



CDSS

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

January 18, 2012

ALL COUNTY LETTER NO. 12-06

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH COORDINATORS

**SUBJECT: LOPEZ V. WAGNER SETTLEMENT AGREEMENT**

**REFERENCES: MANUAL OF POLICIES AND PROCEDURES SECTIONS  
20-300.25 AND 63-508.655**

The purpose of this letter is to provide clarification and additional procedures relating to Intentional Program Violations (IPVs) in the CalFresh program, as specified in the settlement for the *Lopez v. Wagner* lawsuit. The settlement requires all County Welfare Departments (CWDs) to provide additional information to the disqualified household member along with a revised CalFresh Notice of Administrative Disqualification (DFA 377.7A). Counties must begin using the revised form and the additional requirements described in this letter as soon as administratively possible, but no later than six months from issuance of this All County Letter (ACL).

**ADDITIONAL FORM TO ACCOMPANY THE NOTICE OF ADMINISTRATIVE DISQUALIFICATION (DFA 377.7A)**

Upon an administrative disqualification for an IPV, counties will continue to provide adequate and timely notice of the disqualification period by way of the DFA 377.7A. This notice has been amended to provide additional information on how a disqualified household member may resume his or her benefits upon expiration of the IPV disqualification penalty (MPP Sections 20-300.25 and 63-508.655). In addition, the settlement agreement requires that California Department of Social Services (CDSS) create a new form (DFA 377.7A1) for the disqualified household member to request restoration of benefits following an IPV. This form will be attached to the DFA 377.7A and counties are required to include the form with the DFA 377.7A, except in situations where the disqualification is permanent, in accordance with MPP Section 20-300.3.

**MONTHLY IPV REPORTS/REINSTATEMENT PROCEDURES:**

The settlement agreement also requires counties to prepare a monthly report of IPV disqualification periods that will end within the next calendar month. Based on the report, the county shall take the following actions:

- (a) If the disqualified household member is still a member of the CalFresh household in which he or she was previously receiving benefits, the county will automatically add the disqualified household member to the household the month following the expiration of the disqualification period, subject to the continuing eligibility of the household. In the case of a missing verification, the county will notify the household and allow at least ten (10) days for the verification to be returned. The individual will not be added back to the household if the requested verification is not received. The CWD shall send a notice of denial for that individual, based on failure to verify.
- (b) If the disqualified household member is now a member of a different CalFresh household, and this has been reported to the CWD, the CWD will automatically add the individual to the CalFresh household the month following the expiration of the disqualification period, subject to the continuing eligibility of the household.

If the disqualified household member is now a member of a different CalFresh household, and the change in household has not been reported to the CWD, then the disqualified household member shall be added to the household the month following the end of the disqualification period, if the county receives a request to add the person. This request may, but is not required to be, accomplished by the new form described above (DFA 377.7A1). The disqualified household member must also be added if they: (1) make this request verbally (over the phone or in person) or in writing; (2) indicate a change in household on the Eligibility/Status Report (QR 7); or (3) by any other methods established by the CWD.

- (c) If the disqualified household member does not reside in a CalFresh household, he or she must reapply for CalFresh and, if eligible, will be issued benefits as of the date the re-application was submitted or on the first day following the end of their disqualification period when the application is submitted prior to the end of their disqualification period. A CalFresh application may be submitted up to 30 days prior to the end of the disqualification period in order to ensure eligibility is determined before the end of the disqualification period. The disqualified household member is eligible for Expedited Service if he or she meets the criteria.

When the disqualified household member is added to the household, the CWD shall also send the Food Stamp Notice of Change for Quarterly Reporting Household (QR 377.4), as is standard when there is a change in benefits.

Note: All information included on the state-developed forms is required to be included on forms generated by automated systems.

