

January 6, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 20-129**

The purpose of this letter is to provide County Welfare Departments with an overview of Transitional CalFresh policy and to issue an updated version of the *CalFresh Notice of Approval/Termination Transitional Benefits* (CF 1239) form. The policy guidance provided in this letter is aligned with the final rule implementing provisions of the Food Conservation and Energy Act of 2008.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

JANUARY 6, 2021

ALL COUNTY LETTER (ACL) NO. 20-129

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

SUBJECT: TRANSITIONAL CALFRESH BENEFITS GUIDANCE AND NEW FORM

REFERENCE: [CODE OF FEDERAL REGULATIONS \(CFR\) TITLE 7 SECTIONS 273.11, 273.13\(a\); 273.26 – 273.32 FOOD AND NUTRITION ACT OF 2008 \[7 U.S.C. 2015\]; FEDERAL REGISTER VOL. 82, NO. 4, ASSEMBLY BILL \(AB\) 1811 \(CHAPTER 35, STATUTES OF 2018\); WELFARE AND INSTITUTIONS CODE SECTION 18901.6; MANUAL OF POLICY AND PROCEDURES \(MPP\) 63-504.131, MPP 63-801.223\(b\); ALL COUNTY LETTER \(ACL\) NOS. 11-70, 12-25, 12-25E, 13-88, 15-82, 18-90, 19-93, 20-08; ALL COUNTY INFORMATION NOTICE \(ACIN\) NOS. 1-75-05, 1-41-10, 1-58-13, 1-58-13E](#)

The purpose of this letter is to provide County Welfare Departments (CWDs) with an overview of Transitional CalFresh (TCF) policy and to issue an updated version of the *CalFresh Notice of Approval/Termination Transitional Benefits* (CF 1239) form. The policy guidance provided in this letter is aligned with the final rule implementing provisions of the Food Conservation and Energy Act of 2008.

### **General Eligibility Guidelines**

The California Department of Social Services (CDSS) has implemented federal Supplemental Nutrition Assistance Program (SNAP) regulations at [7 Code of Federal Regulations \(CFR\) 273.26](#) through [273.32](#), allowing states the option to provide transitional benefits to households leaving Temporary Assistance for Needy Families

(TANF), State Maintenance of Effort funded cash assistance programs, and State Funded Cash Assistance programs that provide assistance to families with children. In California, this includes households leaving California's TANF program, known as California Work Opportunity and Responsibility to Kids (CalWORKs), such as Assistance Units (AUs) that include a caretaker relative (e.g., a mother and her two children) and AUs that participate in Tribal TANF, as well as AUs funded by state-only sources such as, but not limited to, child-only AUs. Additional TCF eligibility criteria are specified below.

For the purpose of this letter only, the term "CalWORKs household" refers to both federally funded and state funded CalWORKs AUs and is used to streamline reference to TCF and CalFresh households.

CWDs must automatically provide TCF benefits to CalWORKs households leaving the program in "good standing." At least one CalWORKs household member must have received CalFresh and CalWORKs in the month of the CalWORKs discontinuance to qualify for TCF. Although other states have their own TANF and SNAP programs, both TANF and SNAP benefits must have been received in California in order to qualify for TCF. If an individual CalWORKs household member has been sanctioned, but the remainder of the household continues to receive CalWORKs, then the remaining non-sanctioned household members may receive TCF upon CalWORKs discontinuance or case closure.

CalWORKs households that are eligible for TCF include, but are not limited to, those discontinued from CalWORKs in good standing due to any of the following:

- A CalWORKs household that is discontinued because the household exceeded the income or property limits for CalWORKs eligibility.
- A CalWORKs household that is discontinued because the household requested to close their CalWORKs case.
- A CalWORKs household that is discontinued due to a parent timing out or child aging out or otherwise leaving the household when that individual was the last eligible person in the household.
- A CalWORKs household that is disqualified due to a CalWORKs rule change.

