

August 18, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-93

This All County Letter (ACL) transmits a revised version of the CalFresh Notice of Denial or Pending Status (CF 377.1A, formerly the DFA 377.1A) form for counties to use when denying or pending an initial application for CalFresh benefits, as well as a recertification application. This letter also provides counties with instructions to assist in accurately selecting the appropriate reason statements when notifying the applicant household of the status of their application via the CF 377.1A.



KIM JOHNSON
DIRECTOR

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

August 18, 2021

ALL COUNTY LETTER NO. 21-93

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

SUBJECT: CALFRESH REVISIONS MADE TO THE NOTICE OF DENIAL OR
PENDING STATUS (CF 377.1A)

REFERENCE: [MANUAL OF POLICIES AND PROCEDURES SECTIONS 63-301.3 THROUGH 63-301.443 AND TITLE 7 CODES OF FEDERAL REGULATIONS 273.2\(h\) \(1\) \(i\) \(A\) THROUGH \(D\) AND 273.2\(k\); ALL COUNTY LETTER 19-10](#)

This All County Letter (ACL) transmits a revised version of the CalFresh *Notice of Denial and Pending Status* (CF 377.1A). This notice has been revised to include denial and pending reasons for initial applications, as well as denial reasons for recertification applications. This letter also provides County Welfare Departments (CWD) with instructions to select the relevant reason statements to notify the household of the status of their application via the CF 377.1A. In addition, new language regarding Supplemental Security Income (SSI) applicants has been added to the notice.

The CWDs must use the CF 377.1A for all denials of initial and recertification applications, as well as for pending initial applications.

The CWDs must begin using the CF 377.1A as soon as automation in the Statewide Automated Welfare System (SAWS) consortia is complete. If automation is not implemented by SAWS before the release of this letter, CWDs will need to use the existing process of noticing households until programming is concluded.

Changes to the CF 377.1A

General changes and specific changes, including the original language and the revised language for each impacted section of the CF 377.1A, are described below. Language deletions are marked with a ~~strikethrough~~.

General Changes:

- The notice number has been changed from DFA 377.1A to CF 377.1A and the program name has been updated from “Food Stamps” to “CalFresh” throughout.
- Language in the “State Hearing” box has been bolded and the font size increased to be more visible and for consistency with other notices.
- Checkboxes have been replaced with numbers to easily identify the appropriate reason statement. The CWD must select the relevant reason statements to accurately notify the household of the status of their initial or recertification application. Certain statements can stand alone, and others must be used in conjunction with other statements, as explained in the Instructions.
- New language, relevant to recertification applications, has been added to the notice to inform households that their recertification application will be denied if they fail to complete the recertification application process or have been determined ineligible.
 - Due to recently issued policy guidance on the topic of delayed processing of recertification applications, the CF 377.1A will incorporate a field for the CWDs to populate a date that will reflect the final day of the month that follows the end of the household’s certification period. For more information regarding delayed processing of recertification applications, see [ACL No.19-10](#) released on February 3, 2019.
- New language relevant to households that have been denied but may have a pending SSI application has been added to the CF 377.1A.
 - Per [7 CFR 273.2\(k\)](#), when an applicant household is denied but has a pending SSI application, the household may become categorically eligible for CalFresh if their SSI application is approved. The SSI applicant is instructed to contact their county if their SSI application is approved.
 - To ensure compliance, this language will be included on every CF 377.1A, whether the household includes an SSI recipient or not.

Changes to “Denial: Initial Application” Section:

Original language of the first checkbox under the “Denial: Initial Application” Section:

Your household’s application for ~~Food Stamps~~ has been **denied** because:

Revised language:

1. *Your household’s application for CalFresh **has been denied** because:*

[CWD enters the specific denial reason here]

Original language of the second checkbox under the “Denial: Initial Application” Section:

If you do the following by _____, your application will be reopened. If you don’t do this by this date, you will have to reapply if you want to get ~~food stamps~~.

Revised language:

2. *Your household’s application for CalFresh benefits **will be denied** because you have not provided the requested information listed below:*

[CWD enters the specific missing verification(s) here]

We asked you for the above information when you applied for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested and you did not ask us for help in getting the missing information.

