

March 3, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-19

The purpose of this All County Letter (ACL) is to transmit new and revised forms and notices to implement the CalFresh time limit for Able-Bodied Adults Without Dependents (ABAWD). The new and revised forms and notices include an informing notice, a discretionary exemption notice, and a time limit exemption screening form.



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

March 3, 2020

ALL COUNTY LETTER (ACL) NO. 20-19

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

SUBJECT: CALFRESH FORMS AND NOTICES FOR THE ABLE-BODIED
ADULTS WITHOUT DEPENDENTS (ABAWD) TIME LIMIT

REFERENCE: [TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\) 273.24](#); [7 CFR 273.7](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 63-410](#); [MPP 63-407](#); [ALL COUNTY LETTER \(ACL\) 19-93](#), [ACL 18-94](#)

The purpose of this All County Letter (ACL) is to transmit new and revised forms and notices to implement the CalFresh time limit for Able-Bodied Adults Without Dependents (ABAWDs). The new and revised notices and forms include:

- *CalFresh Time Limit for Able-Bodied Adults Without Dependents Informing Notice* (CF 377.11C);
- *CalFresh Discretionary Exemption for Able-Bodied Adults Without Dependents Notice* (CF 377.11D); and
- *CalFresh Able-Bodied Adult Without Dependents Time Limit Exemption Screening Form* (CF 377.11E)

Instructions

Instructions for each of the forms and notices is provided below:

Form Name	Form Explanation and Instructions
CF 377.11C	<p>CalFresh Time Limit for Able-Bodied Adults Without Dependent (ABAWDs) Informing Notice</p> <p>The CF 377.11C is a <u>revised</u> informing notice that provides households that include at least one member determined to be a potential ABAWD with information regarding the time limit, exemptions from the time limit, and reporting requirements specific to the time limit. This informing notice highlights changes related to CalFresh eligibility rules as a result of the time limit. The informing notice does not explain all general CalFresh rules and reporting requirements and does not replace any existing notices.</p> <p><i>Instructions for use of the CF 377.11C:</i></p> <p>The CWD must send the CF 377.11C informing notice to all ongoing CalFresh households when aware that they include at least one member determined to be a potential ABAWD, six months prior to implementation of the time limit in the county. In all cases, counties must ensure the CF 377.11C is sent at least 30 days prior to implementation of the time limit in the county. Beginning six months prior to implementation, the CWD must give the CF 377.11C to all applicant households that include at least one member determined to be a potential ABAWD.</p> <p>There is no required client action and no negative action associated with the notice.</p> <p>The CF 377.11C is a required informing notice with substitutes permitted with prior approval.</p>
CF 377.11D	<p>CalFresh Discretionary Exemption for Able-Bodied Adults Without Dependents (ABAWDs) Notice</p> <p>The CF 377.11D is a <u>new</u> notice that informs ABAWDs subject to the time limit that they have been granted a discretionary exemption, formerly known as percentage or 15 percent exemptions. The CWD must send the CF 377.11D to the individual ABAWD subject to the time limit when the individual is granted a discretionary exemption. If a household includes more than one individual ABAWD subject to the time limit, separate notices should be sent to each impacted ABAWD.</p> <p><i>Instructions for use of the CF 377.11D:</i></p>

