

October 10, 2017

ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL)

TO: ALL COUNTY WELFARE DIRECTORS

FROM: TODD BLAND, Deputy Director
Family Engagement and Empowerment Division

SUBJECT: CALFRESH APPLICATION PROCESSING FOR DISPLACED
HOUSEHOLD'S RECEIVING PUERTO RICO'S NUTRITION
ASSISTANCE PROGRAM (NAP)

The purpose of this letter is to provide County Welfare Departments (CWDs) with guidance on processing CalFresh applications submitted by individuals who were receiving benefits under Puerto Rico's NAP, but, due to Hurricanes Irma and Maria, have been displaced to States or Territories that operate the Supplemental Nutrition Assistance Program (SNAP). Due to the scope of the disaster, residents of Puerto Rico have begun or will begin to arrive in California. California will serve these households under regular CalFresh eligibility rules, including expedited service (ES) procedures when appropriate, so long as the household signs an affidavit stating that they understand that no member of the household may receive benefits from both NAP and CalFresh simultaneously and that the household will close its NAP case as soon as possible.

CalFresh for Displaced Households & Required Affidavit

Households that receive NAP may apply for and receive CalFresh prior to closing their NAP case, so long as they sign the affidavit. Once the affidavit has been signed, CWDs will process applications under regular CalFresh rules and procedures, issuance standards and reporting requirements. FNS has provided a sample affidavit in English and Spanish which is attached to this letter. As a reminder, if a signed affidavit cannot be secured, CWDs may read the affidavit aloud and indicate in the case notes that the household made a verbal attestation.

Households who were not receiving NAP when they were displaced from Puerto Rico do not need to sign the affidavit.

This policy is intended to assist households who were receiving NAP in Puerto Rico and cannot readily close their case, but are in immediate need of food assistance. It is FNS' expectation that NAP households will terminate their NAP case as soon as possible. Puerto Rico has assured FNS that NAP benefits are not interoperable outside of the Territory, hence there's no need for CWDs to screen these applicants for duplicate participation by contacting the home state (i.e. Puerto Rico) before issuing benefits.

If a displaced household is unable to provide necessary verifications requested by the CWD due to unusual circumstances such as a natural disaster, a signed and dated written affidavit, under penalty of perjury, can be used in place of the requested verification.

The CWDs are not required to report to CDSS the number of displaced individuals served (persons and households) and the amount of benefits issued.

The CWDs are encouraged to inform displaced individuals of the availability of CalFresh in CWD offices, websites, and other appropriate channels.

If you have any questions about this ACWDL, or if you would like additional guidance on how to properly process a case should a displaced individual apply for CalFresh benefits in your county, please contact the CalFresh Policy Bureau at (916) 651-8047.

Affidavit for Supplemental Nutrition Assistance Program (SNAP) applicants who were receiving Nutrition Assistance Program (NAP) when they were displaced from Puerto Rico due to Hurricanes Irma and Maria

Instructions: If you would like to receive Supplemental Nutrition Assistance Program (SNAP) and were receiving Nutrition Assistance Program (NAP) benefits in Puerto Rico, you must fill out the following information and verify that you will not participate in both programs at the same time.

NAME (Head of household):

NAME (Other members of household):

SNAP APPLICATION/CASE NUMBER (If available):

CURRENT ADDRESS:

ADDRESS IN PUERTO RICO:

NAP CASE NUMBER(If available):

STATEMENT AGAINST DUPLICATE PARTICIPATION:

I understand that each member of my household may not receive benefits from the Nutrition Assistance Program (NAP) or the Supplemental Nutrition Assistance Program (SNAP) at the same time. If I am found eligible for SNAP benefits, I attest under penalty of perjury and disqualification that I will not participate in both programs simultaneously and will close my household's NAP case at the earliest possible opportunity.

Signature:

Date:

Declaración Jurada para los solicitantes de Supplemental Nutrition Assistance Program (conocido como SNAP por sus siglas en inglés, antes conocido como Cupones Para Alimentos o Food Stamp Program), quienes antes recibían beneficios del Programa de Asistencia Nutricional (PAN) y fueron desplazados de Puerto Rico a causa de los Huracanes Irma y Maria

Instrucciones: Si desea recibir beneficios de SNAP en este estado y estaba recibiendo beneficios de PAN en Puerto Rico, es necesario llenar la siguiente información y declarar que no participará en ambos programas al mismo tiempo.

NOMBRE (Jefe del hogar):

NOMBRE (Otros miembros del hogar):

NÚMERO DE SOLICITUD O CASO DE SNAP (Si lo tiene disponible):

DIRECCIÓN ACTUAL:

DIRECCIÓN DEL HOGAR EN PUERTO RICO:

NÚMERO DE CASO DE PAN (si lo tiene disponible):

DECLARACIÓN ENCONTRA DE DOBLE PARTICIPACIÓN:

Yo entiendo que ningún miembro de mi hogar recibirá beneficios de SNAP y PAN al mismo tiempo. Si determinan que soy elegible para los beneficios de SNAP, declaro bajo pena de perjurio y descalificación que no participaré en ambos programas (PAN y SNAP) al mismo tiempo. También declaro que contactaré a las oficinas de PAN para cerrar mi caso de PAN lo más pronto posible.

Firma del Solicitante:

Fecha:
