

# **FIELD OPERATIONS BUREAU**

## **CalFresh Review Unit (CFRU)**

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**TRANSMITTAL NUMBER: 12-01**

**May 1, 2012**

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**TO:** All Food Assistance Action Committee (FAAC) Members  
and Field Operations Bureau (FOB) staff

**SUBJECT/PURPOSE:** Element 151- Recipient Disqualification

**RELATED REFERENCE:** FNS Handbook 310 Section 847

**SUPERSEDES:** Transmittal Number 03-02

**EFFECTIVE DATE:** Immediately

### **BACKGROUND:**

Transmittal 03-02 was released to provide procedures on reviewing to Element 151. The purpose of this transmittal is to update the procedures and to update the name of the Quality Control reporting system to RADEP. The procedures in Section 847 of the FNS Handbook 310 must be followed in completing this element.

Per Section 847 the reviewer must complete a check for all adult household members with the Disqualified Recipient Subsystem (DRS) to verify the possible presence of individual(s) in the household who have been disqualified from participation in the CalFresh program as of the review date (AORD). If the DRS check does not show any disqualified members and there is no contrary evidence as a result of the review, no further verification is required. If the DRS check indicates that there is an adult member that should have been disqualified AORD, the reviewer must verify the eligibility status of the individual member(s) by contacting the agency that submitted the information to DRS. The case may contain a variance if the adult household member(s) was incorrectly included or excluded but you will need to determine if the variance can be excluded based upon the household's reporting requirements and exclusionary time periods.

The DRS match is accessible through the IEVS system. The IEV410 Report (Attachment A) and the IEVS Applicant Detail Report (Attachment B) interfaces with various matches including the disqualification match through the IEVS system. If there is a disqualification match it will appear on these reports under 'Disqualification Information'. If there is not a match no disqualification information will appear.

### **INSTRUCTIONS**

All QC case files must contain either the IEV410 Report or the IEVS Applicant Detail Report for all **adult** CalFresh household members. The only exception is if the only adult member(s) receives SSI/SSP or is an ineligible non-citizen.

The results of the DRS match are to be reflected in RADEP Item 151-S001. Leave blank if no disqualification match was discovered and narrate in your comments for Element 151 that all **adult** household members are qualified to participate. Your narratives must clearly explain the document that provided the verification. When the case contains a variance, explain the variance in your narrations and cite the error in Item 020-F001 (Error/Difference Amount). Item 020-F002 (Elements) use Code 151 (Recipient disqualification), and in Item 020-F003 use either Nature Code 006 (Eligible person(s) excluded) or code 007 (Ineligible Person(s) included) whichever is appropriate. If a case is sub sampled and there are no narrations for Element 151, FNS will return the case as incomplete.

**INQUIRIES:**            **Cheryl Henderson,**  
                                 **Program Analyst**  
                                 Cheryl.Henderson@dss.ca.gov

Original signed by Marlene Fleming  
**Marlene Fleming, Chief**  
**Field Operations Bureau**

ATTACHMENT A

REPORT: RS-IEV410-R001 10/06/99  
 PROGRAM: IEV410 PAGE 1

STATE OF CALIFORNIA ? DEPARTMENT OF HEALTH SERVICES  
 INCOME AND ELIGIBILITY VERIFICATION SYSTEM ABSTRACT

COUNTY: 59 DISTRICT: APP-DATE: 10/02/99 EW:C200

CASE NAME: TUITT FELIPE SERIAL NUMBER: 9999999 FBU: 7

NAME	S	P	E	E	F	S	S		
LAST	FIRST	X	DATE OF BIRTH	SSN	R	D	T	S	SV
TUITT	FELIPE	M	04/29/91	555-55-5555	11				J
TUITT	TRINIDAD	F	06/09/63	444-44-4444	02	X	X	X	J
TUITT	EXPERANZ	F	02/26/93	333-33-3333	12				J
TUITT	MARIA	F	12/26/62	222-22-2222	01	X			X

\*\*\*\*\* MEDS/CDB FILE \*\*\*\*\*

NAME: FELIPE TUITT BIRTHDATE: 04-29-991 SEX: M SSAN-VER: J  
 COUNTY-ID DIST EW ESC  
 MEDI-CAL: 59-83- - - 999 M/C TERM DATE: 02/01/94  
 FOOD STAMP: - - - F/S TERM DATE: / /  
 M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
 APDP IND:

