



CDSS

JOHN A. WAGNER  
DIRECTOR

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



ARNOLD SCHWARZENEGGER  
GOVERNOR

July 23, 2010

ALL COUNTY LETTER NO. 10-32

TO: ALL COUNTY WELFARE DIRECTORS  
ALL FOOD STAMP COORDINATORS  
ALL CalWORKs SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL QUALITY CONTROL COORDINATORS

SUBJECT: FOOD STAMP WAIVER FOR THE RESTORATION OF  
ELIGIBILITY AND BENEFITS

REFERENCE: FOOD STAMP WAIVER #2090046 (Attached)

The purpose of this All County Letter (ACL) is to provide County Welfare Departments (CWDs) with new instructions for restoring eligibility and benefits to Quarterly Reporting (QR) and change reporting Non-Assistance Food Stamp (NAFS) households whose eligibility has been terminated. The United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) has approved the Department's request allowing CWDs to restore eligibility to discontinued NAFS households within the month following termination without the need for a new application or an interview should the household resolve the reason(s) of the discontinuance in that month.

If the household is restored instead of filing a new application, the CWD will reinstate eligibility and pro-rate benefits from the date the household resolves the discontinuance. Households that have been (1) terminated for failure to complete recertification, (2) terminated for returning to a county of residence after moving out of the county, or (3) disqualified from the program are not eligible for restoration and must reapply for aid. CWDs can begin using this process upon receipt of this letter but no later than October 1, 2010.

Within the month following termination, the household will need to provide the necessary documentation/verification or satisfy any other condition of eligibility that prompted the termination prior to the CWD's taking any action. Before restoring benefits, the household must meet all other eligibility conditions. Once the information is provided by the household and verified by the CWD, eligibility will be restored and benefits will begin from the date the discontinuance is resolved. The county will issue benefits to the household as soon as administratively feasible.

Restored households are considered continuing cases. Therefore, the household will not be required to submit a new application, participate in any application interview, or

REASON FOR THIS TRANSMITTAL

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

be fingerprint imaged and will retain their original certification period. If however, it would be more advantageous and convenient for the household to file a new application instead of being restored (e.g., the date of the household's recertification is approaching), the CWD will provide the option to the household. This option shall be provided to every restorable household.

This ACL does not amend the required information and verification needed to establish and maintain eligibility for the food stamp program. Additionally, this ACL does not prohibit CWDs from taking the appropriate actions as required by Food Stamp eligibility rules and regulations. CWDs must continue to review and validate information and verification submitted by the household and must take all appropriate actions related to the information provided. Counties are reminded of the requirement to thoroughly document the reason for discontinuance and for the restoration in the case file. All rules and regulations for providing notices of action are applicable.

The following specific areas are covered in this ACL:

**Quarterly Reporting (QR) Households:**

When a QR household is discontinued due to missing QR 7 information or failure to submit a QR 7 but resolves the issue under the guidelines of this waiver, the CWD will determine eligibility and benefit amount based on the information pertaining to the QR data month.

Example:

A household is in a January/February/March QR cycle. The household does not submit their QR 7 by March 5 and the county discontinues the case April 1. On April 15, the household submits their QR 7 for the January/February/March quarter. The county will determine eligibility and benefits for the April/May/June quarter based on information on the February QR 7 applying QR rules. If the household is eligible based on the QR 7 information, the county will restore eligibility and benefits effective April 15.

When a QR household is discontinued due to a QR 7-related issue but resolves the discontinuance and has eligibility restored under guidelines of the waiver, the household's QR cycle will not change.

Example:

A household applied for and was approved for food stamp benefits on February 26. The county uses the application date to establish the quarterly reporting cycle. The household is put into the February/March/April quarterly cycle with a 12-month certification period. The household is discontinued on April 30 for not

providing proof of earnings as reported on the QR 7. Subsequently, the household provides the necessary documentation of earnings to the county on May 7. The county restores eligibility and benefits to the household effective May 7. The quarterly reporting cycle and the existing certification date for the household are not changed.

If, during the restoration process, a household voluntarily reports or provides updated information that has already been provided in the QR 7, the CWD shall treat this information as a voluntary mid-quarter report and act accordingly. However, QR households are still responsible for adhering to QR reporting rules by notifying the CWD of any required mandatory changes.

Example:

A household is in an October/November/December QR cycle. The household submits the November QR 7 timely but does not provide income verification. The CWD correctly discontinues the household for lack of verification. On January 21, the household provides the missing verification and informs the CWD that a new household member who has income moved in on January 19. Since the new household member was not required to be reported on the November QR 7, the CWD shall treat the report of the new household member as a voluntary report. In this situation because of the amount of the new household member's income, the voluntary report would decrease benefits; therefore the CWD does not add the new household member when restoring eligibility and determining benefits for the quarter. The CWD restores eligibility and benefits based on the previously-submitted November QR 7 effective January 21 and will remind the household to report the new member on the next QR 7.

*\*If the new household member had less or no income, thus increasing the household's benefits, the new member would be eligible to be added to the household (after verification is received) the month following (February 1) the household's January 21 restoration.*

If a discontinued QR household resolves the discontinuance by supplying the missing information and/or verification and the information and/or verification renders the household ineligible, the original discontinuance will remain effective. The CWD will not be required to restore the household and then establish an overissuance.

