

## 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: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 11/6/13	NEED RESPONSE BY: 11/16/13
2. REQUESTOR NAME: Dianna George Adminstrative Analyst Sr	6. COUNTY/ORGANIZATION: Butte County DESS	
3. PHONE NO.: 530-879-3522	7. SUBJECT: SAWS I Application	
4. REGULATION CITE(S): 63-300	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).  ACIN I-60-13	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Butte County has changed their business model to a Service Center for all calls to the county and a task base environment. With these changes we have come across some things that cause us to question our processes.

We would like to know if we can complete and sign a SAWS 1 application for a customer to reserve their application date if they call our service center to apply for CalFresh benefits or if we must mail them the forms to complete and return before an application date is secured?

10. REQUESTOR'S PROPOSED ANSWER:

No proposed answer, this is a new process and we are exploring better ways to serve our customers.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

No. MPP Section 63-300.21 states that applications contain the penalty of perjury statement and must be signed by one adult household member or authorized representative or a responsible minor when the applicant household is composed entirely of minors and has no adult to act on its behalf. A partially completed application is considered filed provided it contains the applicant's name, address, and signature. ACIN I-14-11 further provides that applications are acceptable if they are signed through the use of an electronic signature or a handwritten signature and are transmitted by fax or other electronic transmissions. With the release of ACIN I-60-13, applications may also be signed through use of a telephonic signature. However, the application may not be signed by the county on behalf of the applicant.

### FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

RN

**CALFRESH (CF) PROGRAM  
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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	6. COUNTY/ORGANIZATION:	
	7. SUBJECT:	
	8. REFERENCES: <i>(Include ACLJACIN, court cases, etc. in references)</i> <b>NOTE: All requests must have a regulation cite(s) and/or a reference(s).</b>	
2. REQUESTOR NAME:		
3. PHONE NO.:		
4. REGULATION CITE(S):		