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:
   - [x] Policy/Regulation Interpretation
   - [ ] QC
   - [ ] Fair Hearing
   - [ ] Other:

5. DATE OF REQUEST: 11-05-12

NEED RESPONSE BY:

6. COUNTY/ORGANIZATION: FRENSO

7. SUBJECT: VERIFIED UPON RECEIPT - MEDICAL EXPENSES

2. REQUESTOR NAME: MARTHA JUE

3. PHONE NO.: 559-600-2762

4. REGULATION CITE(S): 63-504.421(C)(2); 20-006.53

8. REFERENCES: *(Include ACL/ACIN, court cases, etc. in references)*
NOTE: All requests must have a regulation cite(s) and/or a reference(s).

ACIN I-06-96

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

Per ACIN I-06-96 MEDS and IEVS cannot be used. Can examples be provided of what sources are considered verified upon receipt as stated in 63-504.421(c)(2)?

10. REQUESTOR'S PROPOSED ANSWER:

Even though the CFR and the State regulation mention sources considered verified upon receipt, there are no other sources that are considered verified upon receipt.

11. STATE POLICY RESPONSE *(CFPB USE ONLY)*:

CDSS is unsure what was meant by the question and proposed response. ACIN I-06-96 does not reference anywhere in the letter that MEDS and/or IEVS cannot be used as a source for "verified upon receipt." Policy interpretations are reserved for events in specific cases. Please provide a case example with future inquiries and this one if applicable.

FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
11/5/12	11/09/12

CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)

1. RESPONSE NEEDED DUE TO: ☐ Policy/Regulation Interpretation ☐ QC ☐ Fair Hearing ☐ Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: *(Include ACL/ACIN, court cases, etc. in references)* **NOTE: All requests must have a regulation cite(s) and/or a reference(s).**	
3. PHONE NO.:		
4. REGULATION CITE(S):		