Example:

A household is in a January/February/March QR cycle. The household does not submit their QR 7 by March 5 and the county discontinues the case April 1. On April 15, the household submits their QR 7 for the January/February/March quarter. The county determines eligibility and benefits for the April/May/June quarter based on information for the month of February QR 7 applying QR rules.

The February QR 7 information renders the household ineligible for benefits due to income. The discontinued household is not restored to the program and the April 1<sup>st</sup> discontinuance remains intact. The CWD will send an additional notice to the household denying restoration.

If a QR household has already been discontinued by the CWD, but circumstances have changed that could re-establish eligibility, the CWD may use the guidelines of this waiver to restore the case or have the household file a new application if it is determined to be more advantageous and convenient for the household.

Example:

A household is in a June/July/August QR cycle. The household submits their QR 7 timely in August. The household reports anticipated income on the QR 7 that will exceed income limits. The CWD correctly discontinues the household effective August 31 for being over income. On September 10, the household reports and provides proof of the loss of the income that was reported on the QR 7. The CWD will determine eligibility and benefits based on the new income information and restore the household effective September 10. The quarterly reporting cycle and the existing certification date for the household is not changed.

**Certification Periods:** FS households that have had their eligibility restored under this waiver will not begin a new certification period. Restored households will be reinstated for the remaining months of their previous certification period. However, if the client chooses to file a new application, a new certification period will begin.

**Good Cause:** This waiver does not amend the criteria for determining good cause. CWDs will still determine if the household had good cause for failure to submit a complete and timely QR 7 for the previous quarter as specified in Manual of Policies and Procedures (MPP) Section 63-508.64. If the household does not meet good cause criteria, the conditions of this waiver will be applied.

**Wrongful Termination:** If, during the restoration process, it is discovered that a household has been mistakenly terminated, the CWD shall rescind the discontinuance and restore eligibility and benefits as specified in MPP Section 63.802.

**Expedited Service:** Households who have had their eligibility restored under this waiver are not considered applicants and are therefore not entitled to expedited service.

**Transitional Food Stamps (TFS):** TFS and mixed households are not eligible for this waiver. This waiver is only applicable to NAFS households.

**Data Reporting and Claiming:** Counties will be required to identify the number of households affected by this waiver before an extension is granted by FNS. Instructions as to how this information will be collected and reported will be issued under separate letter by the Data Systems Bureau. Counties will claim restored households as continuing cases.

**Quality Control (QC):** No special procedures are required for these cases. There is no hold-harmless period regarding the implementation of this waiver and QC staff will continue reviewing cases using standard review procedures.

**Noticing:** If a household has eligibility restored under this waiver, adequate noticing is sufficient. Since restoring discontinued benefits is considered a "positive action" a 10-day notice is not required to resume benefits. The counties are required to send notices of action regarding approval or denial to households requesting restoration of aid. A notice of action (QR 2104) approving restored households is attached. Additionally, a notice of action (DFA 389) for denying restoration is also attached.

**Camera-Ready Copies and Translations:** For camera-ready copies of the English language version of the QR 2104 and DFA 389, contact CDSS Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access; you may obtain these forms from the CDSS web page at:

<http://www.cdss.ca.gov/cdssweb/PG183.htm>

When all translations are completed per MPP Section 21-115.2, they will be posted on an ongoing basis on our website. Copies of the translated forms and publications can be obtained at:

[http://www.cdss.ca.gov/cdssweb/FormsandPu\\_274.htm](http://www.cdss.ca.gov/cdssweb/FormsandPu_274.htm)

For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding the restoration policy indicated in the letter, please contact Eden-Marie Eulingbough at (916) 654-2236. If you have any questions regarding Noticing, please contact Tiffany Jones at (916) 654-1905.

Sincerely,

***Original Document Signed By:***

CHARR LEE METSKER  
Deputy Director  
Welfare to Work Division

Attachments

# FOOD STAMP NOTICE OF RESTORATION APPROVAL

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌

└

┌

└

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

---

---

## YOUR FOOD STAMP BENEFITS HAVE BEEN RESTORED EFFECTIVE

This is the date we got the

needed information to restore your benefits. Your certification remains the same and ends on \_\_\_\_\_

If nothing changes you will get:

\$ \_\_\_\_\_ for \_\_\_\_\_ for \_\_\_\_\_ people.

\$ \_\_\_\_\_ for \_\_\_\_\_ for \_\_\_\_\_ people.

\$ \_\_\_\_\_ for \_\_\_\_\_ for \_\_\_\_\_ people.

---

---

### COMMENTS:

---

**Rules:** These rules apply: ACL #10-32  
You may review them at your welfare office.

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:      Cash Aid              Food Stamps              Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid     Food Stamps     Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF DENIAL OF RESTORATION

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌

└

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

\_\_\_\_\_

## DENIAL:

Your household's restoration of Food Stamps has been **denied** because:

**If you still want Food Stamps, you may reapply at anytime.**

**Rules:** These rules apply: ACL #10-32.

You may review them at your welfare office.



## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:    Cash Aid        Food Stamps        Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid     Food Stamps     Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_