Form Name	Form Explanation and Instructions
	<p>The CWD must enter the start and end date of the discretionary exemption on the CF 377.11D. This notice must be sent no later than ten days after a discretionary exemption has been granted.</p> <p>Prior to the end of the discretionary exemption period, the CWD must determine if the individual is exempt from the time limit and/or meeting the work requirement to determine ongoing eligibility for CalFresh for the month immediately following the discretionary exemption period. If the individual does not qualify for an exemption and is not satisfying the work requirement, the CWD must act by assigning a countable month (if applicable), providing an additional discretionary exemption (if applicable), or discontinuing CalFresh, if no other options are available.</p> <p>There is no required client action or negative action associated with the use of this form.</p> <p>For more information on discretionary exemptions, see ACL No. 19-93.</p> <p>The CF 377.11D is a required form with substitutes permitted with prior approval.</p>
CF 377.11E	<p>CalFresh Able-Bodied Adults Without Dependents (ABAWDs) Time Limit Exemption Screening Form</p> <p>The CF 377.11E is a <u>new</u> form developed to assist in the identification of an individual who may meet the criteria for an exemption from the time limit. The CF 377.11E may be completed by CWD eligibility staff or by an individual to self-report that they may meet the criteria for an exemption from the time limit.</p> <p>The 377.11E alone is not enough to determine an exemption from the time limit and does not eliminate the need to obtain verification when required. The CWD must conduct a comprehensive assessment of an individual's fitness for work. This assessment is typically done during the certification or recertification interview, though it may also occur during the certification period.</p> <p>Depending on the type of exemption(s) selected on the 377.11E and the evidence provided in support of the exemption(s), a comprehensive assessment may or may not require contact with the individual to determine whether they meet the criteria for an exemption from the time limit. For example, an exemption based</p>

Form Name	Form Explanation and Instructions
	<p>on an obvious unfitness to work requires an EW to make the assessment and draw the conclusion that the individual is unfit to work. Reliance on the 377.11E responses alone would be insufficient evidence to conclude that the individual was obviously unfit to work. The EW would need additional verification, which may include but is not limited to, EW observation or a signed written statement. Alternatively, a response on the 377.11E stating that the individual is receiving a disability payment can be combined with information already available in the case record regarding receipt of a disability payment. In this case, information existing in the case record that was previously verified can serve as verification that the ABAWD is qualified for an exemption and no further contact would be needed.</p> <p>In addition to the screening form, the eligibility worker's determination of an unfitness to work, for example due to an obvious unfitness, must be notated in the case file. As a best practice, when client contact is made for this purpose outside of the certification or recertification interview this should also be notated in the case file.</p> <p><i>Instructions for the CF 377.11E:</i></p> <p>The CWD must send the CF 377.11E to all ongoing CalFresh households that include at least one member determined to be a potential ABAWD. If possible, the CWD should send the CalFresh 377.11E six months prior to implementation of the time limit in the county, but in all cases, counties must ensure the CF 377.11E is sent at least 30 days prior to implementation of the time limit in the county. Beginning six months prior to implementation, the CWDs must give the CF 377.11E to all applicant households that include at least one member determined to be a potential ABAWD.</p> <p>Because an exemption from the ABAWD time limit is established at the individual level, the CWD may provide multiple CF 377.11Es to ongoing and applicant CalFresh households that include more than one member determined to be a potential ABAWD.</p> <p>Subsequent to initial implementation, this form may be used to determine if a client may meet the criteria for an exemption from the time limit on an ongoing basis.</p>

Form Name	Form Explanation and Instructions
	<p>There is no required client action or negative action associated with the use of this form.</p> <p>See ACL No. 19-93 for information on exemptions from the ABAWD time limit and required verification.</p> <p>The CF 377.11E is a required form with substitutes permitted with prior approval.</p>

Form Usage Instructions for Implementation of the Federal Final Rule

The United States Department of Agriculture, Food and Nutrition Service published the final rule, *Supplemental Nutrition Assistance Program: Requirements for Able-Bodied Adults without Dependents* (Final Rule) on December 5, 2019. This new rule requires implementation of the ABAWD time limit across a significant number of California counties beginning April 1, 2020.

Due to the very short timeframe for implementation imposed by the Final Rule, the forms and notices released via this letter may be issued to ongoing CalFresh households less than 30 days prior to the April 1, 2020 effective date. This applies only in counties coming off a waiver of the time limit as a result of the Final Rule. Flexibility on the timelines for issuance of these forms and notices applies only ahead of the April 1, 2020 effective date.

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 Documents Signed By:

JENNIFER HERNANDEZ

Deputy Director

Family Engagement and Empowerment Division

IMPORTANT INFORMATION ABOUT CHANGES TO CALFRESH

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

Federal rules require California to implement the Able-Bodied Adult Without Dependents (ABAWDs) time limit in your county. CalFresh recipients who are considered ABAWDs must work, volunteer, or participate in certain employment and training activities for at least 20 hours per week or a total of 80 hours per month to receive CalFresh for more than 3 months in a 36-month period. Some people may be excused from these rules.

