

February 7, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-20

The purpose of this All County Letter is to provide County Welfare Departments with the revised *Application for Disaster CalFresh* (CF 385).



KIM JOHNSON
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 7, 2023

ALL COUNTY LETTER NO. 23-20

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CALFRESH PROGRAM SPECIALISTS
ALL COUNTY CALWORKS PROGRAM SPECIALISTS
ALL COUNTY EBT COORDINATORS
ALL COUNTY SPECIAL INVESTIGATION UNITS (SIU)
ALL CONSORTIA PROJECT MANAGERS
ALL QUALITY CONTROL COORDINATORS

SUBJECT: REVISED APPLICATION FOR DISASTER CALFRESH (CF 385)

REFERENCE: [TITLE 7 OF THE CODE OF FEDERAL REGULATIONS \(CFR\) 271.8; 7 CFR 273.2\(b\)\(1\)\(viii\); MANUAL OF POLICIES AND PROCEDURES \(MPP\) 63-900; ASSEMBLY BILL 607 \(CHAPTER 501, STATUTES OF 2017\); ALL COUNTY LETTER \(ACL\) 18-125](#)

The purpose of this All County Letter (ACL) is to provide County Welfare Departments (CWDs) with the revised *Application for Disaster CalFresh* (CF 385). The revisions to the CF 385 incorporate changes to accurately reflect current state and federal regulations. Additionally, the numbering of the prompts and questions throughout the document have been adjusted.

BACKGROUND

In the event that a Major Disaster Declaration with Individual Assistance is issued by the President of the United States, the California Department of Social Services (CDSS) and the CWD in the affected county or counties must request to operate Disaster CalFresh (D-CalFresh) in the impacted disaster areas. To apply for D-CalFresh, applicants must complete the CF 385 and it must be submitted during the D-CalFresh application period.

CHANGES TO CF 385

The revised CF 385 has incorporated the following changes:

- The Non-Discrimination Statement is now included on the first page of the CF 385 to comply with federal regulations at [7 CFR 273.2\(b\)\(1\)\(viii\)](#).

NON-DISCRIMINATION STATEMENT: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. Mail Food and Nutrition Service, USDA CDSS
 1320 Braddock Place, Room 334 Civil Rights Unit
 Alexandria, VA 22314; or P.O.BOX 944243, M.S. 9-7-041
 Sacramento, CA 94244-2430
2. Fax (833) 256-1665 or (202) 690-7442; or
3. Email FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

- As D-CalFresh is implemented after a disaster has already occurred and eligibility is determined based on household circumstances during the disaster benefit period, the revised version of the CF 385 changes the language to the past tense to highlight that the application is exclusively gathering information on past household circumstances during the disaster benefit period. Prompts and

questions within the following sections have been adjusted to reflect this clarification: *Instructions, Part A – Household Situation, Part B – Household Members, and Part C – Income/Resources/Expenses.*

- Due to formatting issues, the current CF 385 contains duplicate numbering which subsequently leads to inaccurate numbering throughout the document. This has been an issue for CWDs during the review process of the applications. The revised version of the CF 385 has corrected this issue by adjusting the numbering of the prompts and questions throughout the document.
- Modified language throughout the document for clarity.

IMPLEMENTATION TIMELINE

As of the release of this letter, CWDs must use the revised CF 385 for all future in-person D-CalFresh operations. For virtual (online and phone) D-CalFresh operations, CWDs may continue using the existing CF 385 (10/15) in the eligibility system until automation is complete. When using the existing CF 385 (10/15), the CWD must provide the Non-Discrimination Statement at the same time the approval or denial notice of action is sent to the household. The Non-Discrimination Statement will be posted to the [CalFresh Disaster Response](#) webpage under Additional Resources.

The BenefitsCal system will develop the ability to populate and save the revised CF 385 via the BenefitsCal portal. The implementation of this automation will occur as soon as administratively feasible.

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [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 [California 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 19-45](#).

