

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 checked="" type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 09/02/2015	NEED RESPONSE BY: 09/16/2015
2. REQUESTOR NAME: Audry Gonsalvez	6. COUNTY/ORGANIZATION: Contra Costa County	
3. PHONE NO.: (925) 313-1641	7. SUBJECT: Shelter expense	
4. REGULATION CITE(S): 63-502.2	8. REFERENCES: <i>(Include ACLJACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	

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

Client lives in a Senior home that provides one meal a day Monday - Friday at the cost of \$165.00. It is mandatory that the resident participates in this food service program as a condition of occupancy. She can only be excused from participation in the meal program with a doctors note. If the client declines to participate in the program without an exemption (verified by the doctor's note) either she or the facility may give 30 days written notice of termination of the lease. Client provided us a receipt from the facility which listed \$165 for the meal program and \$229 for the rent totaling \$394.

Since the meal plan is part of her rental obligation and a condition of occupancy which she must pay it in order to continue to live there do we allow the full \$394 for rent or do we only allow \$229 as her rental obligation.

10. REQUESTOR'S PROPOSED ANSWER:

We should allow her the full \$394 as her rental obligation since she has to pay \$394 to continue to reside there.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

CDSS concurs with county's proposed answer. CWD should allow actual shelter cost.

FOR CDSS USE

DATE RECEIVED: 09/02/2015	DATE RESPONDED TO COUNTY/ALJ: 09/16/2015 (SV)
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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