Original language of the third checkbox under the “Denial: Initial Application” Section:

~~We asked you for the above information when you applied for food stamps. You did not give us the information within ten (10) days of the day it was requested. You must give us the information by _____ (30 days after date of application) or your application will be denied and you will not get another notice.~~

Revised language:

3. *You must give us the information by _____ (30 days after your date of application) or your application will be denied and you will not get another notice.*

Original language of the fourth checkbox under the “Denial: Initial Application” Section:

~~Your household cannot get food stamps until _____ because of the reason your application was denied. You may reapply then.~~

Revised language:

4. If the information is received before _____ (60 days from your date of application), your application will be reopened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

Original language of the fifth checkbox under the “Denial: Initial Application” Section:

~~If you get cash aid, you may be able to get food stamps. If you do not get a Food Stamp notice within 15 days after your cash aid is approved, contact your cash aid worker about food stamps.~~

Deletion of Back Benefits Section:

Original language of the first and second checkboxes and the heading “Back Benefits:” has been deleted.

~~BACK BENEFITS:~~

~~Your application/request for back food stamp benefits dated _____ was denied because: and~~

~~Your application/request for back Food Stamp benefits dated _____ was denied because it was filed in the wrong county. You must ask for those benefits from the county where you were denied or received benefits.~~

Changes to “Pending Status:” Section:

Original language of the first and second checkboxes under the “Pending Status:” Section:

The language for these two checkboxes has been reworded and combined into one reason statement.

~~Your application is pending.~~

You have done what you need to do. We are still working on your case and you will hear from us soon.

Revised language:

5. Your household's application for CalFresh benefits is pending. You have done what you needed to do. We are still working on your case and you will hear from us soon.

Original language of the third checkbox under the "Pending Status:" Section:

A new sentence has been added to this reason statement for households that have not provided the needed verification. The original statement has been divided into two separate sections.

We asked you for the following information when you applied for food stamps. You did not give us the information within ten (10) days of the day it was requested and you did not ask us for help in getting the missing information. You must give us the information by _____ ~~or your application will be denied and you will not get another notice. If you still want food stamps, you will have to reapply.~~

Revised language

6. Your household's application for CalFresh benefits is pending because you have not provided the requested information listed below:

[CWD enters the specific missing information/verification(s) here]

We asked you for the above information when you applied for CalFresh benefits. You did not give us the information within ten (10) days from the day it was requested.

7. You must give us this information by _____ (30 days following the date of the initial request for verification).

New language added under the "Pending Status:" Section:

Language has been added to reflect that the household's application will be reopened if the information needed by the CWD is received 60 days from the date of application.

8. You must give us this information before _____ (60 days from your application date), and if eligible, you will be granted CalFresh benefits from the date you provide the information. If you give us the information by the date above, your application will be reopened and you will not need to reapply.

Original language at the bottom of the notice under the "Pending Status:" Section

This language has been deleted.

~~If you give us the things listed here by the date above, your application will be reopened.~~

Changes to "Denial" Section

New language added under the "Denial" Section:

The language for reason statements numbers nine and ten was developed to be used for recertification applications and delayed processing of recertification applications.

*9. Your household's recertification application for CalFresh benefits **has been denied** because:*

[CWD enters the specific denial reason here]

*10. Your household's recertification application for CalFresh benefits **has been denied** because you did not provide the requested information listed below:*

[CWD enters the specific missing verification(s) here]

We asked you for the above information when you attempted to recertify for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested and you did not ask us for help in getting the missing information. If the information is received on or before _____ (the last day of the month that follows the end of the certification period), your application will be re-opened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

New Language Added to the CF 377.1A:

Per [7 CFR 273.2\(k\)](#), all households that apply for CalFresh benefits that have an SSI application pending must be informed on the denial notice (CF 377.1A) of the possibility of categorical eligibility if all the members of the household become SSI recipients.

New language added at the bottom of the CF 377.1A:

If your household's application for CalFresh benefits was denied, please note that your CalFresh eligibility may change if all household members begin receiving Supplemental Security Income (SSI) benefits. Contact your county if all members of the household begin receiving SSI benefits.

Denying a Recertification Application:

When a complete recertification application is received and the household is denied eligibility, a notice of denial must be sent. The appropriate denial notice is the CF 377.1A.

