

December 19, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-107

The purpose of this letter is to release revised notices and forms due to changes to Able-Bodied Adults Without Dependents time limit policy as mandated by the [Fiscal Responsibility Act of 2023](#).



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

December 19, 2023

ALL COUNTY LETTER NO. 23-107

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

SUBJECT: CALFRESH REVISED ABLE-BODIED ADULTS WITHOUT
DEPENDENTS TIME LIMIT NOTICES AND FORMS UPDATES
DUE TO THE FISCAL RESPONSIBILITY ACT OF 2023

REFERENCE: [UNITED STATES DEPARTMENT OF AGRICULTURE \(USDA\)](#)
[FOOD AND NUTRITION SERVICES \(FNS\) MEMO –](#)
[SUPPLEMENTARY NUTRITION ASSISTANCE PROGRAM](#)
[\(SNAP\) PROVISIONS IN FISCAL RESPONSIBILITY ACT OF 2023](#)
[\(FRA\) DATED JUNE 09, 2023; USDA FNS MEMO –](#)
[IMPLEMENTING SNAP PROVISIONS IN THE FRA DATED JUNE](#)
[30, 2023; SECTION 6\(o\)\(3\) OF THE FOOD AND NUTRITION ACT](#)
[OF 2008; SECTION 311 OF THE FRA; SECTION 475\(8\)\(B\)\(iii\) OF](#)
[THE SOCIAL SECURITY ACT; SECTION 5126\(f\)\(13\)\(F\) OF THE](#)
[JAMES M. INHOFE NATIONAL DEFENSE AUTHORIZATION ACT](#)
[OF 2023; ALL COUNTY LETTER \(ACL\) NO. 18-94; ACL NO. 19-](#)
[93; ACL NO. 20-19; ACL NO. 22-74; ACL NO. 22-103; ACL NO.](#)
[23-80](#)

The purpose of this letter is to release revised notices and forms due to changes to the Able-Bodied Adults Without Dependents (ABAWD) time limit policy as mandated by the [Fiscal Responsibility Act of 2023 \(FRA\)](#). However, neither the purpose nor the intent of these notices and forms has changed.

For more information on changes to ABAWD rules required by the FRA, please see [All County Letter \(ACL\) No. 23-80](#), issued on September 21, 2023.

CalFresh Time Limit Notice – Failure to Meet the ABAWD Work Requirement (CF 377.11)

The CF 377.11 has been revised to include the three new exemptions for individuals experiencing homelessness, veterans, and former foster youth. The CF 377.11 informs ABAWDs subject to the time limit of CalFresh discontinuance after failing to satisfy the ABAWD work requirement for three full countable months during the 36-month period. This notice also provides instructions on how to continue receiving CalFresh benefits or regain eligibility after discontinuance. This notice must be sent no later than ten days prior to discontinuance.

CalFresh Time Limit Notice – Expiration of Three Consecutive Months for ABAWDs (CF 377.11A)

The CF 377.11A has been revised to include the three new exemptions for individuals experiencing homelessness, veterans, and former foster youth. The CF 377.11A informs ABAWDs that an additional three consecutive months of CalFresh benefits have been granted. This notice also provides instructions on how to continue receiving CalFresh benefits or regain eligibility. This notice must be sent no later than ten days after the three consecutive months have been granted.

CalFresh Countable Month Letter – Use of Countable Month for ABAWDs (CF 377.11B)

The CF 377.11B has been revised to include the three new exemptions for individuals experiencing homelessness, veterans, and former foster youth. This letter is sent to ABAWDs subject to the time limit who are not satisfying the ABAWD work requirement.

This letter informs households that a countable month of benefits toward the ABAWD time limit has been received. Additionally, the countable month letter includes instructions to report a change in circumstances to the county, particularly if the ABAWD started to satisfy the work requirement or meets any of the updated exemption criteria from the time limit.

CWDs must send this letter for every month the ABAWD receives a countable month of benefits based on the most recent information available. This notice should be sent no later than the fifth day of every month during which the CWD determines that the ABAWD is not satisfying the work requirement and subsequently receives a countable month of CalFresh benefits.

The CF 377.11B must be sent during the first two countable months in addition to an informational letter. There is no required client action or negative action associated with the letter.

For more information about the notices and forms listed above, please see [ACL No. 18-94](#), issued on August 9, 2018.

CalFresh ABAWD Time Limit Exemption Screening Form (CF 377.11E)

The CF 377.11E has been revised to include the three new exemptions for individuals experiencing homelessness, veterans, and former foster youth. The CF 377.11E assists in identifying whether an ABAWD meets the exemption criteria from the time limit. The form may be completed either by CWD eligibility staff or an ABAWD to self-report that they may meet these criteria.

