

August 5, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-87

The purpose of this All County Letter is to inform counties that the *Notice of Recertification for Transitional Nutrition Benefit Program* form will be revised to include language regarding a \$50 threshold for reporting changes in monthly gross income.



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

August 5, 2020

ALL COUNTY LETTER NO. 20-87

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

SUBJECT: CALFRESH REVISED NOTICE OF RECERTIFICATION FOR THE
TRANSITIONAL NUTRITIONAL BENEFIT PROGRAM (TNB 4)
FORM

REFERENCE: [ALL COUNTY LETTER \(ACL\) 18-92](#); [ACL 18-107](#); [ACL 18-131](#)

The purpose of this All County Letter (ACL) is to inform counties that the California Department of Social Services (CDSS) will be updating the *Notice of Recertification for the Transitional Nutrition Benefit Program* (TNB 4) form to address increases in household gross income due to the Social Security Administration's (SSA) annual Cost of Living Adjustment (COLA).

Background

On August 30, 2018, the CDSS released [ACL 18-107](#), providing new Transitional Nutrition Benefits (TNB) Program notices to County Welfare Departments. The CDSS issued six notices, including the TNB 4.

The purpose of the TNB 4 is to inform the household that the TNB Program certification will expire and that the household must complete the TNB Program recertification process in order to continue receiving TNB Program benefits. The TNB 4 acts as both a notice of expiring certification and the TNB Program recertification form.

Under this requirement, TNB households must report all income changes, including an income change caused by a COLA to the Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefit amount. This caused households with increases in SSI/SSP benefits due to COLA to complete a CalFresh application in order

to comply with TNB recertification rules. To address this, a \$50 threshold for changes in monthly income will be implemented so that TNB households will not be required to complete a CalFresh application to complete their TNB recertification.

New Language Added to the TNB 4

The original language and the added new language for the impacted section of the TNB 4 is provided below. Deletions are marked with a ~~striketrough~~ and additions are in **bold**.

The original language on page two of the TNB 4, question four reads:

Did your household's total monthly income change (either increase or decrease) from a new job, CalWORKs, other cash aid, social security, veteran benefits, unemployment benefits, retirement, or other new sources?

The revised language reads:

Did your household's total monthly income change **by \$50 or more** (~~either increase or decrease~~) from a ~~new~~ job, CalWORKs, other cash aid, social security, veteran benefits, unemployment benefits, retirement, or other ~~new~~ sources?

TNB Program Recertification Reminders

- If a household submits a CF 285 along with their TNB 4, the CF 285 must be processed timely. This applies whether the household's actual income change was over or under the threshold. Once a CalFresh application has been submitted, it must be processed.
- If the household is determined to be eligible for regular CalFresh during the TNB Program certification period, both CalFresh and TNB Program benefits may be issued in the same month because of the requirement to provide timely and adequate notice for the TNB Program discontinuance. For additional guidance, see [ACL 18-131](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the CalFresh Policy Bureau at CalFreshPolicy@dss.ca.gov.

Sincerely,
Original Document Signed By

Jennifer Hernandez
Deputy Director
Family Engagement and Empowerment Division

All County Letter No. 20-87
Page Three

Attachment

**NOTICE OF RECERTIFICATION
FOR TRANSITIONAL NUTRITION
BENEFIT (TNB) PROGRAM**

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.

State Hearing: You have the right to a state hearing if you do not agree with any action taken regarding your recertification for ongoing benefits. You can request a state hearing within 90 days of the county's action and you must tell us why you want a hearing. The approval or discontinuance notice you receive will have information on how to request a state hearing.

**TO KEEP YOUR BENEFITS, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE
COUNTY BY _____.**

Your TNB Program certification period ends on _____. To keep your TNB Program benefits you must complete and return this form. If you do not submit the completed form by the return date, you may lose your TNB Program benefits. You may also have to complete a CalFresh application. If you need help filling out this form, contact your county.

If you no longer live in California **STOP**. You do not need to complete the TNB Program recertification. Your household must live in California to receive TNB Program benefits.

Here's What You Need to Do:

1. Complete Section 1 by answering the "YES" or "NO" questions.
2. Complete Section 2 to determine whether or not you need to also submit a CalFresh application by the return date listed above. If required, you can complete a CalFresh application online at www.benefitscal.com or use the included paper application.
3. Complete Section 3 by signing, dating, and providing your contact information.
4. Return this completed form to the county by the return date listed above.

Section 1: Household Changes

Check "YES" or "NO" to report changes since your last TNB Program certification on _____.

1. Did any person listed below move out of your household?

(Tip: Do not count anyone who is only temporarily gone from the household and plans to return. Do include people who have passed away.)

_____ ☐ YES ☐ NO

_____ ☐ YES ☐ NO

2. Did any person listed below stop receiving Supplemental Security Income and/or California State Supplemental Payment (SSI/SSP) benefits?

(Tip: Answer "NO" if the person's SSI/SSP benefits have been suspended.)

_____ ☐ YES ☐ NO

_____ ☐ YES ☐ NO

3. Did any person move in or out of your household? ☐ YES ☐ NO**4. Did your household's total monthly income change by \$50 or more from a job, CalWORKs, other cash aid, social security, veteran benefits, unemployment benefits, retirement, or other sources?** ☐ YES ☐ NO**Section 2: CalFresh Application**

If you checked "**NO**" to **all** of the questions in Section 1:

1. Complete Section 3 below and return this form to the county by the return date.

If you checked "**YES**" to **any** of the questions in Section 1:

1. You must complete a CalFresh application online at www.benefitscal.com OR use the included paper application by the return date.
2. Complete Section 3 and return this form. If you use the included paper application, please return it with this form.
3. Select the box that describes how you will submit the required CalFresh application:

☐ **Completed an online application at www.benefitscal.org**

☐ **Completed a paper application and returned with form**

Section 3: Signature and Contact Information

I understand that I must accurately answer the questions above regarding changes to my household. I declare under penalty of perjury that all information provided is true and correct.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____