

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 checked="" type="checkbox"/> Other:	5. DATE OF REQUEST: 7/8/16	NEED RESPONSE BY: 7/22/16
2. REQUESTOR NAME: Jonette Moffett	6. COUNTY/ORGANIZATION: Lake County Dept of Social Services	
3. PHONE NO.: 707-995-4333	7. SUBJECT: Use of the CF 37	
4. REGULATION CITE(S): MPP 63-504 and MPP 63-300	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 15-84 ACL 14-101	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		

Is the CF 37 required to be received at recertification if an interview has been completed?

10. REQUESTOR'S PROPOSED ANSWER:
Yes it required to be received, but only a signature is required if the interview has been completed and a statement of facts has been mailed to the recipient.

11. STATE POLICY RESPONSE (CFPB USE ONLY):
Per ACL 14-101, for CalFresh only households, the CWD must receive the CF 37 at recertification. The only information needed for a household to submit a CalFresh application to the CWD is name, address and signature.

FOR CDSS USE

DATE RECEIVED: 07/08/2016	DATE RESPONDED TO COUNTY/ALJ: 07/11/2016 AF
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