

November 12, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-79E

The purpose of this All County Letter errata is to revise the language in ACL 23-79 regarding the transmittal of three revised CalFresh Notices of Action: Notice of Approval for CalFresh Benefits (CF 377.1), Notice of Denial or Pending Status (CF 377.1A), and CalFresh Notice of Change for Semi-Annual Reporting Households (CF 377.4 SAR).



JENNIFER TROIA
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 12, 2024

ERRATA

ALL COUNTY LETTER NO. 23-79E

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

SUBJECT: **ERRATA TO ALL COUNTY LETTER (ACL) 23-79
CALFRESH NOTICES OF ACTION REVISIONS**

REFERENCE: [ALL COUNTY LETTER \(ACL\) 23-79](#); [SENATE BILL 187 \(CHAPTER 50, STATUTES OF 2022\)](#); [ASSEMBLY BILL 135 \(CHAPTER 85, STATUTES OF 2021\)](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) 10850, WIC 18930-18935; WIC 18930.5\(A\); AB 1576 \(CHAPTER 287, STATUTES OF 1997\)](#); [ALL COUNTY LETTER \(ACL\) 97-50, ACL 98-66, ACL 99-78, ACL 06-60, ACL 15-42, ACL 21-01, ACL 21-93, ACL 21-110; ACL 23-57; ALL COUNTY INFORMATION NOTICE \(ACIN\) I-52-97, ACIN I-67-01, MANUAL OF POLICIES AND PROCEDURES \(MPP\) 21-115, MPP 23-400.211, MPP 23-.400-.22, USDA DEPARTMENTAL REGULATION 4300-3 SECTION 5\(c\), 7 CODE OF FEDERAL REGULATIONS \(CFR\) 273.2\(b\)\(1\)\(viii\)](#)

The purpose of this All County Letter (ACL) errata is to revise the language in ACL 23-79, released September 29, 2023, regarding the transmittal of three revised CalFresh Notices of Action:

- Notice of Approval for CalFresh Benefits (CF 377.1)
- Notice of Denial or Pending Status (CF 377.1A)
- CalFresh Notice of Change for Semi-Annual Reporting Households (CF 377.4 SAR)

The program names on the letter and all three forms are updated from “federal CalFresh” to “CalFresh” and “state CalFresh” to “California Food Assistance Program (CFAP).” The letter also includes some minor edits to the to the State Hearings box that updates the accurate page numbers for the hearing information. This letter documents the changes and provides the updated notices.

The original and revised language for the impacted sections in ACL 23-79 is provided below. The same changes are also reflected in the attached CF 377.1, CF 377.1A, and CF 377.4 SAR notices of action. Deletions are contained within brackets and marked with a ~~[strike through]~~ and additions are contained within braces in **{bold}**.

The original language on page two, of the ACL last paragraph under “INDIVIDUAL ELIGIBILITY DETERMINATION” reads:

The CF 377.1 must list the name(s) of individual(s) who are approved for federal CalFresh and/or state CFAP. The County Welfare Department (CWD) must also list the name(s) of individual(s) that are determined ineligible for federal and/or state funded benefits and include the corresponding reason for their ineligibility. Applicants determined ineligible for federal benefits must be reviewed for state benefit eligibility before being denied. Households must not be denied or sent a denial NOA if determined eligible for one of the two food programs.

The revised language reads:

The CF 377.1 must list the name(s) of individual(s) who are approved for ~~[federal]~~ CalFresh and/or ~~[state]~~ CFAP. The County Welfare Department (CWD) must also list the name(s) of individual(s) that are determined ineligible for ~~[federal]~~ CalFresh and/or ~~[state]~~ CFAP benefits and include the corresponding reason for their ineligibility. Applicants determined ineligible for ~~[federal]~~ CalFresh benefits **{due to immigration status}** must be reviewed for ~~[state]~~ CFAP eligibility before being denied. Households must not be denied or sent a denial NOA if determined eligible for one of the two food programs.

