

## 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 checked="" type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 01/04/2016	NEED RESPONSE BY: 01/05/2016
2. REQUESTOR NAME: Laurie Darby	6. COUNTY/ORGANIZATION: Tuolumne County	
3. PHONE NO.: 209-533-5753	7. SUBJECT: HH Concept - not 50%-50% custody  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>  63-402, 63-403.34, 63-102(p), CF 24 dated 3-24-15 & E-mail received - attached State Hearing #2015093244-731 - attached	
4. REGULATION CITE(S): 63-402, 63-403.34, 63-102(p)		

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

We would like clarification of the CF 24 issued 3/25/15 that states "The child may participate with the parent regardless of where the majority of the meals are taken in any given month." We have received an e-mail from CDSS (David B.) stating that the CF 24 PI dated 3/24/15 is incorrect. We have since charged a client with an over-issuance who filed for a state hearing that we won and now have 3 other cases receiving CalFresh per CF 24 PI dated 3/24/15.

The statement made that the child may participate with the parent regardless of where the majority of the meals are taken in any given month is specific to regulation regarding 50%-50% custody. Is this regulation to also be used for NON-50%-50% custody households? In example, a divorced couple with mutual children, the father has full custody of the children and is not on CalFresh. The mother has the children every week Friday 5:00pm to Sunday 5:00pm and wants to apply for CalFresh for herself and the children. The father has written a note saying he has no issues with her receiving CF for the children. Can the mother apply and receive CalFresh for the children?

10. REQUESTOR'S PROPOSED ANSWER:

Regulations do not support a non-50%-50% household but do address where "the majority of the meals are taken" we do not agree with the CF 24 PI dated 3/24/15 and would like clarification.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The Parental Control section of the regulations provides clarification when two parents share joint physical custody of children on a 50/50 basis and in whose household the CWD must determine that the children are able to participate. However, in the above example, in which the child lives with a parent less than 50% of the time and that parent applies for CalFresh, the CDSS has developed a statewide policy. The statewide policy is that if the parent with whom the child or children spend the majority of time is not receiving CalFresh benefits, the children can be added to the parent who is currently applying for CalFresh.

### FOR CDSS USE

DATE RECEIVED: 01/05/16	DATE RESPONDED TO COUNTY/ALJ: 01/05/2016 (TJ)
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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):		