

August 22, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 24-60**

The purpose of this All County Letter is to inform County Welfare Departments that the *Information for Households Applying for CalFresh with the Social Security Administration (CF SSA 1)* has been revised to update the non-discrimination statement and webpage links.



**KIM JOHNSON**  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



**GAVIN NEWSOM**  
GOVERNOR

August 22, 2024

ALL COUNTY LETTER NO. 24-60

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

SUBJECT: CALFRESH REVISED FORM: INFORMATION FOR HOUSEHOLDS  
APPLYING FOR CALFRESH WITH THE SOCIAL SECURITY  
ADMINISTRATION (CF SSA 1)

REFERENCE: [ALL COUNTY LETTER \(ACL\) NO. 19-44](#); [ACL NO. 21-70](#); AND  
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) §21-115](#)

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWDs) that the Information for Households Applying for CalFresh with the Social Security Administration (CF SSA 1) has been revised to update the non-discrimination statement and webpage links from GetCalFresh.org to BenefitsCal.com.

### **BACKGROUND**

The California Department of Social Services (CDSS) in partnership with the California Health and Human Services Agency, California Department of Health Care Services, the California Office of Technology and Solutions Integration, CWDs, and advocate partners has implemented the California Statewide Automated Welfare System (CalSAWS) and its client-facing benefits management system, BenefitsCal. BenefitsCal is an online portal that supports applicants and recipients of public benefit programs such as CalFresh, CalWORKs, and Medi-Cal. BenefitsCal is available in all 58 counties and allows recipients to apply for, view, and renew benefits.

CDSS is transitioning from the GetCalFresh application assistance tool to the BenefitsCal online application for the joint processing of CalFresh applications by the Social Security Administration (SSA) and CWDs. Due to this transition, CDSS is updating the webpage links on the CF SSA 1 to include BenefitsCal. This letter details the revisions to the CF SSA 1. For more information on SSA joint processing, refer to [ACL No. 19-44](#) dated May 9, 2019.

In addition, the non-discrimination statement has been revised to comply with federal regulations at [7 CFR 273.2\(b\)\(1\)\(viii\)](#).

### **UPDATED LANGUAGE ON THE CF SSA 1**

The revised language for the impacted sections of the CF SSA 1 is below.

### **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/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 Section  
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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

### **MORE INFORMATION ABOUT BENEFITSCAL.COM**

If your SSA technician helped you apply for CalFresh using the BenefitsCal portal, you can get more information about BenefitsCal at <https://benefitscal.com/>.

You can also learn more about their Privacy Policy at: <https://benefitscal.com/Help/terms-of-use/HCTOU?PrivacyPolicy&lang=en>.

### **IMPLEMENTATION TIMELINE**

The revised form is available on the CDSS website. SSA may use current stock of the form until the GetCalFresh application assistance tool sunsets September 30, 2024. SSA must use the revised form starting October 1, 2024.

### **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 [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 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](mailto:CalFreshPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By***

ALEXIS FERNÁNDEZ GARCIA  
Deputy Director  
Family Engagement and Empowerment Division

Attachment

## INFORMATION FOR HOUSEHOLDS APPLYING FOR CALFRESH WITH THE SOCIAL SECURITY ADMINISTRATION

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### YOU APPLIED FOR CALFRESH. WHAT'S NEXT?

You completed your CalFresh application with the help of the Social Security Administration (SSA). Here's what will happen next:

- Your local County social services office will process your CalFresh application and make a CalFresh eligibility decision.
- Your County may contact you by mail or by phone to get more information to process your application.  
*Important:* If contacted by phone, the County caller ID for the phone call may come from a "Private," "Unknown," or "County" phone number. Please be sure to answer any calls with these caller IDs for the next 30 days.
- Your County will make an eligibility decision within 30 days of the date you completed your CalFresh application with the help of SSA. If you do not hear from your County within 30 days, contact them.

### HOW TO CONTACT YOUR COUNTY SOCIAL SERVICES OFFICE

If you need to contact your County social services office for any reason, here's how you can do that:

- Call **(877) 847-3663** and enter your ZIP code to be connected to your County by phone. This service is available in English, Spanish, Cantonese, Vietnamese, Korean, and Russian. For speech and/or hearing assistance call 7-1-1 Relay.
- Find your local County office at <https://www.calfreshfood.org/>. Choose the "Come In" option and click on the "Find Locations" link. Once you enter your address, a map will show you the closest County office and give you the office address, phone number, and hours of operation.

If you need any help, a **reasonable accommodation**, or **language services**, please request this from your County.

If you want a copy of your CalFresh application, please request this from your County.