The original language on ACL pages three and four, last section under “BUDGET,” reads:

The budget also separates the federal (CalFresh) and state (CFAP) funded allotment to display a funding source for the household. For auditing purposes, these details will lead to greater accuracy and consistency statewide.

CALFRESH BUDGET

Report Month _____

Household Size _____

Total Countable Earned Income	\$ _____
Adjusted Countable Earned Income	\$ _____
Total Countable Unearned Income	\$ _____
Child Support Paid	\$ _____
Net Countable Income	\$ _____
Standard Deduction	\$ _____
Dependent Care	\$ _____
Homeless Shelter Deduction	\$ _____
Excess Medical Expense for Aged/Disabled	\$ _____
Total Deductions	\$ _____
Preliminary Adjusted Income	\$ _____
Housing Expenses	\$ _____
Utility Expenses	\$ _____
Allowable Shelter Deduction	\$ _____
Adjusted Net Income	\$ _____
Federal CalFresh Allotment	\$ _____
State CalFresh Allotment	\$ _____
Less Overissuance	\$ _____
Total CalFresh Allotment	\$ _____

The revised language reads:

The budget also separates [~~the federal~~] CalFresh and [state] CFAP funded allotment to display a funding source for the household. For auditing purposes, these details will lead to greater accuracy and consistency statewide.

CALFRESH BUDGET

Report Month _____

Household Size _____

Total Countable Earned Income	\$ _____
Adjusted Countable Earned Income	\$ _____
Total Countable Unearned Income	\$ _____
Child Support Paid	\$ _____
Net Countable Income	\$ _____
Standard Deduction	\$ _____
Dependent Care	\$ _____
Homeless Shelter Deduction	\$ _____
Excess Medical Expense for Aged/Disabled	\$ _____

Total Deductions	\$ _____
Preliminary Adjusted Income	\$ _____
Housing Expenses	\$ _____
Utility Expenses	\$ _____
Allowable Shelter Deduction	\$ _____
Adjusted Net Income	\$ _____
[Federal] CalFresh Allotment	\$ _____
[State CalFresh] {CFAP} Allotment	\$ _____
Less Overissuance	\$ _____
Total CalFresh Allotment	\$ _____

The original language on pages four and five, under section “EXPLANATION OF THE TWO FOOD BENEFIT PROGRAMS,” reads:

California offers two food benefit programs.

CalFresh is California’s name for the federally funded Supplemental Nutrition Assistance Program (SNAP). To receive federal CalFresh benefits, you must meet federal rules, which require United States citizenship or certain immigration statuses (7 CFR 273.2(f)(ii)(A) and MPP 63-403). CalFresh benefits appear in the budget as “Federal CalFresh Allotment.”

The California Food Assistance Program (CFAP), also known as state CalFresh, provides state-funded food benefits to some immigrants who are not eligible for federal food benefits. If immigration status is the only reason, you or someone in your household is not eligible for federal food benefits, then you may be eligible for CFAP. CFAP benefits appear in the budget as “State CalFresh Allotment.”

The revised language reads:

California offers two food benefit programs.

CalFresh is California’s name for the federally funded Supplemental Nutrition Assistance Program (SNAP). To receive ~~[federal]~~ CalFresh benefits, you must meet federal rules, which require United States citizenship or certain immigration statuses (7 CFR 273.2(f)(ii)(A) and MPP 63-403). CalFresh benefits appear in the budget as ~~[Federal]~~ “CalFresh Allotment.”

The California Food Assistance Program (CFAP) ~~[also known as state CalFresh]~~ provides state-funded food benefits to some immigrants who are not eligible for

federal food benefits. If immigration status is the only reason you or someone in your household is not eligible for ~~[federal food benefits]~~ **{CalFresh}**, then you may be eligible for CFAP. CFAP benefits appear in the budget as ~~[State CalFresh]~~ **{CFAP}** Allotment.”

