

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 checked="" type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:		2/17/16	ASAP
2. REQUESTOR NAME: Alisa Rosas		6. COUNTY/ORGANIZATION: San Joaquin County Human Services Agency	
3. PHONE NO.: (209) 468-2043		7. SUBJECT: SSI/SSP Begins/ When to Remove from CF benefits	
4. REGULATION CITE(S):		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 13-28, ACIN I-09-04, ACL 12-25, ACL 12-25E	

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

ARCO CW/CF case. 1 adult/1 child. Application date 6/2/15. The child was awarded SSI/SSP, first payment was received on 7/2/15. Per ACL 13-28, reporting award of SSI/SSP is a voluntary report under AR/CO, but for CF, SSI/SSP recipients must timely report so the CWD can discontinue from CF HH with 10-day notice in order to prevent duplicate payment. ACIN I-09-04 states that, "It is not considered duplicate aid if a recipient receives CalWORKs, SSI/SSP, or FSP at the same time, because the SSA will use the recipient's portion of the grant as income to the SSI payment.

Reporting Requirements on SAWS 2A SAR state SSI/SSP must be reported at certification and SAR 7. Reporting of SSI/SSP benefits is not a mandatory report, per ACL 12-25. Outside of ACL 13-28, I cannot find any letter to state that SSI/SSP is a mandatory report unless the income exceeds the IRT.

10. REQUESTOR'S PROPOSED ANSWER:

This should not be determined in error as the application took place in June and the SAR 7 had not occurred yet for the household to report the SSI/SSP being awarded in 7/15. As reporting new SSI/SSP is not listed in any letter as a mandatory report for either AR/CO CW or CF, outside of ACL 13-28. ACL 13-28 contradicts other SAR instructions.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

Per ACL 13-28 "For CalFresh, recipients of SSI/State Supplementary Payment (SSP) receive an additional cash benefit in lieu of CalFresh benefits. Therefore, in this example, the SSI child must be discontinued from the CalFresh household (with 10-day notice) in order to prevent duplicate payment" and MPP 63-402.226 which states "No person receiving Supplemental Security Income/ State Supplementary Program (SSI/SSP) payments is eligible to receive as part of their SSI/SSP benefit a cash amount in lieu of food stamp benefits; 2) all SSI/SSP recipients in California are ineligible to receive food stamps".

SSI recipients must be removed from the CalFresh household as soon as the information is known to the county and the client is provided any required notice.

FOR CDSS USE

DATE RECEIVED: 02/17/16	DATE RESPONDED TO COUNTY/ALJ: 2/22/16 sm
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**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:	
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