

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