The original language on page six, under “NEW DENIAL REASON STATEMENT” reads:

“Immigration status for federally funded CalFresh and eligibility requirements for state funded CalFresh not met.”

The revised language reads:

“Immigration status for ~~[federally funded]~~ CalFresh and eligibility requirements for ~~[state funded CalFresh]~~ **{CFAP}** not met.”

The original language on page one of CF 377.1, state hearing section box reads:

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

The revised language reads:

State Hearing: If you think this action is wrong, you can ask for a hearing. Page ~~[three]~~ **{four}** tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The original language on page one of CF 377.1A, state hearing section box reads:

State Hearing: If you think this action is wrong, you can ask for a hearing. Page four tell how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The revised language reads:

State Hearing: If you think this action is wrong, you can ask for a hearing. Page ~~[four]~~ **{five}** ~~[tell]~~ **{tells}** how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The original language on page one of CF 377.4 SAR, state hearing section box reads:

State Hearing: You can ask for a hearing if you believe the action is wrong. Page four tells how. If you already had a hearing on the cause of the overissuance that is being collected, you cannot ask for a new hearing, unless you think the new amount of CalFresh benefits you are getting because of the overissuance collection is incorrect.

The revised language reads:

State Hearing: You can ask for a hearing if you believe the action is wrong. Page [four] **{five}** tells how. If you already had a hearing on the cause of the overissuance that is being collected, you cannot ask for a new hearing, unless you think the new amount of CalFresh benefits you are getting because of the overissuance collection is incorrect.

No Substitutes Permitted

To ensure statewide consistency and avoid unnecessary costs for the upkeep of multiple form versions, all notices are deemed “No Substitutes Permitted” with the release of this letter.

The visual design of the notices is intentional. As described in [ACL 21-02](#). CWDs must not make any changes to the formatting. However, overprinting modifications may be permitted. Overprinting modifications for purposes other than those specified under [MPP 23-400.211](#) must be pre-approved by the CDSS before use of the notices by CWDs. Refer to [MPP 23-400.22](#) for approval procedures. Requests can be submitted to the CFAP Bureau at CFAP@dss.ca.gov.

This letter supersedes previous guidance that allowed CWDs the option to submit a separate notice developed by the CWD.

Copies and Translations

Forms referenced in this letter are available on the [CDSS Forms/Brochures webpage](#). When CDSS completes 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 the Translation Services Section at Its@dss.ca.gov. 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. See [All County Letter \(ACL\) 22-56](#).

Per [MPP Section 21-115](#), the County Welfare Departments (CWDs) must ensure 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. See [ACL 22-56](#).

Additionally, the CWDs must provide auxiliary aids and services to persons with vision, hearing, or speech disabilities, 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](#).

This ACL and other CDSS letters and notices are available on the internet at:
<http://www.cdss.ca.gov/inforesources/Letters-and-Notices>.

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

Sincerely,

Original Document Signed By

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachments

**NOTICE OF APPROVAL
FOR CALFRESH BENEFITS**

COUNTY OF _____

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

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page four tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**☐ YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.**

Your initial amount of benefits is: \$ _____ for _____. Your benefit amount per month for the rest of your certification period will be \$ _____ from _____ through _____ for the following Individual(s):

The following individual(s) are ineligible because:

- ☐ Your CalFresh eligibility starts the same day as your cash aid.
- ☐ Your first month's benefits include more than one month's benefits because of the date your application was approved.
- ☐ Your first month's benefits were prorated from the date you filed your application.

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

You must report whenever your household income goes above your Income Reporting Threshold (IRT). Your IRT is \$ _____.

☐ BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY, we did not require you to give us the following verification:

You must give us this verification before _____ or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You **will not** get an advance notice before we take this action.

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will issue a \$20.01 SUAS cash payment. This is a one-time per year payment that will be put into your cash Electronic Benefit Transfer (EBT) account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You can use the \$20.01 SUAS cash payment when you use your EBT card to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. Questions? Please contact your local county office.