NAME: FELIPE TUITT BIRTHDATE: 04-29-991 SEX: M SSAN-VER: 3  
 COUNTY-ID DIST EW ESC  
 MEDI-CAL: 59-72- - - 999 M/C TERM DATE: 00/00/00  
 FOOD STAMP: - - - F/S TERM DATE: / /  
 M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
 APDP IND:

NAME: EXPERANZ TUITT BIRTHDATE: 02-26-993 SEX: F SSAN-VER: J  
 COUNTY-ID DIST EW ESC  
 MEDI-CAL: 59-83- - - 999 M/C TERM DATE: 02/01/94  
 FOOD STAMP: - - - F/S TERM DATE: / /  
 M/C PENDING CHANGE: F/S PENDING CHANGE: FUTURE ESC: RECOVERY  
 APDP IND:

\*\*\*\*\*DISQUALIFICATION INFORMATION \*\*\*\*\*

TYPE: AFDC STATE: CA FIPS CODE: 0345 SSN: 555-55-5555  
 NAME: PHIL HARMONIC DOB: 01/05/87 SEX: m  
 DISQUALIFICATION NUMBER: 2 LENGTH (MONTHS): 06 DECISION DATE: 12/15/96  
 START DATE OF PENALTY: 01/01/96 PROGRAM INFO:  
 CONTACT NAME: JIM NOSEIT PHONE: 916-322-1000 X 3201  
 CONTACT ORGANIZATION: SACRAMENTO COUNTY SIU USES AKAS: Y

**C-IV** Case Name: [REDACTED] Case Number: [REDACTED] Journal Tasks Reminders Log Out Help

Case Info Eligibility Empl. Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number: [REDACTED]

## IEVS Applicant Detail

Edit Close

Person Search

- Non Financial
- Financial
  - Root Questions
  - Income
  - Property
  - Special Needs
  - Expenses
  - Medicare
  - Third Party Liability
  - Other Health Care
  - Health Care Ref.
  - IEVS Applicant
- Verifications
  - EBT Account List
  - Run EDBC
  - Manual EDBC
  - Needs
  - Service Arrangements
  - EDBC Results

### Case Information

**Application Date:** 10/05/2011 **Family Budget Unit:** [REDACTED]

**Office Number:** [REDACTED] **Worker ID:** [REDACTED]

### Applicant Information

**First Name:** [REDACTED] **Middle Initial:** [REDACTED] **Last Name:** [REDACTED]

**SSN:** [REDACTED] **SSN Name Verification:** J **Person Number:** [REDACTED]

**Date of Birth:** [REDACTED] **Gender:** Female

### MEDS Match Information

**Name:** [REDACTED]

**Date of Birth:** [REDACTED] **Gender:** Female **Future Eligibility:** [REDACTED]

**Cross-reference SSN 1:** 000-00-0000 **Cross-reference SSN 2:** 000-00-0000 **SSN Verification:** W

Program	County Id	Eligibility Status	Termination Date
Medi-Cal	[REDACTED]	[REDACTED]	[REDACTED]
Food Stamps	[REDACTED]	[REDACTED]	[REDACTED]

### Disqualification Information

**Report Date:** 10/07/2011

**Disqualification #:** 1 **Name:** [REDACTED] **Date of birth:** [REDACTED]

**Program:** Food Stamps **State:** California **Decision Date:** 09/25/2003

**Penalty Start Date:** 11/01/2003 **Length (months):** 12 **Alias Indicator:** [REDACTED]

**Contact Name:** [REDACTED] **Contact Organization:** Alameda Co. Social Services Ag **Contact Phone:** [REDACTED]

**Disqualification #:** 1 **Name:** [REDACTED] **Date of birth:** [REDACTED]

**Program:** CalWORKs **State:** California **Decision Date:** 09/25/2003

**Penalty Start Date:** 11/01/2003 **Length (months):** 06 **Alias Indicator:** [REDACTED]

**Contact Name:** [REDACTED] **Contact Organization:** [REDACTED] **Contact Phone:** [REDACTED]

### EDD UI/DI Information