In accordance with [7 CFR 273.26\(c\)](#), CalWORKs households that are ineligible for TCF include those discontinued from CalWORKs due to any of the following reasons:

- All CalWORKs household members applied and were approved for SNAP and/or TANF benefits in another state.

- A sanction in accordance with [Manual of Policies and Procedures \(MPP\) 63-504.131\(b\)](#), which was the primary cause of the case closure.
- All CalWORKs household members are ineligible for CalFresh due to any of the following reasons:
  - Disqualified for an intentional program violation (IPV).
  - Ineligible due to CalFresh student eligibility rules and the CWD has determined that they are not eligible for an exemption from that rule. Refer to the CalFresh Student Eligibility Handbook, published via [All County Letter \(ACL\) 20-08](#), issued February 12, 2020, for more information.
  - Ineligible due to CalFresh noncitizen eligibility rules (under state or federal regulations).
  - Discontinued due to failure to provide information necessary for the CWD to determine continuing eligibility or for not completing a required report (e.g. a household discontinued for failing to submit a complete periodic report (i.e. SAR 7) or recertification. Refer to [ACL 13-88](#), issued October 23, 2013, for more information).
  - Disqualified for knowingly transferring resources for the purpose of qualifying or attempting to qualify for CalFresh. Although this is a provision found at [7 CFR 273.26\(d\)\(3\)\(vii\)](#), CWDs are reminded that resources are currently not considered for CalFresh households that are conferred modified categorical eligibility.
  - Disqualified for receipt of multiple benefits (i.e. duplicate participation).
  - Disqualified for being a fleeing felon, probation, or parole violator pursuant to [ACL 15-82](#) issued October 14, 2015.
  - Disqualified for failing to comply with requirements of the Able-Bodied Adults Without Dependents (ABAWDs) time limit rule and the CWD has determined that they are not eligible for an exemption from that rule. Refer to the CalFresh ABAWD Handbook, published via [ACL 19-93](#), issued on September 12, 2019, for more information.

If not all the CalWORKs household members are ineligible for any of the reasons outlined above, the remaining CalWORKs household members who leave CalWORKs in good standing may receive TCF upon discontinuance. In this scenario, only the ineligible household member(s) must be excluded from the TCF household. The TCF

household size will be based on the size of the CalWORKs household, excluding ineligible members, at the time of the CalWORKs discontinuance.

Pursuant to [7 CFR 273.26\(f\)](#), if an entire CalWORKs household is denied TCF, the CWD must assess whether the entire household or individual members of that household continue to be eligible for regular CalFresh before discontinuing the household from regular CalFresh. If the household or individual members continue to be eligible for regular CalFresh, then it must retain its CalFresh benefits.

If a CalWORKs household's certification period was ending at the time the county was reviewing the case for TCF eligibility, and the household does not respond to a request for redetermination/recertification or fails to complete the process, then the entire household is not eligible for TCF benefits or regular CalFresh benefits. If a household completes the CalFresh recertification, but fails to complete the CalWORKs redetermination, then the entire household is not eligible for TCF, but the household or individual members may be eligible for regular CalFresh. The CWD must determine regular CalFresh eligibility based on the CalFresh recertification and establish a new certification period for CalFresh.

### **General Administrative Guidelines**

According to [7 CFR 273.27](#), the maximum TCF benefit period is five months. TCF benefits cannot be issued beyond the five-month period. The TCF period begins on the first of the month following the CalWORKs discontinuance or implementation of a state administrative hearing decision discontinuing CalWORKs. Once TCF eligibility is established, the *CalFresh Notice of Approval/Termination Transitional Benefits* (CF 1239) form must be sent to the household. The CF 1239 notifies the household of their TCF eligibility and that they must be recertified to continue receiving CalFresh benefits after the five-month transitional period.