### **CAMERA-READY COPIES AND TRANSLATIONS**

For camera-ready copies of the English language version of the DFA 377.7A and DFA 377.7A1 forms, contact CDSS Forms Management Unit at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov) . If your office has internet access, you may obtain this form from the CDSS web page at <http://www.cdss.ca.gov/cdssweb/PG19.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 content of this letter, please contact Dave Badal, Manager, CalFresh Policy Bureau at (916) 653-5528 or email [David.Badal@dss.ca.gov](mailto:David.Badal@dss.ca.gov) .

Sincerely,

***Original Document Signed By:***

TODD BLAND  
Deputy Director  
Welfare to Work Division

Attachments

# NOTICE OF ADMINISTRATIVE DISQUALIFICATION

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

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions? Ask your Worker.**

**State Hearing:** You cannot appeal the disqualification action in a state hearing. If you think the new amount of CalFresh benefits for the other members of your household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision changes it.

### DISQUALIFICATION ACTION

The following action disqualified you from the CalFresh Program:

A state hearing decision found you committed an intentional program violation.

A court decision found you committed an intentional program violation.

You signed a Disqualification Consent Agreement on \_\_\_\_\_

You signed an Administrative Disqualification Hearing Waiver on \_\_\_\_\_

You were disqualified from the CalFresh Program in \_\_\_\_\_

(LOCATION)  
A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

### DISQUALIFICATION PENALTY

The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation. There are separate penalties if you break these rules:

- If you are found guilty in any court of law of having traded CalFresh benefits for firearms, ammunition, or explosives, you can be disqualified forever for the first violation.
- If you are found guilty of having traded CalFresh benefits for controlled substances, you can be disqualified for 24 months for the first violation and forever for the second violation.
- If you are found guilty of having traded or sold CalFresh benefits worth \$500 or more, you can be disqualified forever.
- If you are found to have filed more than one application at the same time and have given false identification or residence information, you can be disqualified for ten years.

This is your \_\_\_\_\_ violation, which means:  
You cannot get CalFresh benefits for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_  
You have been permanently disqualified from the CalFresh Program, as of \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP Sections 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1.

### END OF DISQUALIFICATION

- If you were disqualified for 12 or 24 months and still live in the same CalFresh household, you should begin to get CalFresh automatically the month after the end date listed above. If that does not happen, you should call your worker or return the attached form.
- If you live in a new CalFresh household, you must request to be added to the household after the end date listed above. You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: <http://www.benefitscal.org/BenefitsPortal/landing.html>.
- If you do not live in a household that gets CalFresh at the end of the disqualification period, you must reapply for CalFresh. You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: <http://www.benefitscal.org/BenefitsPortal/landing.html>.
- You may return the form on the next page to request that your CalFresh be restored.
- If you were permanently disqualified from the CalFresh program, you cannot have your CalFresh restored.

### NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD

Because \_\_\_\_\_ was disqualified from the CalFresh Program:

Your CalFresh benefits will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ as of \_\_\_\_\_

But since you reported a change, your CalFresh benefits will be different. The enclosed Notice of Change shows the amount you will get.

Your CalFresh benefits will stop as of \_\_\_\_\_. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.

Your certification period has ended. You may reapply at any time. Your CalFresh benefits may be different because \_\_\_\_\_ was disqualified.

### COMMENTS:



# REQUEST FOR RESTORATION OF CALFRESH BENEFITS AFTER ADMINISTRATIVE DISQUALIFICATION

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.**

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘  
  
┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘  
  
\_\_\_\_\_

I was disqualified from receiving CalFresh benefits from \_\_\_\_\_ to \_\_\_\_\_

I live in the same CalFresh household where I previously received benefits and the county did not restart them after the end date of my disqualification period.

I live in a new household that receives CalFresh. I request to be added to that CalFresh household. The household's information is as follows:

Case Name:

Case number:

Address: \_\_\_\_\_

I live in a new household that does not receive CalFresh. Please send me an application for CalFresh benefits at the following address:

Return this form to your welfare office, at the address listed above.