### HOW TO USE YOUR ELECTRONIC BENEFITS TRANSFER (EBT) CARD

- If your CalFresh application is approved, the County will mail you an EBT card or if you choose, you can come into your County office to pick one up. You can buy groceries with the EBT card.
- When you get your EBT card, sign it. You will also need to set-up a Personal Identification

Number (PIN) to use your EBT card. **Do not give out your PIN number** or keep it with your EBT card. Your County will never ask you for your PIN number.

- If your EBT card is lost, stolen, or destroyed, call (877) 328-9677 or call your County right away. If you think someone knows your PIN and you don't want that person to use your CalFresh benefits, call (877) 328-9677 or call your County right away.
- You can use your EBT card at most grocery stores and some farmer's markets. You cannot use your CalFresh benefits to buy alcohol, tobacco, pet food, some types of hot and prepared foods, or anything that is not food (like toothpaste, soap, or paper towels).

## HOW TO KEEP YOUR CALFRESH BENEFITS

There are certain steps you need to take to keep your CalFresh benefits.

### 1. Report when your income increases and goes over the "Income Reporting Threshold (IRT)"

- a. Your monthly gross income is the amount of money your household receives before taxes.
- b. Your County will tell you your household IRT when your CalFresh application is approved.
- c. Any time your household's gross monthly income goes over the IRT, you must report the new gross monthly income to your County within 10-days of getting it.

My household IRT is: \_\_\_\_\_

### 2. Complete and submit your periodic report (SAR 7) on time

- a. A SAR 7 is a CalFresh report you must use to provide your County an update on your household's information (income, number of people living in the home, expenses, change of address, etc.)
- b. Your County will mail you a SAR 7 form and it will tell you the due date.
- c. You must complete and submit your SAR 7 by the due date. If you are reporting changes, you may need to provide proof. Tell your County if you need help providing proof.

My periodic report (SAR 7) due date is: \_\_\_\_\_

### 3. Complete and submit your recertification application (CF 37) on time

- a. A CF 37 is a recertification application you must use to make sure you still qualify for CalFresh. You must tell your County information about your household.
- b. Your County will mail you a recertification application packet or appointment letter and it will tell you the due date.
- c. You must complete and submit your recertification application by the due date. You may need to provide proof. Tell your County if you need help providing proof.

My recertification application (CF 37) due date is: \_\_\_\_\_

## KNOW YOUR RIGHTS AND RESPONSIBILITIES

*You have the right to:*

- Turn in an application for CalFresh giving only your name, address, and signature.
- Be treated with courtesy, consideration, and respect, and not be discriminated against.
- Have an interpreter provided at no cost if you need one.
- Ask for help to fill out your application, ask for an explanation of the rules, or ask for help to get proof that is needed.
- Let the County know if you would like someone else to use your benefits for you or help with your CalFresh case (Authorized Representative).
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get at least 10 days to give the County proof that is needed to make a determination of eligibility.
- Give proof of your household's expenses that may help you get more benefits. Not giving proof to the County is the same as saying that you do not have the expense and you will not be able to get more benefits.
- Withdraw your application at any time prior to the County determining eligibility.
- Get written notice at least 10 days before the County lowers or stops your benefits.
- Discuss and review your case with the County when you ask to do so.
- Report changes that you are not required to report, if doing so may increase your benefits.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Ask for a State hearing within 90 days if you do not agree with the County about your CalFresh case. If you ask for a hearing before an action on your CalFresh case takes place, your CalFresh benefit will stay the same until the hearing or the end of your certification period, whichever is earlier. You can ask the County to let your benefit change until after the hearing to avoid having to pay back any overpaid benefits. If the Administrative Law Judge rules in your favor, the County will give back to you any benefits that are owed to you.
- Ask about your hearing rights or for legal aid referral at the toll-free phone number – (800) 952-5253 – or for hearing or speech impaired who use TDD (800) 952-8349. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you don't want to go alone.
- Get assistance from the County to register to vote.

*You have the responsibility to:*

- Give the County all the information needed to determine your eligibility.
- Give the County proof of the information when needed.
- Report changes as required. The County will give you information about what, when, and how to report. If you don't meet your reporting requirements, your case may be closed, or your benefits may be lowered or stopped.
- Fully cooperate with County, State, or Federal personnel if your case is selected for review. The review is to ensure that your eligibility and benefit level is correct and failure to cooperate will result in a loss of your benefits.
- Pay back any benefits that you were not eligible to get.

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|           |                                  |                               |
|-----------|----------------------------------|-------------------------------|
| (1) Mail: | Food and Nutrition Service, USDA | CDSS                          |
|           | 1320 Braddock Place, Room 334    | Civil Rights Section          |
|           | 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

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If you want information about or need assistance registering to vote, contact your County social services office.

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*Please keep this information for your records.*