The TCF allotment is based on the CalFresh allotment received prior to the household's CalWORKs discontinuance and adjusted for the loss of CalWORKs income. Additional income which may have led to the CalWORKs discontinuance is not considered in the TCF calculation. The TCF benefit allotment is determined based on information already available to the CWD. The CWD must not contact the household to establish TCF eligibility or the TCF benefit allotment.

During the TCF period, the household's TCF benefit allotment is frozen. Households do not need to report any changes that occur during the TCF period, and CWDs are not required to act on third party information. If the initial TCF benefit allotment is determined incorrectly due to worker error, as described in [MPP 63-801.223\(b\)](#), the TCF benefit allotment must be adjusted.

At any time during the five-month transitional period, the TCF household may apply for regular CalFresh benefits by completing the CalFresh recertification process. TCF recertification instructions are outlined in [ACL 11-70](#), issued October 26, 2011.

If a preliminary eligibility evaluation indicates that the household's CalFresh benefit allotment would be lower than the TCF benefit allotment, then the CWD must advise the household of the option to withdraw their application and continue receiving TCF benefits. If the household does not wish to withdraw the application, the CWD must process the recertification and either begin a new CalFresh certification period and issue the lower benefit allotment or, if the household is ineligible to CalFresh, deny the application and continue to issue the higher TCF benefit allotment for the remainder of the five-month transitional period.

Note that households restoring CalWORKs and CalFresh benefits within 30 days of the CalWORKs discontinuance do not need to submit a new CalFresh application. In cases where the CalWORKs discontinuance is rescinded, there is no overissuance because TCF benefits must be calculated based on available information at the time.

If a TCF household member(s) is approved for CalFresh or CalWORKs on a separate case, TCF benefits for that member(s) must be discontinued prior to granting CalFresh or CalWORKs. In accordance with [7 CFR 273.14](#), any TCF household member(s) who returns to CalWORKs during the TCF period must be recertified before they can receive regular CalFresh. In this scenario, the CWD must recalculate the TCF benefit allotment for the remaining TCF household members by removing the individual(s) from the household along with their income, resources, and contribution to household deductions, if any. This rule also applies to household members who move out of state during the TCF period and are approved for SNAP and/or TANF in their new state of residence. TCF households or individual household members who move out of state must not be discontinued from TCF unless they have also been approved for SNAP or TANF out of state; otherwise, TCF will continue to be issued.

If the entire household requests to cease receiving TCF benefits, then the CWD must close the TCF case. All notices informing households of changes to their TCF case must be adequate and timely in accordance with [7 CFR 273.13\(a\)](#).

### **TCF Noticing Requirements**

The CF 1239 has been updated as follows:

- The form title has been simplified by removing "Denial". The title has been amended to read: "*CalFresh Notice of Approval/Termination Transitional Benefits*".
- In the first column, the Approval section has been restructured as follows:

- The section is now titled *Approval for Transitional CalFresh Benefits*.
- The fourth sentence has been amended to read, *“A change to your benefit amount is due to the loss of CalWORKs income.”*
- The “Reporting” section has been expanded as stated below:
  - *Households that get Transitional CalFresh benefits are not required to report or provide verification for any household changes until the end of the Transitional CalFresh period or at recertification.*
  - *The County will not act on household changes that you report during the 5-month Transitional CalFresh period. However, you are encouraged to tell the county if you change your address.*
- The second column entitled, “Recertification” has been amended to read:
  - *If you have a decrease in income, an increase in expenses or a change in household size before the end of the 5-month Transitional CalFresh period, you may recertify early because your CalFresh benefits may increase.*
  - *You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period, your regular CalFresh benefits may be lower than the current Transitional CalFresh amount. You may withdraw your request to recertify if you believe that your benefits will go down.*
  - *If you do not recertify during the Transitional CalFresh period, you will get a notice when it is time to recertify.*
  - *If you apply and are approved for CalWORKs during the Transitional CalFresh period, you must recertify for CalFresh. Transitional CalFresh will end when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended. You will have a new CalFresh certification period.*
- The “Denial/Withdrawal” section has been deleted from the original location at the top of the second column.
- The “Termination” heading has been amended to read: *Termination of Transitional CalFresh Benefits*.

