

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



April 18, 2005

ALL COUNTY INFORMATION NOTICE NO. I-19-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: NEW, REVISED AND OBSOLETE FORMS IN THE FOOD STAMP PROGRAM (FSP)

The purpose of this letter is to advise counties of a newly developed informing notice, revised forms and obsolete forms for the FSP. These forms are described below and are attached for reference.

New/Revised Forms**DFA 303 – Replacement Affidavit/Authorization**

The DFA 303 is revised for use with the Electronic Benefits Transfer (EBT) system. This form is to be used for recipients to request replacement benefits and for EBT cards not received or lost/stolen and benefits were transacted by an unauthorized person.

FS 23 QR – Food Stamp Benefits/How to Report Household Changes

The second paragraph on the back of the form is revised to inform Non-Assistance Food Stamp (NAFS) households that the household will be discontinued when a voluntary report of income exceeds 130% of Federal Poverty Level (FPL). The revision reads as follows: "If you receive only food stamp benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued."

"Some examples of voluntary reporting that may cause your benefits to go down in the next quarter include:"

QR 285B – Food Stamp Budget Worksheet

The QR 285B is revised to eliminate the possibility of averaging cash aid over the Quarterly Reporting (QR) payment quarter. QR rules do not provide for averaging cash aid payments over the QR payment quarter. Under the unearned income section, the cash aid column is deleted. Instead:

- A new line was inserted under Section B for the addition of cash aid after averaging of other unearned income has occurred,
- A new line 7 was also inserted to list a total for all unearned income,
- Section C, line 2, now reads "Total Gross Income (A5 + B5)",
- Section D, line 3, now reads "Total Gross Unearned Income (B7)".

SAWS 2A QR- Rights and Responsibilities

The language will be revised on the SAWS 2A QR to inform NAFS households that the food stamp household will be discontinued when a voluntary report of income exceeds 130% of FPL.

TEMP 2223 – Notice to All Quarterly Reporting (QR) Households Not Receiving Cash Aid

This is a notice developed to inform NAFS households about the voluntary report of income exceeding 130% of the FPL. It is to be used pending finalization of the SAWS 2A and/or as needed by counties to inform households of the reporting change.

The TEMP 2223 is available on the internet and the form will not be reproduced at the state level.

Obsolete Forms

DFA 286 (01/00) - Food Stamp Household Issuance Record (HIR Card)

Used to track number of food stamp coupons books issued to the participant.

DFA 290 (3/02) - Food Coupon Book Issuance Register

Used to track food stamp coupon book inventory.

DFA 293 (01/00) - Cashier's Daily Report

Used to daily inventory of food stamp coupon books.

DFA 301 (11/99) - Mail Issuance Request

Used by the food stamp household to request food stamp benefits (coupons) by mail instead of picking up benefits at local CWD office.

FS 5 (1/99) – Notice to All Food Stamp Recipients

Used to inform food stamp recipients when there was an increase in their Standard Utility Allowance (SUA).

FS 15 (ENG/SP) (9/99) – Notice to all Quarterly Reporting Food Stamp Households Not Receiving Cash Aid

Used to inform food stamp recipients when there was an increase in their maximum excess shelter deduction because of a change in federal Food Stamp laws.

Camera Ready Copies and Translations

For a camera-ready copy of English and Spanish forms, contact the Forms Management Unit at (916) 657-1907. If your office has Internet access, you may obtain these forms from the CDSS web page at: www.cdss.ca.gov/cdssweb/OnlineFor_271.htm. When translations are completed, they are posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at: www.cdss.ca.gov/cdssweb/formsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 445-6778.

The obsolete forms will be removed from the internet immediately and will no longer be available. If you have any questions regarding food stamp forms, please contact Frederick Hodges III at (916) 653-7393. For questions regarding CalWORKs forms, please contact Beverly Thomas at (916) 654-6127.

Sincerely,

Original signed by

RIGHTON YEE, Chief
Food Stamp Branch

Attachments

REPLACEMENT AFFIDAVIT/AUTHORIZATION (DFA 303)

Instructions: In Part A check which box(es) apply to you, sign and return this form within 10 days of your reported loss or no replacement can be made.