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

Sincerely,

Original Document Signed By

JENNIFER TROIA
Chief Deputy Director

Attachment

APPLICATION FOR DISASTER CALFRESH**COUNTY USE ONLY**

Case Number _____

Worker _____

Date Received _____

Disaster Benefit Period: _____ to _____

IMPORTANT INFORMATION – READ CAREFULLY**YOUR RIGHTS AS AN APPLICANT OR RECIPIENT:**

- To be served without regard to race, color, national origin, religion, political affiliation, sex, disability, or age, and to file a complaint if you feel you have been discriminated against.
- To get Disaster CalFresh benefits within one to three calendar days of the date the application is filed, if you are eligible.
- To talk about any action regarding your case with the County Welfare Department and to ask for a state hearing within 90 days of approval or denial of application.
- To have an immediate review by a supervisor if your application is denied.
- To file a complaint or ask for a state hearing by writing to your County Welfare Department or by calling toll-free 1-800-952-5253. The toll-free number for the deaf (TDD) is 1-800-952-8349.
- To represent yourself at a state hearing or be represented by a household member, friend, attorney, or any other person.
- To have another member of your household, or another adult who knows you, complete this application. If it is completed by an adult who is not a member of your household, attach written approval signed by the head of household or another adult household member.
- You can authorize someone to apply for, receive, or use your Disaster CalFresh benefits. If you would like to authorize someone, complete the information in the section below.

Name of Authorized Representative

Telephone Number

Address Including City and Zip Code

Apply for Disaster CalFresh ☐Pick Up EBT Card ☐Purchase Food for Household ☐**YOUR RESPONSIBILITIES AS AN APPLICANT OR RECIPIENT:**

- Answer the questions truthfully and completely, the best you can.
- At your interview, you must verify the identity of the head of household, the identity of the person completing the application, and if possible, proof of the household's residence and/or work address at the time of the disaster. If you refuse to provide any of the needed information, you will not get Disaster CalFresh benefits.
- You must cooperate with county, state, and federal staff if you are selected for a review after the disaster period.

PENALTY WARNING!!

If your household gets disaster CalFresh benefits, you must follow the rules listed below. Intentionally failing to report information or misrepresentation of facts can result in legal prosecution with penalties of a fine, imprisonment or both. The penalties can result in disqualification from the program, fines up to \$250,000 or imprisonment for up to 20 years. The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation.

- Do not give false information or withhold information to get Disaster CalFresh benefits.
- Do not trade or sell your Disaster CalFresh benefits, or any other issuance device.
- Do not alter your EBT card or any other issuance device to get Disaster CalFresh benefits you are not entitled to receive.
- Do not use Disaster CalFresh benefits to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's EBT card, or any other issuance device for your household.

Do Not Send Applications Here

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- | | | | |
|----|-------|---|--|
| 1. | Mail | Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or | CDSS
Civil Rights Bureau
P.O.BOX 944243, M.S. 9-7-041
Sacramento, CA 94244-2430 |
| 2. | Fax | (833) 256-1665 or (202) 690-7442; or | |
| 3. | Email | FNSCIVILRIGHTSCOMPLAINTS@usda.gov | |

This institution is an equal opportunity provider.

Do Not Send Applications Here

INSTRUCTIONS: Please complete the questions on this form based on your circumstances during the disaster benefit period. **The disaster benefit period is a 30-day period starting on the date that the disaster struck.**

Name (Head of Household)

Permanent Home Address at Time of Disaster

Telephone Number

Temporary Address

Telephone Number

Mailing Address

Telephone Number

Work Address at the Time of Disaster

Telephone Number

**COUNTY USE ONLY
Disaster Application**

Can the identity of the Authorized Representative be verified?

☐ YES ☐ NO

Type of verification:

Can the head of household's identity be verified?

☐ YES ☐ NO

Type of verification:

PART A – HOUSEHOLD SITUATION.
(You must mark Yes or No for each question)

1. Was anyone in your household living or working in the disaster area at the time of the disaster? ☐ YES ☐ NO

Note: The disaster area is defined in the Presidential Declaration of Major Disaster with Individual Assistance.

During the disaster benefit period:

2. Were you unable to get to your household's income or cash resources?
☐ YES ☐ NO
3. Was your income or cash resources lowered, delayed, or stopped because of the disaster? ☐ YES ☐ NO
4. Did you buy food and prepare meals? ☐ YES ☐ NO
5. Was anyone in your household employed by a County or State CalFresh agency? ☐ YES ☐ NO

Name of County/State CalFresh agency

Is permanent residence in disaster area?

