

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 checked="" type="checkbox"/> Other:		9/14/15	9/17/15
2. REQUESTOR NAME: Jean Keyes		6. COUNTY/ORGANIZATION: Shasta County	
3. PHONE NO.: 530-225-5022		7. SUBJECT: Drug and Alcohol Meals	
4. REGULATION CITE(S): 63-402, 63-503.47		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). Client is eligible to Expedited Services if otherwise eligible.	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

An applicant is living in a drug and alcohol treatment facility where her meals are provided for her. She has a doctor's note stating that she requires a very specific dietary and medical regimen. Is the client eligible to the CalFresh program due to her doctor's note even though she is living in a facility that provides her meals?

10. REQUESTOR'S PROPOSED ANSWER:

Unknown

11. STATE POLICY RESPONSE (CFPB USE ONLY):

With the information provided, as well as the additional information given, the client is not eligible for CalFresh since she is already receiving meals from the facility that are the specific dietary regimen that her doctor's written note has requested.

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

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

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3. PHONE NO.:		
4. REGULATION CITE(S):		