

## 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:		1/8/16	
2. REQUESTOR NAME: Audry Gonsalvez		6. COUNTY/ORGANIZATION: Contra Costa County	
3. PHONE NO.: (925) 313-1641		7. SUBJECT: Durable Power of Attorney	
4. REGULATION CITE(S): MPP 63-602 MPP 15-500		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).  MPP 63-602 MPP 16-500	

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

Client has granted Durable Power of Attorney (DPA) to someone to act as her agent. This person is requesting to pick up an EBT card on behalf of the client. Can she be allowed to pick up an EBT card for the client just based on the fact that she has this durable power of Attorney or does she have to be an Authorized Representative on the case?

This DPA covers all items included in the list items A - N. Item K states "to prepare, sign and file any claim or application for Social Security, Unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, Unemployment, military service for other state, federal, local or foreign statute or regulation; and, in general exercise all powers with respect to Social Security, unemployment, military service and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

10. REQUESTOR'S PROPOSED ANSWER:

Yes, if all documentation is current and up-to-date, the Agent with the DPA should be able to pick up an EBT for the client.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

Yes, if the client has made her wishes known and the DPA has been properly executed (i.e. notarized or signed by two witnesses), the agent should be allowed to pick up the client's EBT card. The document (DPA) conveys broad authority to handle the affairs on behalf of another individual, including authority to exercise control over government benefits. Essentially, an agent/authorized representative are one in the same, as both are delegated whatever privileges the client sees fit. For added clarification, under the Special Instructions section, the client can simply state "I authorize my agent to pick up my EBT card."

MPP Section 16-505.2 provides: "In addition to persons identified in Section 16-505.1, the head of the household/assistance unit may designate one additional responsible adult outside of the household/assistance unit to receive an EBT card and PIN." Clearly, an authorized agent of the client would be characterized as a "responsible adult." Section 21 goes on to state

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### FOR CDSS USE

DATE RECEIVED: 01/08/2016	DATE RESPONDED TO COUNTY/ALJ: S V 01/15/2016 (916-654-1940)
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**CALFRESH (CF) PROGRAM  
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
2. REQUESTOR NAME:	7. SUBJECT:	
3. PHONE NO.:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> <b>NOTE: All requests must have a regulation cite(s) and/or a reference(s).</b>	
4. REGULATION CITE(S):		

Continued:

"This individual may be designated by the head of household/assistance unit to act as authorized agent of the client would be characterized as a "responsible adult." Section .21 goes on to state "This individual may be designated by the head of household/assistance unit to act as authorized representative with access to CalFresh benefits.."