

## 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:		11/12/13	
2. REQUESTOR NAME: Matt Heffernan		6. COUNTY/ORGANIZATION: San Diego County	
3. PHONE NO.: 619-338-2945		7. SUBJECT: Failure to Cooperate with Special Investigative Unit	
4. REGULATION CITE(S): ACL 13-45, ACIN I-45-11, MPP 63-300.5(e)		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).	

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

The County of San Diego Special Investigative Unit (SIU) received information regarding purchases made by a homeless individual who had questionable EBT transactions at a retailer who had been determined by the Food and Nutrition Services (FNS) to have been trafficking CalFresh benefits. This information about the homeless individual's transactions was received from the FNS "Alert Summary Report" that is sent to County SIUs in order to stop EBT trafficking. As the client was homeless, a letter was sent to the client to request an appointment in the office with the investigator. The client failed to show for the appointment with the investigator.

Does the EW take action to discontinue the case for failure to cooperate with SIU and if so, which NOA is to be used? If not, what actions may be taken by the County in order to resolve the issue of there being evidence of possible misuse of EBT funds as indicated in ACL 13-45?

10. REQUESTOR'S PROPOSED ANSWER:

No. According to All County Informing Notice (ACIN) I-45-11 "workers should verify only the mandatory eligibility factors for CalFresh unless it is for the purpose of maximizing benefits." While FNS and CDSS are concerned with retailer fraud and trafficking of CalFresh benefits, there are no program eligibility requirements for a household to attend an interview concerning EBT usage. Additionally, staff shall not impose any other CalFresh reporting requirements on Change Reporting households except as provided in Sections 63-505.511. through .518

However, that does not preclude contacting the household to clarify any questionable information affecting eligibility submitted by the household. If a question should arise regarding unreported income or any other eligibility factor, the worker can request additional information allowing for at least 10 days to provide. If the information is not received timely, the worker can, with timely notice, take adverse action.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

Based on the above scenario the state concurs with the CWD. Per MPP 63.300.5(a)(2), the CWD must issue a Request for Information (RFI) which advises the household of the verification it must provide, or actions it must take, to clarify the household circumstance. Therefore, the household must be given proper notification, at least 10 day notice, to clarify the household's circumstance before any adverse action can be taken.

### FOR CDSS USE

DATE RECEIVED: 11/12/2013	DATE RESPONDED TO COUNTY/ALJ: 11/18/2013
------------------------------	---

**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:	
	7. SUBJECT:	
	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>	
2. REQUESTOR NAME:		
3. PHONE NO.:		
4. REGULATION CITE(S):		