The *Notice of Expiration of Certification* (CF 377.2) does not satisfy the requirement for denying a recertification application when the recertification application has been received by the CWD, whether the application is complete or incomplete. The CF 377.2 is only sufficient to notify the household of the expiration of the current certification period.

Overview of Attachments

The revised CF 377.1A has been included as an attachment.

To assist CWDs in providing the most accurate CF 377.1A to households, CDSS has provided instructions to help CWDs select the appropriate reason statement(s) when issuing the CF 377.1A. The instructions provide an explanation as to when the specific reason statement may be used and whether additional reason statements should be included in the notice.

IMPORTANT: Not all reason statements will appear on the final notice issued to the household. Only those reason statements that are relevant to the household should be included.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at: fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the [CDSS webpage](http://www.cdss.ca.gov/inforesources/Forms-Brochures) at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. 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 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.

The [GEN1365](#) may be obtained at:

<http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified resources. These services shall be provided free of charge to the applicants/recipients.

If 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 Section 21-115.

This ACL and other [CDSS Letters and Notices](#) are available on the internet at:
<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

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

Attachments

**NOTICE OF DENIAL
OR PENDING STATUS**

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 how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DENIAL: INITIAL APPLICATION

- ☐ Your household's application for CalFresh benefits **has been denied** because:
- ☐ Your household's application for CalFresh benefits **will be denied** because you have not provided the requested information listed below:

We asked you for the above information when you applied for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested, and you did not ask us for help in getting the missing information.

- ☐ You must give us the information by _____ (30 days after your date of application) or your application will be denied and you will not get another notice.
- ☐ If the information is received before _____ (60 days after your date of application), your application will be reopened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

PENDING STATUS:

- ☐ Your household's application for CalFresh benefits is pending. You have done what you needed to do. We are still working on your case and you will hear from us soon.
- ☐ Your household's application for CalFresh benefits is pending because you have not provided the requested information listed below:

We asked you for the above information when you applied for CalFresh benefits. You did not give

us the information within ten (10) days from the day it was requested, and you did not ask us for help in getting the missing information.

- ☐ You must give us the information by _____ (30 days after the date of the initial request for verification).
- ☐ You must give us this information before _____ (60 days after your application date), and if eligible, you will be granted CalFresh benefits from the date you provide the information. If you give us the information by the date above, your application will be reopened and you will not need to reapply.

DENIAL: RECERTIFICATION APPLICATION

- ☐ Your household's recertification application for CalFresh benefits **has been denied** because:
- ☐ Your household's recertification application for CalFresh benefits **has been denied** because you did not provide the requested information listed below:

We asked you for the above information when you attempted to recertify for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested, and you did not ask us for help in getting the missing information. If the information is received on or before _____ (30 days after the end of the certification period), your application will be reopened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

If your household's application for CalFresh benefits was denied, please note that your CalFresh eligibility may change if all household members begin receiving Supplemental Security Income (SSI) benefits. Contact your county if all members of the household begin receiving SSI benefits.

Rules: These rules apply:

You may review them at your welfare office.

For this form in large print or another format, please call your county.

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

CALFRESH NOTICE OF DENIAL OR PENDING STATUS CF 377.1A (8/21)

INSTRUCTIONS

The Notice of Denial or Pending Status (CF 377.1A) form is used to notify households of their application status at initial application and recertification. The CF 377.1A consists of three sections: denial of an initial application, pending status, and denial of a recertification application.

The CF 377.1A has ten numbered reason statements; one through four in the denial of an initial application section, five through eight in the pending section, and nine through ten which are specific to denial of an application for recertification.

The County Welfare Department (CWD) shall select the appropriate reason statement(s) that defines the accurate status of the household's application. The selected reason statement(s) will be reflected on the CF 377.1A when the notice is sent to the household.

These instructions should be used in conjunction with the revised CF 377.1A (1/19). Below is a list of the reason statements for each section of the form and an explanation of how and when to use the reason statement(s).

