

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: 01/08/2013	NEED RESPONSE BY: 01/29/2013
2. REQUESTOR NAME: Patty Carson	6. COUNTY/ORGANIZATION: San Bernardino	
3. PHONE NO.: 909-383-9606	7. SUBJECT: Modified Categorical Eligibility	
4. REGULATION CITE(S): 63-503.325, CFR273.10(e)(2)(ii)(B), CFR273.10(e)(2)(ii)(C)	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). ACL 12/62, WIC Section 18901.5, ACL 11-11, ACL 09-24	

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

Per ACL 12-62, page 4, Example 4 states, "Households of one or two persons that have been conferred MCE/BBCE status will be entitled to the minimum CalFresh benefit (\$16) even though the household's net income exceeds the maximum amount allowable for their household size."

Question: What if the initial month's benefits are prorated? Will the applicant household still receive \$16? The ACL does not reference initial month benefits of less than \$16.

See next page for additional question regarding ACL12-62.

10. REQUESTOR'S PROPOSED ANSWER:

Except during an initial month, the eligible household will receive the minimum month allotment as stated in the Regulations cited above.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The minimum benefit would be prorated based upon the filing date.

FOR CDSS USE

DATE RECEIVED: 01/10/13	DATE RESPONDED TO COUNTY/ALJ: 01/30/13
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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: 01/08/2012	NEED RESPONSE BY: 01/29/2013
2. REQUESTOR NAME: Patty Carson	6. COUNTY/ORGANIZATION: San Bernardino	
3. PHONE NO.: 909-383-9606	7. SUBJECT:	
4. REGULATION CITE(S): 63-503.325, CFR273.10(e)(2)(ii)(B), CFR273.10(e)(2)(ii)(C)	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). CL 12/62, WIC Section 18901.5, ACL 11-11, ACL 09-24	

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

Page 5, Example 5 states, "Households 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 household size even if the household's net income exceeds the maximum amount allowable.

Question: Why would we not deny this case? CFR273.10(e)(2)(iii)(A) states, "The State agency shall deny the household's application on the grounds that its net income exceeds the level at which benefits are issued.

10. REQUESTOR'S PROPOSED ANSWER:

The individual case record will document the household's gross income did not exceed the limit for the TANF-funded service and that MCE was conferred with the PUB 275 provided to the household; however, the household is denied due to the net income exceeding the level at which benefits are issued.

11. State Response Question 2:

We would not deny the case because the household would be eligible for the bracketed amount that falls under the household's income level. If the household is eligible for zero (0) benefits based on the bracketed table, the county should deny the case.