



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

September 25, 2013

ALL COUNTY INFORMATION NOTICE I-61-13

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

SUBJECT: SUNSET OF THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) - EFFECTIVE **NOVEMBER 1, 2013**, RESULTING IN CHANGES TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) MAXIMUM MONTHLY BENEFIT LEVELS PREVIOUSLY ISSUED IN ALL COUNTY INFORMATION NOTICE I-52-13.

REFERENCE: UNITED STATES DEPARTMENT OF AGRICULTURE, FOOD AND NUTRITION SERVICE (FNS) AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) SUNSET IMPACT ON ALLOTMENTS EFFECTIVE **NOVEMBER 1, 2013**. ALL COUNTY LETTER (ACL) 09-12, ALL COUNTY LETTER (ACL) 12-25, ALL COUNTY INFORMATION NOTICE (ACIN) I-46-12, I-41-13 AND I-52-13

This letter transmits information on the sunset of the American Recovery and Reinvestment Act of 2009 (ARRA). Under ARRA, the maximum allotments were raised by 13.6 percent of the June 2008 value of the Thrifty Food Plan (TFP) and provided that benefits could not decline below this level for Supplemental Nutrition Assistance Program (SNAP) households, during the period of October 1, 2009 through October 31, 2013. However, as a result, of the sunset of ARRA effective November 1, 2013, maximum allotments will decrease for SNAP households. The new maximum allotments will be:

Household Size:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	Each Additional Person
\$189	\$347	\$497	\$632	\$750	\$900	\$995	\$1137	\$142

Note: The FFY 2014 CalFresh COLA adjustments released in All County Information Notice (ACIN) I-52-13 remain unchanged. The attachment at the end of this letter reflects the COLA adjustments combined with the reduction to the CalFresh allotments effective November 1, 2013 through September 30, 2014. (See ATTACHMENT II)

Post ARRA Tables of Benefit Issuance effective November 1

The Tables of Benefit Issuance were issued to counties under a separate cover. To request a copy of the bracketed tables of issuance for the period of November 1, 2013 through September 30, 2014, please send an e-mail request to shanee.clark@dss.ca.gov.

Stuffer Notice

The CF 11 (ENG/SP), the general mass change notice, is included in this package. This notice informs clients about changes in CalFresh allotments and the SUA/LUA deduction amount. There is no change in the TUA deduction. Prior to duplication, County Welfare Departments (CWDs) must ensure that the CF 11 notice contains the county-specific address that clients should use to send written state hearing requests.

In accordance with the MPP section 63-504.39, CWDs must inform all households on or before November 1, 2013 of the new CalFresh benefits and deductions. CWDs may opt to use the mass change notice or may notify households via the news media or may post this information in certification offices, issuance locations or other sites frequented by certified households. However, households must be informed of the changes no later than November 1, 2013.

Camera-Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov

If your office has internet access you may obtain this form from the [CDSS webpage](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm) at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on an on-going basis on our [web site](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

ALL COUNTY INFORMATION NOTICE NO. I-61-13
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If you have any questions regarding this letter, please contact your CalFresh county consultant or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

LINDA PATTERSON, Chief
CalFresh Branch

Attachments

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CALFRESH PROGRAM
NOVEMBER 1, 2013 – SEPTEMBER 30, 2014
California Monthly Income Eligibility Standards
Allotments and Deductions

Net Monthly Income Eligibility Standards (100% of Poverty Level)

Household Size	Net Income
1	\$958
2	1,293
3	1,628
4	1,963
5	2,298
6	2,633
7	2,968
8	3,303
Each Additional Member	+335

Gross Monthly Income Eligibility Standards/Income Reporting Threshold (IRT) for Semi-Annual Reporting (SAR) (130% of Poverty Level)

Household Size	Gross Income
1	\$1,245
2	1,681
3	2,116
4	2,552
5	2,987
6	3,423
7	3,858
8	4,294
Each Additional Member	+436

Gross Monthly Income Eligibility Standards For Households Where Elderly/Disabled Are A Maximum CalFresh Allotments Separate Household (165% of Poverty Level)

Household Size	Gross Income	Household Size	Allotment
1	\$1,580	1	\$ 189
2	2,133	2	347
3	2,686	3	497
4	3,239	4	632
5	3,791	5	750
6	4,344	6	900
7	4,897	7	995
8	5,450	8	1,137
Each Additional Member	+553	Each Additional Member	+142

DEDUCTIONS

Standard Deduction	\$152 (HH size 1, 2, & 3)
	\$163 (HH size 4)
	\$191 (HH size 5)
	\$219 (HH size 6+)
Maximum Shelter Deduction	\$478
SUA	\$363
LUA	\$109
TUA	\$20 (unchanged)
Homeless Household Shelter Allowance	\$143 (unchanged)

NOTICE TO ALL CALFRESH RECIPIENTS IMPORTANT — PLEASE READ

Effective November 1, 2013, Federal laws provide for the following change in maximum CalFresh allotments due to the ending of the American Recovery and Reinvestment Act of 2009 (ARRA).

