

November 18, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-87

The purpose of this All County Letter is to provide guidance on the latest extension of the CalFresh Water Pilot. The CalFresh Water Pilot will continue until allocated funding expires.



JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

November 18, 2024

ALL COUNTY LETTER NO. 24-87

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

SUBJECT: CALFRESH WATER PILOT EXTENSION

REFERENCE: [CALIFORNIA WELFARE & INSTITUTIONS CODE \(WIC\) SECTION 18901.25;](#)
[ASSEMBLY BILL \(AB\) 120 \(CHAPTER 43, STATUTES OF 2023\);](#)
[AB 102 \(CHAPTER 38, STATUTES OF 2023\);](#)
[AB 161, SECTION 58 \(CHAPTER 46, STATUTES OF 2024\);](#)
[ALL COUNTY LETTER \(ACL\) NO. 20-97; ACL NO. 21-50;](#)
[ACL NO. 21-50E; ACL NO. 19-45; ACL NO. 22-101;](#)
[ACL NO. 23-70;](#)
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 21-115](#)

The purpose of this All County Letter (ACL) is to provide guidance regarding the latest extension of the CalFresh Water Pilot (Pilot) in selected Kern County ZIP codes. The Pilot will continue until allocated funding expires.

BACKGROUND

The Pilot provides an additional \$50 in nutrition benefits to eligible CalFresh households in selected Kern County ZIP codes to purchase drinking water. Pilot households living in the selected ZIP codes have community water systems that did not meet drinking water standards under the California Safe Drinking Water Act.

The Pilot started on March 1, 2022, and was originally scheduled to last for 12 months, depending on ZIP code selection and available funding. The Pilot was first extended due to available funding for an additional eight months, through October 31, 2023. The Pilot was then extended again through June 30, 2025. [Assembly Bill 161, Section 58](#) now extends the Pilot until allocated funding expires.

For additional background information and details regarding the Pilot, please refer to [ACL No. 20-97](#) issued September 2, 2020, [ACL No. 21-50](#) issued April 28, 2021, [ACL No. 21-50E](#) issued March 4, 2022, [ACL No. 22-101](#) issued November 30, 2022, and [ACL No. 23-70](#) issued August 2, 2023.

PILOT EXTENSION DETAILS

The Pilot is now extended until program funding expires. Pilot households will receive a discontinuance notice when the Pilot concludes. All Pilot program guidance will remain the same unless otherwise noted in this letter.

Eligible ZIP Codes and Households

Households currently participating in the Pilot will continue to receive Pilot benefits through the extension, as long as they remain otherwise eligible. Eligible CalFresh Water Pilot ZIP codes are:

- **93241** (Lamont)
- **93220** (Edison)
- **93243** (Gorman-Lebec)
- **93311** (Bakersfield)
- **93387** (Bakersfield)
- **93386** (Bakersfield)
- **93528** (Johannesburg)
- **93560** (Rosamond).

No additional ZIP codes or households will be added to the Pilot with the implementation of the extension.

Reporting

CDSS will continue to internally track the number of Pilot households and amount of benefits issued monthly. At the end of the Pilot, the California Statewide Automated Welfare System (CalSAWS) will transmit its final benefit issuance totals, household counts, and number of individuals served, sorted by month and ZIP code, to the CalFresh Policy and Employment Bureau.

Noticing

The CF 304F Notice of CalFresh Water Pilot Extension is a new notice developed to notify participating Pilot households of the latest extension. The CF 304F will be issued by CalSAWS to participating Pilot households by the end of May 2025.

The new Pilot extension notice will be provided in English and Spanish only and will be issued with a [Notice of Language Services \(GEN 1365 – 2/20\)](#). Issuance of the GEN 1365 will support language access and the provision of sight translation services as necessary on a case-by-case basis for languages other than English and Spanish.

The English and Spanish CF 304F have been issued with this ACL.

Quality Control Impacts

Pilot benefits are state-funded benefits as stated in [ACL No. 20-97](#). Therefore, Pilot benefits are not subject to federal or state Quality Control (QC) review procedures.

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 [ACL No. 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 No. 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 No. 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

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachment

**NOTICE OF CALFRESH WATER
PILOT EXTENSION**

COUNTY OF _____

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

(Addressee)

**If you have any questions or want more
information about this action, please contact
your worker.**

You are receiving this notice because you are currently receiving CalFresh Water Pilot benefits. The CalFresh Water Pilot has now been extended until funding runs out. You will receive a discontinuance notice when the CalFresh Water Pilot ends.

WHAT DOES THIS MEAN FOR YOUR HOUSEHOLD

Your household will continue to receive an additional \$50 in food benefits as part of the CalFresh Water Pilot. You will receive this \$50 in food benefits each month as long as you remain eligible and the CalFresh Water Pilot continues. You do not have to do anything to continue receiving benefits through this extension.

WATER PILOT ELIGIBILITY

You must be receiving regular CalFresh benefits and reside in an eligible ZIP code to maintain CalFresh Water Pilot eligibility. Eligible CalFresh Water Pilot ZIP codes are **93241** (Lamont), **93220** (Edison), **93243** (Gorman-Lebec), **93311** (Bakersfield), 93387 (Bakersfield), **93386** (Bakersfield), **93528** (Johannesburg), and **93560** (Rosamond). If you have any questions, contact your worker.

As a reminder, these food benefits are to help you to purchase drinking water, but you do not need to use them to buy water.

Rules: These rules apply to the above action(s):
W&IC §18901.25

You may review them online at cdss.ca.gov or at your local county office.

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:

**AVISO DE EXTENSIÓN DEL
PROGRAMA PILOTO DE
CALFRESH PARA COMPRAR
AGUA**

CONDADO DE

Fecha del aviso : _____
Nombre del caso : _____
Número del caso : _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono: _____
Dirección : _____

(Addressee)

**Si tiene alguna pregunta o desea más
información sobre esta acción, comuníquese
con su trabajador.**

Está recibiendo este aviso porque actualmente está recibiendo beneficios del programa piloto de CalFresh para comprar agua. El programa piloto de CalFresh para comprar agua ha sido extendido hasta que se agoten los fondos. Usted recibirá un aviso de discontinuación cuando el programa piloto termine.

¿QUÉ SIGNIFICA ESTO PARA SU HOGAR?

Su hogar continuará recibiendo \$50 adicionales en beneficios de alimentos como parte del programa piloto de CalFresh para comprar agua. Recibirá estos \$50 en beneficios de alimentos cada mes mientras siga siendo elegible y el programa piloto continúe. No tiene que hacer nada para seguir recibiendo beneficios a través de esta extensión.

ELEGIBILIDAD DEL PROGRAMA PILOTO PARA COMPRAR AGUA

Debe estar recibiendo beneficios regulares de CalFresh y residir en un código postal elegible para mantener la elegibilidad del programa piloto de CalFresh para comprar agua. Los códigos postales elegibles para este programa piloto son **93241** (Lamont), **93220** (Edison), **93243** (Gorman-Lebec), **93311** (Bakersfield), **93387** (Bakersfield), **93386** (Bakersfield), **93528** (Johannesburg) y **93560** (Rosamond). Si tiene alguna pregunta, comuníquese con su trabajador.

Como recordatorio, estos beneficios de alimentos son para ayudarle a comprar agua potable, pero no necesita usarlos para comprar agua.

Reglas: estas reglas se aplican a la(s) acción(es) anterior(es):
W&IC §18901.25

Puede revisarlas en línea en cdss.ca.gov o en su oficina local del condado.

SU DERECHO A UNA AUDIENCIA

SU DERECHO A UNA AUDIENCIA (Vea también PUB 412 en www.cdss.ca.gov/inforesources/state-hearings)

Puede solicitar una audiencia si no está de acuerdo con una acción o falta de acción del condado/agencia. Tiene **90 días** para hacerlo a partir del día siguiente a la fecha del aviso. Después de los 90 días, debe demostrar que tenía un motivo justificado para solicitarla tarde. También puede solicitar una audiencia para revisar sus beneficios de los últimos 90 días. Si solicita una audiencia antes de la fecha del cambio, sus beneficios no cambiarán. Sus beneficios de CalFresh se descontinuarán si no vuelve a certificar cuando se debe.

- **En línea** en acms.dss.ca.gov. Seleccione "Create an account" (crear una cuenta) para tener una cuenta ACMS y obtener documentos en línea; o seleccione "Submit Appeal without Account" (presentar una apelación sin una cuenta) para presentar una apelación sin una cuenta O
- **Llame** gratis al (800) 743-8525 (o TDD (800) 952-8349) O
- **Fax** - complete esta página y envíela por fax al (833) 281-0905 O
- Complete esta página y envíela de una de las siguientes maneras:
 - o **En persona:** _____
 - o **Por correo postal:**
CDSS State Hearings Division,
PO Box 944243, MS 21-37
Sacramento CA 94244-2430
 - o **Por correo electrónico:** SHDCSU@DSS.ca.gov

PETICIÓN PARA UNA AUDIENCIA

1. Mi problema de audiencia involucra a _____ (programa de beneficios) y al condado/agencia _____.
2. Quiero una audiencia porque: _____
3. Nombre de la persona que necesita una audiencia: _____ Fech. de nac.: _____
4. Dirección postal: _____ Núm. de teléfono: _____
Quiero recibir avisos de audiencia por parte de la División de Audiencias Estatales por correo electrónico.
- Correo electrónico:** _____
5. **Nombre/Firma:** _____ **Fecha** _____
6. Intérprete: Quiero un intérprete **gratis** para el idioma o dialecto _____.
7. ¿Adaptación por discapacidad para la audiencia? No Sí (explique): _____
8. Su audiencia se programará por teléfono. Si desea que su audiencia se lleve a cabo por un método diferente, díganos cómo:
Por teléfono Por vídeo (*ve al juez en su teléfono/computadora*) En persona en el sitio de audiencia del condado
No tengo teléfono ni acceso a internet. Quiero ir y usar el teléfono o el vídeo en el sitio de audiencia para mi audiencia.
9. Necesito una audiencia programada más rápida debido a: Denegación de beneficios de emergencia de CalFresh o CalWORKs
Emergencia médica Desalojo/Sin hogar Otro (explique): _____
10. Si presenta su apelación de manera oportuna, antes de que entre en vigor la acción enumerada en el aviso, su asistencia permanecerá igual. Para CalWORKs (incluyendo el cuidado infantil) y CalFresh, si la acción del condado era correcta, tiene que devolver cualquier asistencia adicional.
Marque para que mientras espera la audiencia le reduzcan o suspendan sus beneficios de:
CalWORKs Cuidado infantil CalFresh
11. Puede pedirle a un amigo, pariente, asesor legal u otra persona que lo ayude con su audiencia. **Si han acordado:**
NOMBRE: _____ e-mail: _____
Dirección: _____ Teléfono: _____
12. **Para obtener ayuda:** Estos grupos mencionados a continuación pueden brindarle asesoramiento legal o representarlo en la audiencia: