

## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO:		5. DATE OF REQUEST:	NEED RESPONSE BY:
<input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:		3/13/2014	as soon as possible
2. REQUESTOR NAME: Jennifer Martinez		6. COUNTY/ORGANIZATION: Yolo	
3. PHONE NO.: (530) 661-2789		7. SUBJECT: CalFresh applicants in a HUD funded housing program	
4. REGULATION CITE(S): 63-402.4; 63-402.43; 63-402.46; 63-102(g)(2)		8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

In Yolo County there is a HUD funded housing program called the Supported Housing Program (SHP) through a nonprofit organization called the Yolo Community Care Continuum. The housing program is described as "designed to serve adults with a severe mental illness who are very-low income and who are either homeless or at risk of becoming homeless," but is not actually described as a homeless shelter. Based on letters and conversations with the Program Director the program provides the resident \$150 per month to purchase food, but the resident does not receive cash in hand. The program director purchases food for the individual. Residents of this program often come in and apply for GA and CalFresh. Our question is: should individuals who reside in this program be eligible for CalFresh benefits? Would these individuals be considered a resident of an institution where the institution provides them with the majority of the meals as part of the institution's normal services per manual section 63-402.4? Or, can these individuals be considered residents of a nonprofit shelter for homeless persons per manual section 63-402.46?

10. REQUESTOR'S PROPOSED ANSWER:
<p>There is disagreement in the county regarding the treatment of these individuals. Some believe this residence should be considered a homeless shelter. However, as previously stated, the program is described a a housing program, not a homeless shelter.</p> <p>The program could be described as a group home for those with severe mental illnesses, however, per manual section 63-402.43 disabled or blind individuals who are residents of a group living arrangement are only exempt residents of an institution if they reside in a public or private nonprofit residential setting serving no more than sixteen residents, that is licensed by the Department of Social Services AND they have to receive title II or title XVI Social Security benefits. This program has 9 residents, is not licensed by DSS and these residents do not receive any Social Security Benefits. So they do not meet that exemption.</p>
11. STATE POLICY RESPONSE (CFPB USE ONLY):

Given the description of the housing program, CDSS concurs that residents of the SHP are not eligible for CalFresh. This answer is consistent with the opening text of MPP Section 63-402.4. Section 63-402.46 is not applicable.

### FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
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**CALFRESH (CF) PROGRAM  
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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2. REQUESTOR NAME:	6. COUNTY/ORGANIZATION:	
3. PHONE NO.:	7. SUBJECT:	
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