PART A - HOUSEHOLD AFFIDAVIT

I, _____,
declare that the household:

- ☐ Electronic Benefits Transfer (EBT) card was not received in the mail at the address below and the benefits have been transacted by an unauthorized person:

Mailing Address (Number, Street, P.O. Box)		
City	State	Zip
Home Address (If Different) (Number, Street)		
City	State	Zip

- ☐ EBT card was reported lost/stolen to the county or to EBT hotline and the county, or the EBT hotline failed to cancel the EBT card and the benefits have been transacted by an unauthorized person.

Reported on _____ at _____
DATE TIME

to _____

- ☐ Food destroyed in household misfortune or disaster. What happened and when:

I declare the above statement is true and correct to the best of my knowledge. I also understand that if I give wrong or incomplete facts I may be disqualified from the Food Stamp Program, fined, imprisoned, or all three.

SIGNATURE OF RESPONSIBLE HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE (WHO GOT REPLACEMENT)

DATE



COUNTY USE ONLY

Case Name:
Case Number:
Worker:
Date DFA 303 Received:

PART B - REPLACEMENT BENEFITS

- ☐ APPROVED - EBT Replacement Date _____
- ☐ EBT: Authorized Replacement Amount \$ _____
- ☐ DENIED - Reason for Denial (Explain)

SIGNATURE (PERSON AUTHORIZING OR DENYING REQUEST)

DATE

PART C - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

RECEIVED BY:

DATE

Rules: These rules may apply and you may review at your welfare office MPP 16-515.

FOOD STAMP BENEFITS

HOW TO REPORT HOUSEHOLD CHANGES

Everyone who receives food stamp benefits must report when their income or household situation changes. Most households have to report these changes on a quarterly basis. Other households will report changes on the change reporting basis. Your worker will tell you whether you are a quarterly or change reporting household. If you're not sure how to report changes, what changes to report, or what proof we need, be sure to ask your worker.

The following list describes each type of reporting.

QUARTERLY REPORTING

If your worker tells you that you are a quarterly reporting household, you will need to turn in a completed Quarterly Eligibility Report (QR 7) by the 5th day of each 3rd month of the quarter. Your worker will tell you about your quarters.

When you turn in your QR 7, the information will be used to determine the amount of food stamp benefits you can get for the next quarter. For example:

If you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or food stamp benefits for April, May and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you will get in April, May and June to figure your cash aid and/or food stamp amount for those months. This is called prospective budgeting.

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter. This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your report month and will be considered late if not received by the 11th day of the month. If your QR 7 is late, you will have to pay back any cash aid or food stamps that you received but was not supposed to get.

You will have to report all income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your income and expenses that you expect to happen in the next quarter.

If you do not turn in a completed Quarterly Eligibility Status Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on a Quarterly Report:

- Earned income from any source;
- Unearned income of any kind;
- Anyone getting free rent or utilities;
- Anyone who has expenses that are paid by someone else;
- Reduced hours of work or training;
- Someone moves in/out of your home;
- If you move;
- Any real or personal property bought, sold or exchanged;
- Any change in court-ordered child support paid by a household member;
- Anyone's citizenship/immigration status changes or receives correspondence from the U.S. Citizenship and Immigration Services (USCIS) (formerly INS);
- Anyone reaches 60 years of age;
- Anyone gets a job, training or school payments for expenses;
- Anyone has a job, training or school costs such as for dependent care or supplies;
- Any household member convicted of a drug-related felony after August 22, 1996 for manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.
- Any household member fleeing from the law or in violation of probation.

REPORTING CHANGES DURING THE QUARTER

You must report the following things within ten (10) days of the changes even if it is not your report month. You are to report:

- If your address changes.
- If you are an Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

REPORTING VOLUNTARY CHANGES

You may also report other information voluntarily, even when it is not your report month. Reporting information voluntarily may cause your household benefits to go up. The county will take action within ten (10) days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. **Even if you have already reported something to the County, you must also report it on your next QR 7.**

REPORTING VOLUNTARY CHANGES - Continued

Some examples of voluntary reporting that may cause your benefits to go up include:

- Loss of income;
- Member becomes disabled or 60 years old;
- Member begins to pay court-ordered child support;
- New household member in the home;
- Shelter/housing cost increases;
- Medical expenses.