Maximum CalFresh Allotments: These are benefit amounts your household would receive if your household had no income.

Household Size:	1	2	3	4	5	6	7	8	Each Additional Person
	\$189	\$347	\$497	\$632	\$750	\$900	\$995	\$1137	+142

- Additionally, the maximum excess shelter deduction remains unchanged at \$478.00.
- The homeless shelter allowance of \$143.00 remains unchanged.
- The standard deductions remain unchanged.

Standard Deductions for FFY 2014:

Household Size	Standard Deductions
1 to 3 persons	\$152.00
4 persons	\$163.00
5 persons	\$191.00
6 or more persons	\$219.00

The Standard Utility Allowance (SUA) of \$363.00, remains unchanged.

The Limited Utility Allowance (LUA) of \$109.00, also remains unchanged for FFY 2014.

If the SUA/LUA is used as part of your shelter deduction and if you have had no changes in your CalFresh case, your CalFresh benefits may be changed. With the changes in your CalFresh benefits, the amount you will get depends on other household changes. These changes will be included in any notice you get that tells you about other changes in your CalFresh benefits.

You must report if your household's monthly income is more than the limit for your household size based on the following:

Household Size:	1	2	3	4	5	6	7	8	Each Additional Person
	\$1,245	\$1,681	\$2,116	\$2,552	\$2,987	\$3,423	\$3,858	\$4,294	+436

If you think we made a mistake in figuring your November CalFresh benefits due to the new amounts for allotments and SUA/LUA you may ask for a state hearing, **within 90 days of when you got this letter** by writing to:

or you may call toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349. When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing or you can have a friend, attorney, or other person speak for you, but you must get these people to help you. You may ask for free legal aid at a legal aid office in your area.

AVISO A TODAS LAS PERSONAS QUE RECIBEN BENEFICIOS DE CALFRESH IMPORTANTE — FAVOR DE LEER

A partir del 1º de noviembre, 2013, las leyes federales estipulan un cambio en las siguientes asignaciones máximas de beneficios del Programa de CalFresh debido a que se termina el Decreto de 2009 sobre la Recuperación y Reinversión de América (*American Recovery and Reinvestment Act of 2009* - ARRA).

Asignaciones máximas de beneficios del Programa de CalFresh: Estas son las cantidades de beneficios que su grupo para fines de CalFresh (de aquí en adelante llamado "grupo") recibiría si el grupo no tuviera ingresos.

Número de personas en el grupo:	1	2	3	4	5	6	7	8	Cada persona adicional
	\$189	\$347	\$497	\$632	\$750	\$900	\$995	\$1137	+142

- Además, la cantidad de \$478.00 para el máximo para la deducción por gastos excesivos de vivienda permanecerá igual.
- La asignación de \$143.00 para alojamiento/albergue para personas sin hogar permanecerá igual.
- Las deducciones normales permanecerán igual.

Deducciones normales para el año fiscal federal (FFY) 2014:

No. de personas en el grupo	Deducciones normales
1 a 3 personas	\$152.00
4 personas	\$163.00
5 personas	\$191.00
6 ó más personas	\$219.00

La cantidad normal permitida de \$363.00 para servicios públicos y municipales (*Standard Utility Allowance* - SUA) permanecerá igual.

La cantidad limitada permitida de \$109.00 para servicios públicos y municipales (*Limited Utility Allowance* - LUA) también permanecerá igual para FFY 2014.

Si la SUA/LUA se usa como parte de su deducción por vivienda y no ha tenido cambios en su caso de CalFresh, es posible que haya un cambio en sus beneficios de CalFresh. Con los cambios en sus beneficios de CalFresh, la cantidad que recibirá dependerá de otros cambios en su grupo. Estos cambios se incluirán en cualquier notificación que reciba indicándole otros cambios en sus beneficios de CalFresh.

Usted tiene que reportar si los ingresos mensuales de su grupo son más que el límite para el tamaño de su grupo basándose en lo siguiente:

Número de personas en el grupo:	1	2	3	4	5	6	7	8	Cada persona adicional
	\$1,245	\$1,681	\$2,116	\$2,552	\$2,987	\$3,423	\$3,858	\$4,294	+436

Si cree que cometimos un error al calcular la cantidad de sus beneficios de CalFresh correspondientes al mes de noviembre, debido a las nuevas cantidades relacionadas con las asignaciones y la SUA/LUA, puede pedir una audiencia con el Estado **antes de que pasen 90 días a partir de la fecha en que recibió esta carta**, escribiendo a:

o llamando gratuitamente al 1-800-952-5253. Si usted es una persona sorda y usa un aparato de telecomunicaciones para las personas sordas (TDD), llame al 1-800-952-8349. Cuando pida una audiencia con el Estado, tendrá que decirnos por qué cree que cometimos un error. Puede representarse a sí mismo en la audiencia o lo puede representar un amigo, abogado u otra persona, pero usted tiene que pedirles a esas personas que le ayuden. Puede pedir asistencia legal gratuita en una oficina de asesoramiento legal (*legal aid office*) en el área donde usted vive.