Your household is receiving this notice because _____ has
(Name)
been identified as an ABAWD who may need to work or be excused to keep their CalFresh benefits.

WHAT SHOULD YOU DO NEXT?

Read the information below. If you think you may be excused from the rule because you cannot work for any of the reasons listed below, please let the county know right away. You can also ask the county for help understanding the rule or meeting the work requirement.

WHO IS AN ABAWD?

An ABAWD is a person between the ages of 18 and 49 who is not disabled and has no dependent children. If you are considered an ABAWD and are not working, and are not excused from the work requirement, you can only receive CalFresh for 3 months between _____.
(Current 36-month period)

WHO IS EXCUSED FROM THE WORK REQUIREMENT?

You may be excused from the work requirement if you are:

- Unable to work at least 20 hours per week or a total of 80 hours or more per month because of a physical or mental health issue.
- Unable to work at least 20 hours per week or a total of 80 hours or more per month because of a personal issue including if you are:
 - Experiencing homelessness and you are unable to meet your basic needs (adequate shelter, heating and cooling, electricity, running water, food, and clothing);
 - In a drug or alcohol abuse treatment program or you are struggling with a drug or alcohol problem; or
 - A victim of domestic violence.
- Living in a CalFresh household with a child under age 18 (this can be your own child, sibling, or any other child in your CalFresh household).
- Caring for a dependent child under age 6 (the child does not need to live with you).
- Caring for a person with a disability (the person does not need to live with you).
- Pregnant (any stage of pregnancy).
- Going to school at least half-time (additional student rules may apply).

- Getting or applying for unemployment benefits.
- Getting or applying for disability benefits from any source (disability benefits include, but are not limited to: pensions, worker's compensation, disability insurance, Social Security, Supplemental Security Income, and veterans).

HOW CAN I KEEP MY CALFRESH IF I AM NOT EXCUSED FROM THE WORK REQUIREMENT?

Give the county proof that you are working, volunteering, or participating in an employment and training program for at least 20 hours per week or a total of 80 hours per month. Work activities may include:

- Working, including self-employment or in-kind work (work in trade for something else such as providing maintenance work for reduced housing costs).
- Participating in workfare or an employment and training program.
- Doing community service or volunteer work.
- Doing a combination of any of the above for a total of 80 hours per month.

IF I'M GETTING CALFRESH, WHAT CHANGES DO I HAVE TO TELL THE COUNTY ABOUT?

You are required to contact the county when any of these changes happen:

- Your household receives gross monthly income over your Income Reporting Threshold (IRT); or
- Your work hours drop below 20 hours per week or a total of 80 hours per month.

You must contact the county no more than 10 days after the change happens.

NEED HELP OR HAVE QUESTIONS?

Please contact the county at _____ if you or anyone in your household needs help
(Phone)

understanding this rule or if you would like more information about how to meet the work requirement. If at any time, you think you may be excused because you cannot work for any of the reasons listed above, please let us know right away. We may be able to excuse you from the time limit.

**CALFRESH DISCRETIONARY
EXEMPTION FOR ABLE-BODIED
ADULTS WITHOUT DEPENDENTS
(ABAWDs)**

COUNTY OF _____

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

(Addressee)

**YOU HAVE RECEIVED A TEMPORARY EXEMPTION
FROM THE CALFRESH ABAWD TIME LIMIT**

Federal rules require California to implement the Able-Bodied Adult Without Dependents (ABAWDs) time limit in your county. To stop you from losing CalFresh benefits, the county has granted you a **temporary** exemption from the ABAWD time limit:

CalFresh Household Member: _____

Start Date of Exemption: _____

End Date of Exemption: _____

You are either:

- Not excused from the ABAWD time limit; or
- Not meeting the work requirement by working or participating in an allowable work activity for at least 20 hours per week or a total of 80 hours per month.