☐ YES ☐ NO

Type of verification:

PART B – HOUSEHOLD MEMBERS

6. List the names of all persons applying for Disaster CalFresh. Include only persons who **were living with you at the time of the disaster**. If you were temporarily staying with another household because of the disaster, **do not list members of that household**.

***Providing your Social Security Number (SSN) is voluntary. It will be used for identification purposes only.**

Is work address in the disaster area?

☐ YES ☐ NO

Type of verification:

				COUNTY USE ONLY
Name (Head of Household) (HH) a.		SSN*	Birthdate	Can the household's residence be verified? <input type="checkbox"/> YES <input type="checkbox"/> NO Type of verification: _____ Household size for the number of persons listed in 6 _____.
Name b.	Relation to HH	SSN*	Birthdate	
Name c.	Relation to HH	SSN*	Birthdate	
Name d.	Relation to HH	SSN*	Birthdate	
Name e.	Relation to HH	SSN*	Birthdate	
Name f.	Relation to HH	SSN*	Birthdate	
Name g.	Relation to HH	SSN*	Birthdate	

PART C – INCOME/RESOURCES/EXPENSES

7. a. What was the total amount of take-home pay or other income all persons listed above received during the disaster benefit period?
\$ _____

b. List all your income sources: _____

8. List all cash resources the persons listed above were able to get to during the disaster benefit period. Do not include any money listed in number 7.

Cash on hand	Savings Accounts	Checking Accounts	Other
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9. Enter the amount of expenses for losses or damages related to the disaster which you paid during the disaster benefit period. Do not list amounts which were paid by someone who is not listed above, or which were reimbursed during the disaster benefit period. Eligible expenses may include (but not limited to):

- | | |
|---|----------|
| a. Expenses to repair damage to the household's home or other property needed for employment or self-employment of a household member | \$ _____ |
| b. Temporary shelter expenses if the home is uninhabitable or the household cannot reach it | \$ _____ |
| c. Expenses for moving out of the area which was evacuated due to the disaster | \$ _____ |
| d. Expenses related to protection of a home or business from disaster damage | \$ _____ |
| e. Medical expenses due to personal injury | \$ _____ |
| f. Disaster-related funeral expenses | \$ _____ |

A. Anticipated Income (from 7)
\$ _____

B. Accessible Cash Resources (from 8)
\$ _____

C. Total Disaster Period Income (A+B)
\$ _____

D. Total Allowable Disaster-Related Expenses (from 9)
\$ _____

E. Accessible Disaster Period Income (C-D)
\$ _____

F. Maximum Disaster Income Limit for Household Size (from Table)
\$ _____

If E is equal to or less than F, the household is eligible.

		COUNTY USE ONLY
g. Food loss	\$ _____	1. Disaster Allotment (from Table) \$ _____ 2. Regular Allotment Already Received \$ _____ 3. Net Disaster Allotment (1–2) \$ _____
h. Disaster-related pet boarding fees	\$ _____	
i. Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools, and education materials	\$ _____	
j. Fuel for primary heating source	\$ _____	
k. Clean-up items expense	\$ _____	
l. Disaster-damaged vehicle expenses	\$ _____	
m. Storage expenses	\$ _____	
n. Other expenses	\$ _____	
10. a. Was anyone listed above getting CalFresh during the disaster benefit period? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____ County _____ b. If yes, did they ask for or get replacement CalFresh due to the disaster? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much did they receive? \$ _____		
YOUR CERTIFICATION I certify that I understand the questions on the application and that my household needs Disaster CalFresh benefits. I have read the above Penalty Warning (or had it read to me). I authorize the release of any information necessary to determine the accuracy of my eligibility. If I am selected, I will fully cooperate with county, state, and federal staff in a review to be conducted after the disaster benefit period. I also understand that I may be required to repay any benefits which are overpaid because I, another adult household member, or the authorized representative reports incorrect or incomplete information. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on my application is true, correct, and complete.		EBT Card Number Issued # _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
Signature (Adult Household Member or Authorized Representative) _____ Date _____		Worker's Signature _____ Date _____
Witness, If You Signed With An "X" _____ Date _____		Worker's Signature _____ Date _____