For more information about the CF 377.11E, please see [ACL No. 20-19](#), issued on March 3, 2020.

CalFresh Notice of Work Rules (CF 886)

Section 2 of the CF 886 has been revised to include the three new exemptions for individuals experiencing homelessness, veterans, and former foster youth. Additionally, upon automation by the California Statewide Automated Welfare System, Section 2 will gradually increase the age range of ABAWDs, as required by the FRA.

The CF 886 notifies CalFresh work registrants and ABAWDs of the work rules relevant to their circumstances. Upon completion of automation, CWDs must provide the revised CF 886 at initial application, recertification, and at any other time that a household member becomes subject to either the ABAWD time limit or other CalFresh work rules relevant to their case.

For instructions on the use of CF 886, please see [ACL No. 22-74](#), issued on September 2, 2022.

Copies and Translations

Forms referenced in this letter are available on the [California Department of Social Services \(CDSS\) Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not 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.

Per [Government Code Section 7290, et seq.](#), the CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the

applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL No. 19-45](#), issued on May 16, 2019.

If you have any questions or need additional guidance regarding the information in this letter, please contact the CalFresh Policy and Employment Bureau at (916) 651-8047 or CalFreshPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachments

**CALFRESH TIME LIMIT NOTICE
FAILURE TO MEET THE ABLE-BODIED
ADULTS WITHOUT DEPENDENTS (ABAWDs)
WORK REQUIREMENT**

California Health & Human Services Agency
California Department of Social Services

COUNTY OF _____

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

(ADDRESSEE)

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Starting _____, CalFresh will be stopped for _____.
The amount of your household's CalFresh will be changed from _____ to _____.

The county is taking this action because _____ got CalFresh for _____, _____, and _____ without meeting the ABAWD work requirement, which is described below.

You will be required to work, be excused from the work requirement, or have a good reason for not meeting the work requirement in order to get CalFresh for more than three months within the 36-month period.

HOW TO KEEP GETTING CALFRESH

You can continue getting CalFresh if you:

- Meet the work requirement by showing proof that, for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service, or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age _____;
 - Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
 - Applying for or getting disability benefits (including veterans disability benefits);
 - Applying for or getting unemployment insurance benefits (UIB);
 - Struggling with drugs or alcohol;
 - A victim of domestic violence;

- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling, or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home);
- Meeting or excused from the CalWORKs Welfare-to-Work rules;
- Experiencing homelessness;
- A veteran who served in the armed forces of the United States (this includes veterans who were honorably or dishonorably discharged); or
- Under age 25 and in Foster Care on 18th birthday.

If you think you met the work requirement, may be excused from the work requirement, or have a good reason for not meeting the work requirement, contact your county as soon as possible.

IF YOU LOSE CALFRESH, YOU MAY REAPPLY

- If you meet the work requirement during a period of 30 days in a row.
- At any time if you become excused from the work requirement.
- If you move to an area where the time limit is waived.
- On or after January 1, 2023, when the 36-month period restarts.

36-MONTH PERIOD

During a 36-month period, you can only get CalFresh for three months unless you meet the ABAWD work requirement or are excused from the work requirement. If you start meeting the work requirement and need to stop, you can get CalFresh for another three months without meeting the work requirement if you meet certain conditions. Call the county at that time and explain your situation.

MANDATORY REPORTS

You are required to contact the county when you have:

- Received gross monthly income over the Income Reporting Threshold (IRT);
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month; or
- Won at least \$_____ in a lottery or by gambling.

RULES: These rules apply. You may review them at your county office.
MPP § 63-410

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at www.cdss.ca.gov/inforesources/state-hearings)

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at acms.dss.ca.gov Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account
OR
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349) **OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
 - o **In-person:** _____
 - o **Mail to:** CDSS State Hearings Division,
PO Box 944243, MS 21-37
Sacramento CA 94244-2430
 - o **Email to:** SHDCSU@DSS.ca.gov

HEARING REQUEST

1. My hearing issue involves _____ (benefit program)
and _____ County/Agency.
2. I want a hearing because: _____
3. Print name of person who needs a hearing: _____ Birthdate: _____
4. Mailing Address: _____ Phone number: _____
I want to get hearing notices from the State Hearing Division by email. **Email Address:** _____
5. **Name/Signature:** _____ **Date Signed** _____
6. Interpreter: I want a **free** interpreter for the _____ language or dialect.
7. Disability Accommodation for hearing? No Yes (explain): _____
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:
By Telephone By Video (*you see judge on your phone/computer*) In person at the county hearing site
I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to Denial of CalWORKs or CalFresh emergency benefits
Medical Emergency Eviction/homelessness Other (explain): _____
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.
Check to have your aid lowered or stopped pending the hearing for: CalWORKs Childcare CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**
NAME: _____ Email: _____
Address: _____ Phone: _____
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