If you receive food stamp benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Some examples of voluntary reporting that may cause your benefits to go down in the next quarter include:

- Gain or increase of income;
- Someone with no income moves out of your home;
- Someone in your home who had no income dies;
- Someone with income moves into your home;
- Shelter cost decrease.

You **MAY** report changes between quarterly reports either by:

- Mail, telephone or in person at the county food stamp office or by turning in a Mid-Quarter Status Report or QR 3.

OTHER CHANGES

There are other circumstances that will require the county to decrease or discontinue your benefits during the quarter in which they happen. Here are the examples:

- A household member is sanctioned;
- Someone in your household receives benefits in another household;
- A California Food Assistance Program status changes.
- An Able Bodied Adult Without Dependents (ABAWD); food stamp recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours in a month.

CHANGE REPORTING

If you are in a change reporting household, you will not have to follow Quarterly Reporting rules. Instead, you **MUST** report the following changes within ten days:

- If your household has a change in the source of monthly earned income, or your household's monthly earned income starts, stops, or changes by more than \$100.00.
- If your household has a change in the source of monthly unearned income, or your household's monthly unearned income starts, stops, or changes by more than \$50.00.
- Anyone's source of income changes.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, other relatives or non-relatives.
- Anyone moves to another address, plans to move or gets a new mailing address.
- Your household's total cash, stocks, bonds or other money is more than \$2000 (or \$3000 if someone in our household is age 60 or over or disabled).
- If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.

- If you are an Able Bodied Adult Without Dependents and your work hours drop below 20 hours a week or 80 hours a month.
- Any member of your household who is avoiding or running from the law to avoid felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
- Any household member has been convicted after August 22, 1996 of a drug-related felony for manufacturing, sale, or distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive food stamp benefits.

You **MAY** report when:

- Anyone's physical or mental illness begins or ends.
- Anyone's citizenship, immigration status changes or anyone gets a letter, form or new card from the USCIS (formerly INS).
- You have changes in your dependent care costs.
- Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
- Any member begins to pay court-ordered child support for a child not living in the home.

You may report changes either:

- By mail, telephone, or in person at the County Food Stamp Office; or
- By turning in a DFA 377.5 Food Stamp Household Change Report form.

Transitional Food Stamp Benefits

If your household begins receiving transitional food stamp benefits, you do not have to report while receiving these benefits.

If you are receiving transitional food stamp benefits, you may reapply to see if you can get more benefits. If you reapply and are approved for regular food stamp benefits, then all normal reporting rules will apply.

FOOD STAMP BUDGET WORKSHEET

CASE NAME		COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD	FROM	THROUGH	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>
			MID-QUARTER REPORT <input type="checkbox"/>	

PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

A. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCE	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2+ A3)				Total \$ _____ (A4)
5. QR Averaged Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

B. NONEXEMPT GROSS UNEARNED INCOME	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT	SCHOLARSHIPS, GRANTS, LOANS	OTHER
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
4. Unearned Income (B1 + B2 + B3)				Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)				Total \$ _____ (B5)
6. Cash Aid				Total \$ _____ (B6)
7. Total Gross Unearned Income				Total \$ _____ (B5 + B6)

PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS

C. GROSS INCOME TEST		
1. Maximum Gross Income allowed for Household Size of _____ (from table)	\$ _____	
2. Total Gross Income (A5 + B7) =	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Gross Income Eligible? (Is C2 less than or equal to C1?)		Total \$ _____ (C3)

PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME	DOCUMENTATION								
1. Gross Earned Income (A5)	INCOME: <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____								
2. Adjusted Gross Earned Income (80% of D1)									
3. Total Gross Unearned Income (B7)									
4. Nonexempt Gross Income (D2 + D3)									
E. EXCESS MEDICAL EXPENSES (Special Medical)	EXPENSES: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">QTR AVG</th> <th style="width:50%;">MID QTR AVG</th> </tr> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> </tr> </table> <input type="checkbox"/> Utilities <input type="checkbox"/> Actual (Averaged over cert. period) <input type="checkbox"/> SUA <input type="checkbox"/> Housing	QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care		<input type="checkbox"/> Child Support		<input type="checkbox"/> Medical Expense	
QTR AVG		MID QTR AVG							
<input type="checkbox"/> Dependent Care									
<input type="checkbox"/> Child Support									
<input type="checkbox"/> Medical Expense									
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses.									
2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses.									
3. Total Allowable Expenses (E1 + E2)									
4. Less Medical Expense Allowance (\$35)									
5. Excess Medical Expenses (E3 - E4)									
F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER AND CHILD SUPPORT DEDUCTIONS									
1. Standard Deduction									
2. Dependent Care									
Child(ren) Under Two									
Other Dependents & Child(ren) 2 and Over									
Total Dependent Care Deductions									
3. Homeless Shelter Deduction									
4. Child Support Deduction									
Total Legally Obligated Child Support Paid Out by Household									
5. Excess Medical Expenses (E5)									
6. Total Deductions (F1 + F2 + F3 + F4 + F5)									
G. ADJUSTED NET INCOME									
1. Nonexempt Gross Income (D4)									
2. Total Deductions (F6)									
3. Adjusted Net Income (D4 - F6) or (G1 - G2)									
H. SHELTER DEDUCTION									
1. Total Housing Costs									
2. Total Utility costs (Actual or SUA)									
3. Total Shelter costs									
4. Allowable Shelter costs (50% of G3)									
5. Excess Shelter costs (H3 - H4)									
6. Maximum Allowance For Shelter									
7. Allowable Shelter Deduction (Lesser of H5 or H6)									
I. NET MONTHLY INCOME (G3 - H7)									
J. NET INCOME TEST									
1. Household Size									
2. Maximum Net Income Allowable (from table)									
3. Net Income eligible									

PART 4 - BENEFITS

ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	PAYMENT QUARTER	PAYMENT QUARTER
1. Quarter/Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (K1 + K2a + K2b + K2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (K4a + K4b + K4c)	\$ _____	\$ _____
6. Current Resources (K3 - K5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5—INCOME COMPUTATIONS	PAYMENT QUARTER	PAYMENT QUARTER
L. SELF-EMPLOYMENT (Nonexempt Resources Only)		
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction		
<input type="checkbox"/> Actual Expenses (Verification Required)	\$ _____	\$ _____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to L7. If adjusting a previous average, continue to L4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (L3 + L4 + L5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____	\$ _____

M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS	PAYMENT QUARTER	PAYMENT QUARTER
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (M1 – M2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (M3÷ number of months income covers)	\$ _____	\$ _____

PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)					
Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					

**NOTICE TO ALL QUARTERLY REPORTING (QR)
HOUSEHOLDS NOT RECEIVING CASH AID
IMPORTANT - PLEASE READ**

You are not required to report any increases of income during the QR Payment quarter.

Effective immediately! If you **voluntarily** report income that increased during the QR Payment Quarter and it is high enough to be more than your gross income eligibility level for your household, your food stamp benefits may be discontinued in the middle of your quarter. This voluntary report is different from most because it can cause food stamp benefits to be discontinued in the middle of your quarter.

All other voluntary reports will generally cause your benefits to increase, such as a report of income going down.

**AVISO PARA TODOS LOS GRUPOS PARA FINES DE
ESTAMPILLAS PARA COMIDA (GRUPOS)
QUE TIENEN QUE REPORTAR CADA TRIMESTRE
Y QUE NO RECIBEN ASISTENCIA MONETARIA
IMPORTANTE - FAVOR DE LEER**

No se requiere que usted reporte ningún aumento en los ingresos durante el trimestre en que recibe beneficios de estampillas para comida.

¡Empezando inmediatamente! Si usted reporta **voluntariamente** un aumento en los ingresos durante el trimestre en que recibe beneficios de estampillas para comida, y el aumento es tan alto que causa que los ingresos brutos de su grupo excedan el límite que se permite para que su grupo sea elegible para recibir beneficios de estampillas para comida, es posible que sus beneficios de estampillas para comida se descontinúen en medio del trimestre. Este reporte voluntario es diferente de la mayoría de los reportes voluntarios porque puede causar que se descontinúen sus beneficios de estampillas para comida en medio del trimestre.

Todos los otros reportes voluntarios generalmente causan un aumento en sus beneficios, tal como un reporte de una reducción en los ingresos.