Denial Reason Statements on CF 377.1A (Initial Application):

*1. Your household's application for CalFresh benefits **has been denied** because:*

[CWD enters the specific denial reason here]

- Reason statement 1 is selected to notify the household that their application has been denied and explains why the application was denied.
- Reason statement 1 can stand alone if the household is determined to be ineligible.
- The CWD must provide specific reason(s) why the application was denied.
- If the denial was due to failure to provide missing verification, reason statement 1 must specify which required verification(s) are missing.
- The CF 377.1A denying the household's application shall be sent as soon as possible, but no later than 30 days following the date the application was filed.
- The CWD may combine reason statement 1 and reason statement 4 if the denial was due to failure to provide missing verification, which informs the household that if the missing verification is received before the end of the 60th day from the date of their application, their application will be reopened and benefits will be issued from the date the missing verification was received.

- Note: If the household's application was denied due to failure to provide the required verification, the CWD must have provided the household with the Request for Verification (CW 2200) form listing all the needed verification. The household must be allowed at least 10 days from the date of the initial request to submit the required missing verification.

*2. Your household's application for CalFresh benefits **will be denied** because you have not provided the requested information listed below:*

[CWD enters the specific missing verification(s) here]

We asked you for the above information when you applied for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested and you did not ask us for help in getting the missing information.

- Reason statement 2 may only be used when a county has opted into the Early Denial Waiver. The CWD may send the CF 377.1A prior to the 30th day following the date of application.
- Reason statement 2 is selected to notify the household that they did not provide the missing verification, as requested, and their application will be denied.
- The CWD must specify which required verification(s) are missing.
- The CWD must have completed the initial interview and provided the household with a CW 2200 form listing all the needed verification(s). The household must then be allowed at least 10 days from the date of the initial request to submit the required missing or incomplete verification.
- Reason statement 2 shall be combined with language in reason statements 3 and 4, which informs the household of the dates by which they must provide the missing verification.

3. You must give us the information by _____ (30 days after your date of application) or your application will be denied and you will not get another notice.

- Reason statement 3 shall only be used by counties that have chosen to implement the Early Denial Waiver.
- Reason statement 3 is used when the CWD has opted into the Early Denial Waiver and is allowed to send the CF 377.1A after the tenth (10th) day has passed for requesting verification, but prior to the 30th day.
- Reason statement 3 is selected to notify the household they have until the 30th day following the date of application to provide the missing verification, otherwise, their application will be denied.
- The date shall be provided on reason statement 3 to inform the household when the verification must be provided to the CWD.
- Reason statement 3 shall be used in combination with reason statements 2 and 4 when the household's application may be denied and informs the household of the dates by which they must provide the missing verification.

4. If the information is received before _____ (60 days after your date of application), your application will be reopened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

- Reason statement 4 is selected to inform the household that their application has been denied. It informs the household that their case will reopen without a new application if the required action is taken 60 days from the date of their initial application.
- The date shall be provided on reason statement 4 to inform the household when the verification must be provided to the CWD.
- If the household does not take the required action within the second 30-day period (i.e. 60 days of the date of application), a new application must be submitted in order to participate in CalFresh and no further notice shall be provided by the CWD.
- Reason statement 4 can be used in combination with reason statement 1 when the CWD has denied the application.
- Reason statement 4 must also be used in combination with reason statements 2 and 3.

Note: If all members of your household have a pending Supplemental Security Income (SSI) application and your household was denied CalFresh, your household may become categorically eligible for CalFresh if your SSI application is approved. Contact your county if your SSI is approved.

Pending Status Reason Statements on CF 377.1A:

5. Your household's application for CalFresh benefits is pending. You have done what you needed to do. We are still working on your case and you will hear from us soon.

- Reason statement 5 is selected when the county has opted to pend the application because the CWD has not completed the application process to make an eligibility determination by the 30th day following the date of application.
- Reason statement 5 is selected to notify the household that their application has been placed in pending status, the household has done what they needed to do, and the county is still working on their case.
- Reason statement 5 can stand alone because the household has done everything they needed to do.

Note: Pending an application on the 30th day after the date of application, when the household has done everything they needed to do, will result in a county-caused delay in the application process.

6. Your household's application for CalFresh benefits is pending because you have not provided the requested information listed below:

[CWD enters the specific missing information/verification(s) here]

We asked you for the above information when you applied for CalFresh benefits. You did not give us the information within ten (10) days from the date it was requested and you did not ask us for help in getting the missing information.