CALFRESH BUDGET

Report Month _____

Household Size _____

Total Countable Earned Income	\$ _____
Adjusted Countable Earned Income	\$ _____
Total Unearned Income	\$ _____
Child Support Paid	\$ _____
Net Countable Income	\$ _____

Standard Deduction	\$ _____
Dependent Care	\$ _____
Homeless Shelter Deduction	\$ _____
Excess Medical Expense for Aged/Disabled	\$ _____
Total Deductions	\$ _____

Preliminary Adjusted Income	\$ _____
Housing Expenses	\$ _____
Utility Expenses	\$ _____
Allowable Shelter Deduction	\$ _____
Adjusted Net Income	\$ _____

CalFresh Allotment	\$ _____
CFAP Allotment	\$ _____
Less Overissuance	\$ _____
Total CalFresh Allotment	\$ _____

California offers two food benefit programs.

CalFresh is California's name for the federally funded Supplemental Nutrition Assistance Program (SNAP). To receive CalFresh benefits, you must meet federal rules, which require United States citizenship or certain immigration statuses (7 CFR 273.2(f) (1)(ii)(A) and MPP 63-403). CalFresh benefits appear in the budget as "CalFresh Allotment".

The California Food Assistance Program (CFAP) provides state funded food benefits to some immigrants who are not eligible for federal food benefits. If immigration status is the only reason you or someone in your household is not eligible for CalFresh then you may be eligible for CFAP. CFAP benefits appear in the budget as "CFAP Allotment".

Rules: These rules apply: _____

You may review them at your welfare office.

NON-DISCRIMINATION STATEMENT

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, audiotape, 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/ad-3027.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
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; or |
| 2. Fax: | (833) 256-1665 or (202) 690-7442; or | |
| 3. Email: | FNSCIVILRIGHTSCOMPLAINTS@usda.gov | |

This institution is an equal opportunity provider.

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

**NOTICE OF DENIAL
OR PENDING STATUS**

COUNTY OF _____

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

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page five tells 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 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.

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.

CALFRESH BUDGET

Report Month _____

Household Size _____

Total Countable Earned Income	\$ _____
Adjusted Countable Earned Income	\$ _____
Total Unearned Income	\$ _____
Child Support Paid	\$ _____
Net Countable Income	\$ _____

Standard Deduction	\$ _____
Dependent Care	\$ _____
Homeless Shelter Deduction	\$ _____
Excess Medical Expense for Aged/Disabled	\$ _____
Total Deductions	\$ _____

Preliminary Adjusted Income	\$ _____
Housing Expenses	\$ _____
Utility Expenses	\$ _____
Allowable Shelter Deduction	\$ _____
Adjusted Net Income	\$ _____

CalFresh Allotment	\$ _____
CFAP Allotment	\$ _____
Less Overissuance	\$ _____
Total CalFresh Allotment	\$ _____

California offers two food benefit programs.

CalFresh is California's name for the federally funded Supplemental Nutrition Assistance Program (SNAP). To receive CalFresh benefits, you must meet federal rules, which require United States citizenship or certain immigration statuses (7 CFR 273.2(f)(1)(ii)(A) and MPP 63-403). CalFresh benefits appear in the budget as "CalFresh Allotment".

The California Food Assistance Program (CFAP) provides state-funded food benefits to some immigrants who are not eligible for federal food benefits. If immigration status is the only reason you or someone in your household is not eligible for CalFresh, then you may be eligible for CFAP. CFAP benefits appear in the budget as "CFAP Allotment".

Rules: These rules apply:
You may review them at your welfare office.

NON-DISCRIMINATION STATEMENT

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, audiotape, 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/ad-3027.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
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; or |
| 2. Fax: | (833) 256-1665 or (202) 690-7442; or | |
| 3. Email: | FNSCIVILRIGHTSCOMPLAINTS@usda.gov | |

This institution is an equal opportunity provider.

