

# 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 type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 12/16/13	NEED RESPONSE BY: 1/2/14
2. REQUESTOR NAME: Jean Keyes	6. COUNTY/ORGANIZATION: Shasta	
3. PHONE NO.: 530-225-5022	7. SUBJECT: Minimum Allotment	
4. REGULATION CITE(S): 63-503.325(QR), 63-503.14	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).  ACIN I-50-13, ACL 12-62	

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

Scenario: Application on the 15th day of a 30-day month. Household (HH) has conferred Modified Categorical Eligibility (MCE)/Broad Based Categorical Eligibility (BBCE) status. Applicant's Net Non-Exempt Income for a HH of 3 is \$1651. Applicant's income is not anticipated to change. The Allocation Table bracketed amount is \$2. The application and is denied as a zero benefit case per ACIN I-50-13 because the benefit amount on the Allocation Table is under \$10 for a HH of 3.

If a HH of three or more persons is denied in the month of application because it was a zero benefit case, is the HH eligible to benefits in the month following the month of application? If so, is it eligible for the minimum allotment or the bracketed amount on the Allocation Table? Is the answer the same for a change-reporting HH and a HH that is subject to Semi-Annual Reporting (SAR)?

10. REQUESTOR'S PROPOSED ANSWER:

Yes, if otherwise eligible, a HH conferred MCE/BBCE status that is denied for being a zero benefit case in the application month is eligible for the month following the application month (change reporters and SAR HHs).

HHs of three or more persons that have been conferred MCE/BBCE status will be entitled to the allotment amount indicated in the tables of benefit issuance by HH size even if the HH's net income exceeds the maximum amount allowable and even if this amount is under \$10. The individual case record must first document the household's gross income did not exceed the limit for the TANF-funded service (PUB 275) and that MCE/BBCE was conferred and that the PUB 275 was provided to the household.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

State concurs with the proposed answer.

### FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ: 1-2014
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REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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2. REQUESTOR NAME:	6. COUNTY/ORGANIZATION:	
3. PHONE NO.:	7. SUBJECT:	
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