- Reason statement 6 is selected when the county has opted to pend the application in order to keep the case open while waiting for missing verification.
- Reason statement 6 is selected to notify the household that their application is pending and specifies the reason why the application is pending.
- Reason statement 6 shall not be used if the household did not complete their initial interview.
- Reason statement 6 is selected in combination with reason statements 7 and 8 to inform the household of the dates to provide the missing verification.

7. You must give us the information by _____ (30 days following the date of the initial request for verification).

- Reason statement 7 is selected when verification has not been provided after ten (10) days from the date of request. The CWD has the option to pend the application for an additional 30 days following the date of the initial request for the missing verification.
 - **Note:** The additional 30 days begins from the date of the initial request for missing verification and not when the missing verification is due.
- The date shall be provided on reason statement 7 to inform the household when the verification must be provided to the CWD.
- Reason statement 7 shall be used when the household has rescheduled an interview after the 20th day from the date of application and has failed to provide the needed verification at the time of the interview.
- If the household does not take the required action within 30 days following the date of when the initial missing verification was requested, the household has 60 days from the date of application before a new application must be submitted in order to participate in the CalFresh program.
- Reason statement 7 is selected in combination with reason statements 6 and 8.

8. You must give us this information before _____ (60 days from your application date), and if eligible, you will be granted CalFresh benefits from the date you provide the information. If you give us the information by the date above, your application will be reopened and you will not need to reapply.

- Reason statement 8 is selected to notify the household of the action it must take to reopen its application without having to reapply.
- The date shall be provided on reason statement 8 to inform the household when the information must be provided to the CWD.
- The case will be reopened without a new application if the required action is taken within 60 days following the date of when the application was filed.

- If the household does not take the required action within 60 days of the date of application, a new application must be submitted in order to participate in the CalFresh program.
- Reason statement 8 is selected in combination with reason statements 6 and 7.

Denial Reason Statements on CF 377.1A (Recertification Application):

9. Your household's recertification application for CalFresh benefits *has been denied* because:

[CWD enters the specific denial reason here]

- Reason statement 9 is selected to notify the household that their application for recertification has been denied and explains why the application for recertification was denied.
- Reason statement 9 can stand alone if the household is determined to be ineligible.
- The CWD must provide specific reason(s) why the recertification application was denied.
- If the denial was due to failure to provide missing verification, reason statement 9 must specify which required verification(s) are missing.
- If using reason statement 9, the CF 377.1A denying the household's recertification application shall be sent as soon as possible, but no later than the end of the last day of the month that follows the end of the household's certification period.
- Note: The Notice of Expiration of Certification (NEC CF 377.2) form does not satisfy the requirement for denying a recertification application. The appropriate denial notice is the Notice of Denial or Pending Status (CF 377.1A) form. The NEC form, alone, is only sufficient when an application for recertification is never submitted.

10. Your household's recertification application for CalFresh benefits *has been denied* because you did not provide the requested information listed below:

[CWD enters the specific missing verification(s) here]

We asked you for the above information when you attempted to recertify for CalFresh benefits. You did not give us the information within ten (10) days of the day it was requested and you did not ask us for help in getting the missing information. If the information is received on or before _____ (30 days after the end of the certification period), your application will be re-opened and you will not need to reapply. If eligible, you will be granted CalFresh benefits from the date we receive the information.

- Reason statement 10 is selected to inform the household that their recertification application has been denied. The CWD must inform the household that if the missing verification is received on or before the 30th day after the end of the household's certification period, their recertification application will be re-opened and benefits will be issued from the date the missing verification was received.
- The CWD must specify which required verification(s) are missing.
- The date shall be provided on reason statement 10 to inform the household when the verification must be provided to the CWD.
 - If the household does not take the required action on or before the end of the 30th day after the end of the household's certification period, a new application must be submitted in order to participate in CalFresh and no further notice shall be provided by the CWD.

Note: If the household's application was denied due to failure to provide the required verification, the CWD must have provided the household with the Request for Verification (CW 2200) form listing all the needed verification. The household must be allowed 10 days from the date of the initial request to submit the required missing verification.