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:
   - [x] Policy/Regulation Interpretation
   - [ ] QC
   - [x] Fair Hearing
   - [ ] Other:

2. REQUESTOR NAME: Eloise Aguillon

3. PHONE NO.: 805.346.8213

4. REGULATION CITE(S): 63-801.1; 63-402

5. DATE OF REQUEST: 12/19/13

NEED RESPONSE BY: 12/27/13

6. COUNTY/ORGANIZATION: County of Santa Barbara

7. SUBJECT: Liable Adult for OI purposes

8. REFERENCES: *(Include ACL/ACIN, court cases, etc. in references)*
NOTE: All requests must have a regulation cite(s) and/or a reference(s).

ACIN I-16-05; I-84-09
CFR 273.1(iii) - Household concept

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

An OI was determined for the period of 6/13 to 8/13. The HH consist of 4 persons (unmarried couple with 1 mutual and her child) including a minor who turned 18 years of age in 2/13. The county appropriately notified the HH of the OI and began collection in a timely fashion. Included as liable person(s) is the 18 y/o along with the unmarried couple. The client/claimant filed a FH to dispute the fact that her 18 y/o son should not be liable for the OI. The case went to hearing and the ALJ partially granted the claim (the OI is valid) and partially denied the claim (ALJ ordered cessation of all collection activity against the claimant's 18 y/o son). We agree that all adult household members shall be jointly and individually liable of any OI of benefits to the HH (CF reg 63-801.1) including a member over the age of 18 through the age of 21 is an adult child (I-84-09). In addition ACIN I-16-05 states all adult HH members including children who are adults in the HH are liable for any OI which occurred while they were in the household.

10. REQUESTOR'S PROPOSED ANSWER:

The FH division disagrees with the ALJ's decision based on an inference of CFR 273.1(iii) - the definition of a household includes a child under 18 years of age who lives with and is under the parental control for purposes of this provision if he/she is financially or otherwise dependent on a member of the HH. The county interprets a liable adult is anyone over the age of 18. CF Reg 63-402 states a HH member over the age of 18 is considered an adult. The minor would have been18 y/o and 4 months in June 2013 therefore over 18 and considered liable. Does the state agree with the ALJ's decision? Would the minor be liable in 2/14 when he turns 19/y/o?

11. STATE POLICY RESPONSE *(CFPB USE ONLY)*:

After review of the ALJ's Decision, it appears the 18 y/o son had turned 18 in February 2013. The overissuance was for the time frame of June 2013 through July 2013, and therefore, the 18 year old is an adult and is considered liable for any overissuances within the household. ACIN I-84-09 states, "Any household member over the age of 18 through the age of 21 is considered to be an "adult child" and shall be jointly and individually liable for the value of any overissuance of benefits to the household." In addition, ACIN I-16-05 states, "All adult household members, including children who are adults in the household, are liable for any overissuances which occurred while they were in the household."

FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
12/19/2013	12/31/13 JN

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

1. RESPONSE NEEDED DUE TO:
   - ☐ Policy/Regulation Interpretation
   - ☐ QC
   - ☐ Fair Hearing
   - ☐ Other:

2. REQUESTOR NAME:

3. PHONE NO.:

4. REGULATION CITE(S):

5. DATE OF REQUEST:

NEED RESPONSE BY:

6. COUNTY/ORGANIZATION:

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8. REFERENCES: *(Include ACL/ACIN, court cases, etc. in references)*
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