

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:		May 22, 2013	June 7, 2013
2. REQUESTOR NAME: Maria Contreras		6. COUNTY/ORGANIZATION: County of San Bernardino - Program Development Div	
3. PHONE NO.: 909-383-9704		7. SUBJECT: Ineligible Noncitizen SSN	
4. REGULATION CITE(S): MPP: 63-402.221, 63-503.442, 63-503.45		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: 63-402.221, 63-503.442, 63-503.45, 63-300.5(m)(2) (C)Handbook #1; ACIN I-45-11	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

Customer is an ineligible noncitizen and is not eligible to receive CalFresh benefits but his income is considered in determining eligibility for the household. The customer provides an employment check stub that includes a "partial" SSN (a set of numbers with Xs, 123-45-XXXX). When questioned about the SSN, the customer claims that he illegally purchased the card/number and he uses it to work.

Per EAS 63-300.5(m)(2) - "The county shall verify the eligibility and benefit level for each applicant for and recipient of aid through IEVS by (C) Including.... any other individuals whose income and resources are considered in determining the amount of assistance to the extent that the county collects the SSN of such individuals. 1. For instance, if the county obtains the SSN of an ineligible alien parent living with the household, the number must be submitted to IEVS. However, if the number is not available for submission to IEVS, the household unit's eligibility shall not be affected."

-Continued on page 2 -

10. REQUESTOR'S PROPOSED ANSWER:
In this situation, since the check stub provided by the customer contains a partial SSN - the county is required to request the entire SSN from the customer and submit the information to IEVS for verification.

11. STATE POLICY RESPONSE (CFPB USE ONLY):
If the ineligible noncitizen is applying for benefits, social security verification is required (63-404); however, if the individual is not applying, in effect opting out before the eligibility determination, per ACIN I-45-11 page 5, an SSN is not required. Households must provide SSNs for household members applying for benefits according to the ACIN I-45-11. The income and resources are processed in accordance with 63-503.442 and 63-503.45.
The paper documentation (check stub) is sufficient to verify income of the ineligible noncitizen who is opting out of the CalFresh program.

FOR CDSS USE

DATE RECEIVED: 5/23/2013	DATE RESPONDED TO COUNTY/ALJ: 6/3/13
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REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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2. REQUESTOR NAME: Maria Contreras	6. COUNTY/ORGANIZATION: County of San Bernardino	
3. PHONE NO.: 909-383-9704	7. SUBJECT: Invalid SSN - Verifying eligibility through IEVS	
4. REGULATION CITE(S): MPP:63-402.221, 63-503.442, 63-503.45,63-300.5(m)(2)(C)1	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). MPP: 63-402.221, 63-503.442, 63-503.45,63-300.5(m)(2) (C)Handbook #1; ACIN I-45-11	

Question continued from page 1 -

Since the county has a "partial" SSN, is the county required to request the entire SSN from the customer? Per the EAS - "if the number is not available for submission to IEVS, the household unit's eligibility shall not be affected.". If the county does not request the entire SSN is this considered an error, since per the EAS the household's eligibility is not affected?