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

**CALFRESH NOTICE OF
CHANGE FOR SEMI-ANNUAL
REPORTING HOUSEHOLDS**

COUNTY OF _____

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

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: You can ask for a hearing if you believe the action is wrong. Page five tells how. If you already had a hearing on the cause of the overissuance that is being collected, you cannot ask for a new hearing, unless you think the new amount of CalFresh benefits you are getting because of the overissuance collection is incorrect.

☐ **CHANGE IN BENEFITS**

Effective _____ your CalFresh benefits are changed from \$_____ to \$_____ each month because:

- ☐ You have already been told about an overissuance of CalFresh and you are getting less CalFresh benefits because the County has been reducing your monthly allotment by 10% or \$10 (whichever is more) to pay back the CalFresh benefits that you should not have received. This overissuance is now an Intentional Program Violation (IPV), based on a decision of court or a state hearing, or because you signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Your monthly allotment is now being changed because the County can begin reducing your allotment by 20% or \$20 (whichever is more). If there are any other changes to your monthly CalFresh allotment, this form will tell you.

☐ **PROPOSED CHANGE IN BENEFITS**

Effective _____, your CalFresh benefits may be reduced or terminated because information needed to determine your continued eligibility or the correct amount of your benefits was not received with your Semi-Annual Eligibility Status Report (SAR 7). We must receive the following information by no later than the first day of next month:

If verification of an expense is requested and if you do not provide it, the expense will not be allowed when computing your benefits. Also, if you do not provide other requested information, your benefits may be reduced or terminated.

☐ NO CHANGE IN BENEFITS

Your CalFresh benefits in this period did not change as a result of the document(s)/information we received because:

Any changes you voluntarily reported must be reported again on your next Semi-Annual Report (SAR 7), along with proof of the change.

☐ TERMINATION

Effective _____, your CalFresh benefits are terminated/denied because:

- ☐ Based on the reason your benefits are terminated, your household is also disqualified from participating in the CalFresh Program until _____. You may reapply for benefits at the end of this disqualification period.

☐ COMMENTS**REQUIRED INCOME REPORTING**

You must report whenever your household income goes above your Income Reporting Threshold (IRT). Your IRT is \$ _____.

CALFRESH BUDGET

Report Month _____

Household Size _____

Total Countable Earned Income	\$ _____
Adjusted Countable Earned Income	\$ _____
Total Unearned Income	\$ _____
Child Support Paid	\$ _____
Net Countable Income	\$ _____

Standard Deduction	\$ _____
Dependent Care	\$ _____
Homeless Shelter Deduction	\$ _____
Excess Medical Expense for Aged/Disabled	\$ _____
Total Deductions	\$ _____

Preliminary Adjusted Income	\$ _____
Housing Expenses	\$ _____
Utility Expenses	\$ _____
Allowable Shelter Deduction	\$ _____
Adjusted Net Income	\$ _____

CalFresh Allotment	\$ _____
CFAP Allotment	\$ _____
Less Overissuance	\$ _____
Total CalFresh Allotment	\$ _____

California offers two food benefit programs.

CalFresh is California's name for the federally funded Supplemental Nutrition Assistance Program (SNAP). To receive CalFresh benefits, you must meet federal rules, which require United States citizenship or certain immigration statuses (7 CFR 273.2(f)(1)(ii)(A) and MPP 63-403). CalFresh benefits appear in the budget as "CalFresh Allotment".

The California Food Assistance Program (CFAP) provides state-funded food benefits to some immigrants who are not eligible for federal food benefits. If immigration status is the only reason you or someone in your household is not eligible for CalFresh, then you may be eligible for CFAP. CFAP benefits appear in the budget as "CFAP Allotment".

Rules: These rules apply:
You may review them at your welfare office.

NON-DISCRIMINATION STATEMENT

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, audiotape, 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/ad-3027.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
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; or |
| 2. Fax: | (833) 256-1665 or (202) 690-7442; or | |
| 3. Email: | FNSCIVILRIGHTSCOMPLAINTS@usda.gov | |

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