CALFRESH TIME LIMIT NOTICE EXPIRATION OF THREE CONSECUTIVE MONTHS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)

California Health & Human Services Agency

California Department of Social Services

COUNTY OF _____

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

(ADDRESSEE)

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Starting _____, _____ will get CalFresh for _____, _____, and _____.

Starting _____, CalFresh will be stopped for _____.

You will be required to work, be excused from the work requirement, or have a good reason for not meeting the work requirement in order to get CalFresh for more than three months within the 36-month period.

REASONS YOU ARE GETTING CALFRESH ONLY FOR THREE MONTHS IN A ROW

- Your CalFresh was stopped once before because you did not meet the work requirement for three months; and
- You were not excused from the work requirement, or you did not provide a good reason for not meeting the work requirement.

HOW TO KEEP GETTING CALFRESH

- When the three months stops, you can keep CalFresh if you meet the work requirement. You can meet the work requirement by showing proof that, for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service, or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age _____;
 - Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
 - Applying for or getting disability benefits (including veterans disability benefits);
 - Applying for or getting unemployment insurance benefits (UIB);
 - Struggling with drugs or alcohol;
 - A victim of domestic violence;

- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling, or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home);
- Meeting or excused from the CalWORKs Welfare-to-Work rules;
- Experiencing homelessness;
- A veteran who served in the armed forces of the United States (this includes veterans who were honorably or dishonorably discharged); or
- Under age 25 and in Foster Care on 18th birthday.

If you think you meet the work requirement, may be excused from the work requirement, or have a good reason for not meeting the work requirement, contact your county as soon as possible.

IF YOU LOSE CALFRESH, YOU MAY REAPPLY

- If you meet the work requirement during a period of 30 days in a row.
- At any time if you become excused from the work requirement.
- If you move to an area where the time limit is waived.
- On or after January 1, 2023, when the 36-month period restarts.

36-MONTH PERIOD

During a 36-month period, you can only get CalFresh for three months unless you meet the ABAWD work requirement or are excused from the work requirement. Call the county at that time and explain your situation.

MANDATORY REPORTS

You are required to contact the county when you have:

- Received gross monthly income over the Income Reporting Threshold (IRT);
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month; or
- Won at least \$_____ in a lottery or by gambling.

RULES: These rules apply. You may review them at your county office. MPP § 63-410

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at www.cdss.ca.gov/inforesources/state-hearings)

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at acms.dss.ca.gov Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account
OR
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349) **OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
 - o **In-person:** _____
 - o **Mail to:** CDSS State Hearings Division,
PO Box 944243, MS 21-37
Sacramento CA 94244-2430
 - o **Email to:** SHDCSU@DSS.ca.gov

HEARING REQUEST

1. My hearing issue involves _____ (benefit program) and _____ County/Agency.
2. I want a hearing because: _____
3. Print name of person who needs a hearing: _____ Birthdate: _____
4. Mailing Address: _____ Phone number: _____
I want to get hearing notices from the State Hearing Division by email. **Email Address:** _____
5. **Name/Signature:** _____ **Date Signed** _____
6. Interpreter: I want a **free** interpreter for the _____ language or dialect.
7. Disability Accommodation for hearing? No Yes (explain): _____
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:
By Telephone By Video (*you see judge on your phone/computer*) In person at the county hearing site
I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to _____ Denial of CalWORKs or CalFresh emergency benefits
Medical Emergency Eviction/homelessness Other (explain): _____
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.
Check to have your aid lowered or stopped pending the hearing for: CalWORKs Childcare CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**
NAME: _____ Email: _____
Address: _____ Phone: _____
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

CALFRESH COUNTABLE MONTH LETTER USE OF COUNTABLE MONTH FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)

California Health & 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.

_____ has been identified as an Able-Bodied Adult Without Dependents (ABAWD).

You are receiving this notice to inform your household that you have received a countable month of benefits. Based on the most recent information available, you have used your **(FIRST / SECOND)** full countable month of your eligible three full months of CalFresh within the current 36-month period. After receiving your third countable month, your CalFresh will be discontinued unless you begin meeting the work requirement or become excused from the work requirement.

Please review the information below. If you need help meeting the work requirement or you meet any of the excuses listed below, contact your county right away.