- The “Other (see below)” section has been revised by adding a fillable area for an additional reason(s).
- A new sentence is present between the “fillable” area and the “Rules” sections:
  - *If you think this is an error, call the county.*
- The “Rules” have been amended to reference the federal regulations until the state regulations are finalized to read:
  - *Rules: These rules apply: Title 7 CFR §273.26-§273.32*

### **Quality Control**

The correct TCF benefit allotment for all purposes, including quality control, is the amount of CalFresh benefits received in the month prior to the CalWORKs discontinuance, adjusted for the loss of the CalWORKs income. The focus of the QC review will be on whether the household is eligible to receive transitional benefits and whether the TCF benefit allotment was calculated correctly. The federal QC review procedures for TCF can be found in the [Supplemental Nutrition Assistance Program Quality Control Review Handbook \(Food and Nutrition Service Handbook 310\)](#).

### **CAMERA READY COPIES AND TRANSLATIONS**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain these forms from the CDSS webpage at: [The CDSS forms page](#).

When all translations are completed per Manual of Policies and Procedures (MPP) 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm)

For questions on translated materials, please contact 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. 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. In the event that the CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP 21-115.



This ACL and other CDSS Letter and Notices are available on the internet at:  
<http://www.dss.cahwnet.gov/lettersnotices/default.htm>

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

Sincerely,

JENNIFER HERNANDEZ  
Deputy Director  
Family Engagement and Empowerment Division

Attachment

# CALFRESH NOTICE OF APPROVAL/TERMINATION TRANSITIONAL BENEFITS

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. Pages three and four tell you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

## Approval for Transitional CalFresh Benefits

As of \_\_\_\_\_, your CalFresh benefits  
 (MM/DD/CCYY)  
 are \$ \_\_\_\_\_ each month.

Because your CalWORKs case has been closed,  
 you will get Transitional CalFresh benefits. You  
 will get Transitional benefits starting  
 \_\_\_\_\_ and ending \_\_\_\_\_.

This replaces your previous certification period.

A change to your benefit amount is due to the  
 loss of CalWORKs income.

Your Transitional CalFresh period will end after  
 5 months unless your household recertifies for  
 CalFresh.

## Reporting:

- Households that get Transitional CalFresh benefits are not required to report or provide verification for any household changes until the end of the Transitional CalFresh period or at recertification.
- The County will not act on household changes that you report during the 5 month Transitional CalFresh period. However, you are encouraged to tell the county if you change your address.

## Recertification:

- If you have a decrease in income, an increase in expenses or a change in household size before the end of the 5 month Transitional CalFresh period, you may recertify early because your CalFresh benefits may increase.
- You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period, your regular CalFresh benefits may be lower than the current Transitional CalFresh amount. You may withdraw your request to recertify if you believe that your benefits will go down.
- If you do not recertify during the Transitional CalFresh period, you will get a notice when it is time to recertify.
- If you apply and are approved for CalWORKs during the Transitional CalFresh period, you must recertify for CalFresh. Transitional CalFresh will end when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended. You will have a new CalFresh certification period.

**Termination of Transitional CalFresh Benefits**

As of \_\_\_\_\_, your current Transitional  
(MM/DD/CCYY)

CalFresh benefit period will end.

**Here's why:**

- ☐ Your application for CalWORKs has been approved.
- ☐ Your application for CalFresh has been approved.
- ☐ Your CalWORKs and/or CalFresh benefits have been restored.
- ☐ Other (see below)

If you think this is an error, call the county.

**Rules:** These rules apply: Title 7 CFR §273.26-§273.32. You may review them at your welfare 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.**

### **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 |