

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: 9/17/12	NEED RESPONSE BY: 9/27/12
2. REQUESTOR NAME: Ken Mackell	6. COUNTY/ORGANIZATION: Butte County	
3. PHONE NO.: 530-879-3528	7. SUBJECT: NOMI and the Recertification Process	
4. REGULATION CITE(S): MPP 63-504.61, 503.13, and 301.42	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). 08-20	

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

Customer's recertification date is 8/31/12. The customer submitted the application on 8/10/12. An interview was scheduled on 8/15/12 and the customer missed the interview.

A Notice of Missed Interview was sent to the customer on 8/15/12. The customer calls on 8/25/12 to reschedule the interview and the interviewed is schedule for 9/1/12.

What is the date we would use to prorate the benefits? Since the customer called 8/25/12 are they entitled to a full month of benefits since it was before the end of the cert. period?

I was unable to locate anything that spoke to dates in terms of the recertification.

10. REQUESTOR'S PROPOSED ANSWER:

The CalFresh benefits would be prorated from the date the customer is interviewed.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

When a household submits a timely application for recertification per Manual of Policies and Procedures (MPP) Section 63-504.61 (c), a household must attend any interview scheduled by the County Welfare Department (CWD) on or after the date the application was submitted timely for recertification in order to maintain uninterrupted benefits as specified in MPP Section 63-504.61 (d). When the household misses the initial scheduled interview, the CWD must send a NOMI to the household informing them that they need to call the county to reschedule an interview appointment prior to their expiring certification period if they wish to continue to participate in CalFresh.

Consistent with regulations at MPP Section 63-503.13 and 301.42, if processing of the application was delayed beyond 30 days due to the fault of the household, the benefit level shall be prorated from the date the CWD receives the needed verification from the household. In the case at hand, the household shall lose its entitlement to CalFresh benefits for the month of application and shall be issued CalFresh benefits from the date all needed verification is provided to the county.

FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
----------------	-------------------------------

**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:	
	7. SUBJECT:	
	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).	
2. REQUESTOR NAME:		
3. PHONE NO.:		
4. REGULATION CITE(S):		