HOW TO KEEP GETTING CALFRESH

- You can keep CalFresh, and avoid using a countable month, if you meet the work requirement. You can meet the work requirement by showing proof that, for at least 20 hours per week on average or 80 hours per month, you are:
 - Working, including self-employment;
 - Going to school or training;
 - Doing volunteer work, community service, or in-kind work (working in exchange for goods or services instead of money);
 - Participating in Employment & Training (E&T);
 - Participating in job search up to 9 hours per week in combination with other work activities; or
 - Doing a combination of any of the above.
- Go to workfare for the number of hours determined by the county, if available.
- Have a good reason, such as you were ill, were caring for a sick or injured person, had an emergency, or had no transportation available.
- Meet one of the following excuses from the work requirement:
 - Under age 18 or over age _____;
 - Physically or mentally unable to work 20 hours per week for a total of 80 hours per month;
 - Applying for or getting disability benefits (including veteran's disability benefits);

- Applying for or getting unemployment insurance benefits (UIB);
- Struggling with drugs or alcohol;
- A victim of domestic violence;
- Going to school at least half-time (additional student eligibility rules may apply);
- Pregnant;
- Living with a child under age 18 who is part of your CalFresh household, even if they are not eligible for CalFresh (this can be your own child, sibling, or the child of another person living in the home who is part of the CalFresh household);
- Caring for a dependent child under age 6 or a sick or injured person who will need your help for more than 30 days (the child or sick or injured person does not have to be a CalFresh member or living in the home);
- Meeting or excused from the CalWORKs Welfare-to-Work rules;
- Experiencing homelessness;
- A veteran who served in the armed forces of the United States (this includes veterans who were honorably or dishonorably discharged); or
- Under age 25 and in Foster Care on 18th birthday.

MANDATORY REPORTS

You are required to contact the county when you have either:

- Received gross monthly income over the Income Reporting Threshold (IRT);
- A reduction in ABAWD work hours below 20 hours per week for a total of 80 hours per month; or
- Won at least \$_____ in a lottery or by gambling.

HOW TO REPORT A CHANGE IN CIRCUMSTANCES

Please contact the county if you or anyone in your household is meeting the work requirement, needs help meeting the work requirement, if anyone meets any of the excuses listed above, or if you have any questions about this letter.

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 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: _____

- ☐ I served in the armed forces of the United States (this includes veterans who were honorably or dishonorably discharged).
- ☐ I am experiencing homelessness.
- ☐ I am under age 25 and was in foster care on my 18th birthday.
- ☐ 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)

**CALFRESH NOTICE OF
WORK RULES**

COUNTY OF _____

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

(Addressee)

Dear _____, _____, and _____,

This letter is to tell you about the CalFresh work rules. **If you don't follow these rules, your household's CalFresh benefits may decrease or stop.** Different people in your household may need to follow different work rules. This letter tells each person in your household who has to follow a work rule what they need to do.

If you think the county made a mistake, let the county know right away. You can also ask the county for help if you do not understand or know what you need to do to meet these work rules.

SECTION 1: GENERAL CALFRESH WORK RULES (WORK REGISTRATION)

_____, _____, and _____, you must meet the general CalFresh work rules, also known as work registration, to keep your CalFresh benefits. If you do not, your household's CalFresh benefits may decrease or stop.

What do you have to do?

You must follow these rules to keep your CalFresh benefits:

- Register for work. When you, or another household member, signed the CalFresh application form, you were automatically registered for work.
- Give the county enough information to determine your employment status or job availability.
- If you are working at least 30 hours a week, do not quit or reduce your hours to fewer than 30 hours a week unless you have a good reason like illness, discrimination, or not getting paid.
- Accept a job offer unless it is not suitable for you. A job may not be suitable for you if your health and safety are at risk, you can't physically do the work, or if there is another good reason.

How can you be excused from the general CalFresh work rules?

You may be excused from the general CalFresh work rules if you are:

- Younger than age 16, or age 60 or older.
- Caring for a dependent child under age 6 (they do not have to live with you).
- Caring for a person with a disability (they do not have to live with you).

- Working at least 30 hours a week or earning at least \$_____ (current federal minimum wage x 30 hours) each week before taxes.
- Getting or applying for unemployment benefits.
- Getting or applying for disability benefits from any source (disability benefits include, but are not limited to pensions, workers' compensation, disability insurance, Social Security, Supplemental Security Income, and veteran's benefits).
- Disabled.
- Going to school, college, or a training program at least half-time (additional student eligibility rules may apply).
- Meeting work rules for another program, like CalWORKs.
- In a drug or alcohol abuse treatment program.