You will keep getting CalFresh benefits until the end date of the temporary exemption listed above. During this time you must still complete all required CalFresh reports.

Once your temporary exemption ends you will need to meet the work requirement to keep your CalFresh benefits. Give the county proof that you are working, volunteering, or participating in an employment and training program for at least 20 hours per week or a total of 80 hours per month at least 10 days before the temporary exemption ends.

If you think you may be excused because you cannot work for at least 20 hours per week or a total of 80 hours per month for any reason, tell the county at least 10 days before the temporary exemption ends. They may be able to excuse you from the time limit.

If you would like more information on how to continue your benefits after the temporary exemption ends or if you have questions about this letter, please contact the county at _____.
(Telephone Number)

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 ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD) TIME LIMIT EXEMPTION SCREENING FORM

Federal CalFresh rules say that you must work, volunteer, or participate in certain employment and training activities. If you do not, you may be limited to three months of CalFresh benefits in a 36-month period. Some people may be excused from these rules.

PLEASE COMPLETE THIS FORM AND SELECT **ALL** BOXES THAT APPLY TO YOUR SITUATION

Please give this completed form and any proof to your county at _____.
(Address)

If you have questions or need help, call your county at _____.
(Phone Number)

SECTION ONE: HOUSEHOLD INFORMATION

Name: _____

Address _____

Phone Number: _____ Case Number: _____

SECTION TWO: EXEMPTIONS

This section will help us determine if you are excused from these rules. If you are excused, you can get CalFresh for as long as you are eligible. Check all that apply to you and provide proof if you have it.

- ☐ I have a physical or mental health issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month. Please provide more detail:

I have a personal issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month because:

- ☐ I am experiencing homelessness and I am unable to meet my basic needs (adequate shelter, heating and cooling, electricity, running water, food, and clothing).
- ☐ I am in a drug or alcohol abuse treatment program, or I am struggling with a drug or alcohol problem.

Program name: _____

Give us proof if you have it. This can be any document that shows your participation in the program.

- ☐ I am a victim of domestic violence.

- ☐ Other. Please explain: _____

- ☐ I live in a CalFresh household with a child under age 18 (this can be your own child, sibling, or any other child in your CalFresh household).

- ☐ I am caring for a dependent child under age 6 (the child does not need to live with you).

- ☐ I am caring for a person with a disability (the person does not need to live with you).
- ☐ I am pregnant (any stage of pregnancy). Your due date (if known): _____
- ☐ I go to school at least half-time (additional student rules may apply).
- ☐ I am getting or have applied for unemployment benefits.
- ☐ I am getting or have applied for disability benefits from any source (disability benefits include, but are not limited to: pensions, worker's compensation, disability insurance, Social Security, Supplemental Security Income, and veterans).

Type of disability benefits you get or have applied for: _____

- ☐ None of the above

SECTION THREE: MEETING THE WORK REQUIREMENT

To meet the work requirement you must work, volunteer, or participate in certain employment and training activities for at least 20 hours per week or a total of 80 hours per month. In this section, please tell us if you are already doing an activity that meets the work requirement.

- ☐ I am working at least 20 hours per week or a total of 80 hours or more per month including self-employment and in-kind work (work in trade for something else such as providing maintenance work for reduced housing costs).

Give us one of these types of proof:

- Last 30 days of pay stubs
- A signed and dated letter on your employer's letterhead with the expected weekly hours
- Proof of your self-employment (receipts, bank statements etc.)
- Proof of in-kind work

- ☐ I am in a workfare or employment and training program.

Program name: _____

Total number of hours that you attend each week: _____

- ☐ I am doing community service or volunteer work.

Organization name: _____

Total number of hours that you attend each week: _____

Give us one of these types of proof:

- A community service or volunteer form
- A signed and dated letter from the organization with the expected weekly hours

- ☐ Doing a combination of any of the above for at least 20 hours per week or a total of 80 hours per month.

- ☐ None of the above

Based on the information you provide, the county will tell you if you are excused or meeting the work requirement. If you have questions about this ABAWD form or need help completing it, contact your County right away at _____.
(Phone Number)