



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

May 7, 2015

**ERRATA**

ALL COUNTY LETTER (ACL) NO. 14-90E

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 PROGRAM SPECIALISTS  
 ALL COUNTY HEARINGS MANAGERS  
 ALL COUNTY DISTRICT ATTORNEYS  
 ALL COUNTY SPECIAL INVESTIGATION UNIT (SIU) COORDINATORS  
 ALL COUNTY EBT PROJECT MANAGERS  
 ALL CONSORTIUM REPRESENTATIVES  
 ALL IEVS COORDINATORS

SUBJECT: REVISIONS TO ELECTRONIC BENEFIT TRANSFER (EBT) EXCESSIVE CARD REPLACEMENT WARNING LETTER, EBT 2260

REFERENCE: ACL 14-90 - ELECTRONIC BENEFIT TRANSFER (EBT) EXCESSIVE CARD REPLACEMENT WARNING LETTER PROCESS, DATED DECEMBER 2, 2014

The purpose of this letter is to inform the County Welfare Departments (CWDs) of changes to the EBT Excessive Card Replacement (ECR) Warning Letter, EBT 2260, which was implemented with ACL 14-90 issued on December 2, 2014. A title has been added to the EBT 2260. In addition, the ECR warning letter was originally designated as *Required Form - No Substitutions Permitted*, however, this has been changed to *Required Form - Substitutions Permitted*. Forms in this category are required forms for which modifications or substitutions are permitted with prior CDSS approval.

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The revised version of the EBT 2260 is attached to this ERRATA. The CWDs may modify these forms to add or obtain information that does not (a) conflict with program policies or regulations, or (b) change the legal content of the form. Substitute forms must be submitted to CDSS in writing and may not be used until the CWD or consortium has received written approval from CDSS (see MPP Section 23-400.22). CWDs may send requests via U.S. postal mail to:

California Department of Social Services  
Program Integrity Branch  
ATTN: EBT Welfare Technology Unit  
744 P Street, M.S. 8-8-46  
Sacramento, CA 95814

If you would like to submit a modified version of the EBT 2260 for approval or have any questions regarding this ERRATA, please contact the EBT Welfare Technology Unit at (916) 654-2125.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachment

# EXCESSIVE CARD REPLACEMENT WARNING LETTER

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Date \_\_\_\_\_

Client (head of household) name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Household number/County case number \_\_\_\_\_

Dear \_\_\_\_\_,

Our computer records show that you have used four or more new Electronic Benefit Transfer (EBT) cards within the past 12 months. This shows that you may be having a problem with your EBT card and/or there is possible misuse of your CalFresh benefits. You can use the same EBT card every month for as long as you get your food benefits. If you are having a problem with your EBT card, please call the toll free EBT Customer Service Helpline at 877-328-9677 or contact your county worker to learn how to use your card.

It is against the law to do or attempt to do the following: buy, sell, steal or trade EBT cards or CalFresh benefits. All EBT sales and card replacements are monitored by computer. We do this to make sure cards are used correctly and to protect the CalFresh program from abuse. Based on those computer records, we may investigate any misuse of your EBT card. If you are found responsible for the misuse of your EBT card, your benefits may be stopped, you may have to repay benefits, you may be fined, or sent to jail or prison.

To keep your CalFresh benefits, you are reminded that they may only be used to buy food that you and your household eat, or seeds to grow your household's food. You may keep using your EBT card for these purposes. This letter does not change your CalFresh benefits, but the county will put a copy of this letter in your case file.

You don't need to do anything now except make sure you use your benefits correctly. If you have any questions about this letter, please contact \_\_\_\_\_  
(county contact telephone number)