What happens if you do not meet the general CalFresh work rules?

If you do not meet the general CalFresh work rules without a good reason, you may be disqualified from getting CalFresh benefits for a certain amount of time.

- The first time you do not meet the general CalFresh work rules, you cannot get CalFresh benefits for 1 month.
- The second time you do not meet the general CalFresh work rules, you cannot get CalFresh benefits for 3 months.
- The third time you do not meet the general CalFresh work rules, you cannot get CalFresh benefits for 6 months.

If you get disqualified from CalFresh for not meeting the general CalFresh work rules you will have to reapply for benefits. When you reapply, you must meet the general CalFresh work rules or be excused from the general CalFresh work rules before you can get CalFresh benefits again.

What if you have a good reason for not meeting the general CalFresh work rules?

If you have a good reason for not meeting the general CalFresh work rules, you must tell the county. The county may be able to excuse you from the work rules so you do not lose your CalFresh benefits.

Good reasons include things out of your control like illness, no childcare for a child younger than age 12, or work conditions that are unreasonable. If the county determines that you have a good reason, there will be no change to your CalFresh benefits. If you think you have a good reason, contact the county as soon as possible at _____.

Do you need help or have questions about the general CalFresh work rules?

Ask the county for help if you do not understand or know what you need to do to meet the work rules. If at any time, you think you may be excused for any of the reasons listed above, let the county know right away. The county may be able to excuse you from the general CalFresh work rules.

SECTION 2: WORK REQUIREMENT FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)

_____, _____, and _____,

IMPORTANT: You are living in a county where the ABAWD work requirement is waived. This means you do not have to meet the ABAWD work requirement at this time. We will let you know when the waiver ends. When the waiver ends, you must follow the rules below:

You must follow the Able-Bodied Adults Without Dependents (ABAWDs) Work requirement to keep your CalFresh benefits. If you do not, your CalFresh household's benefits may decrease or stop.

An ABAWD is a person between the ages of 18 and _____ who is able to work and does not have children under age 18 living in the CalFresh household. When the ABAWD work requirement is in place, ABAWDs must work or participate in a work activity to keep their CalFresh benefits for longer than 3 months. ABAWDs who are not working or excused from the work requirement can only get CalFresh for 3 months between _____ to _____.

What do you have to do?**1. Work or participate in an allowable work activity.**

People 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**. Work activities may include:

- Working, including paid employment, self-employment, or in-kind work (trading work 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.

2. Report to the county within 10 days when any of these changes happen:

- Your household gets gross monthly income over your Income Reporting Threshold (IRT).
- You get lottery or gambling winnings of more than \$ _____.
- Your work hours drop below 20 hours per week or a total of 80 hours per month.

How can you be excused from the ABAWD 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:
 - Struggling with a drug or alcohol problem.
 - 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).

- Pregnant (any stage of pregnancy).
- Experiencing homelessness.
- A veteran who served in the armed forces of the United States (this includes veterans who were honorably or dishonorably discharged).
- Under age 25 and in Foster Care on 18th birthday.

What happens if you do not meet the ABAWD work requirement?

If you do not meet the ABAWD work requirement without a good reason, you may lose your eligibility for CalFresh.

If you get disqualified from CalFresh for not meeting the ABAWD work requirements, you will have to reapply for benefits. When you reapply, you must meet the ABAWD work requirements before you can get CalFresh benefits again.

Do you need help or have questions about the ABAWD work requirement?

Ask the county for help if you do not understand the ABAWD work requirement. If at any time, you think you may be excused for any of the reasons listed above, let the county know right away. The county may be able to excuse you from the ABAWD work requirement.

SECTION 3: CALFRESH EMPLOYMENT AND TRAINING

_____, _____, and _____, if you need help finding a job, the CalFresh Employment and Training program could help!

_____ offers a voluntary employment and training program, known as CalFresh Employment and Training (E&T). Ask the county if you need help finding a job or training for a job. The CalFresh E&T program includes case management services that may make it easier for you to find and keep a job.

The CalFresh E&T program is **voluntary**. You are **not** required to participate in this program to keep your CalFresh benefits.

What if you have costs from doing the program?

The county must pay for your costs to participate in CalFresh E&T. These costs may include:

- Transportation.
- Childcare.
- Personal safety items or equipment.
- Other reasonable required costs, such as tools, books, and uniforms.

Do you need help or have questions about CalFresh Employment and Training?

Contact the county at _____ if you have questions about the CalFresh E&T program or if you need help finding a job or training for a job.