

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 6, 1988



ALL COUNTY LETTER NO 88-54

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF FOOD STAMP EXPEDITED SERVICE  
TIMEFRAMES #2 - RDB #0488-17

REFERENCE: ACIN NOS. I-103-87 and I-28-88; ACL 87-160

The purpose of this letter is to provide county welfare departments (CWDs) with information and instructions concerning the implementation of food stamp regulation changes contained in the above referenced regulation package. Regulations have been filed with the Office of Administrative Law and are anticipated to be effective July 1, 1988. These regulations implement Assembly Bill 2384, Chapter 1293 (Statutes of 1987), which changes certain Food Stamp expedited service requirements.

In addition, this letter transmits the DFA 285-A1 (7/88), Application for Food Stamps-Part 1, and eligibility worker instructions, which have been revised to incorporate the regulation changes.

The major regulatory changes are as follows:

Manual Section 63-103.2i(2)(c)

CWDs will be required to collect expedited service data on a quarterly basis regarding: (1) the number of applications and their disposition and (2) the number of cases discontinued after the initial issuance of expedited service benefits due to failure to complete the application process (providing any postponed verification).

This information will be reported via the "FOOD STAMP PROGRAM EXPEDITED SERVICE QUARTERLY STATISTICAL REPORT" (DFA 296X). A camera ready copy of the DFA 296X and instructions for completion of the DFA 296X were transmitted to the CWDs by ACL No. 88-49, dated May 23, 1988.

Manual Section 63-201.42

The CWDs will be required to compile a list of emergency food providers in the area served by each local food stamp office. The list shall be updated, based on information from the food providers. This list shall be made available, upon request, and, where needed, may be used to refer individuals to emergency food sites that may be able to provide assistance.

Manual Section 63-201.43

The CWDs upon request will make available to applicants, nonpromotional information provided by local legal services and welfare rights organizations. This information will essentially consist of names, addresses and phone numbers of these organizations.

Manual Section 63-301.52

The CWD must orally inform applicants of the availability of expedited service and upon request provide assistance in filling out forms (application, etc.) and completing the application process.

Manual Section 63-301.531

Current regulations require CWDs to make benefits available to households entitled to expedited service, no later than the fifth calendar day following the date the application was filed.

The revised regulations will require CWDs to make benefits available to households entitled to expedited service, no later than the third calendar day following the date the application was filed. Day "1" will be the day after application filing. This represents a change from the current state policy of counting day "1" as the date of application. In addition, a weekend will be counted as one day. However, if the third calendar day is a nonworking day when coupons cannot be issued, the CWD shall make coupons available on or before the working day immediately preceding the nonworking day.

## Example #1

If the application is filed on Thursday, the CWD would have to make benefits available by the following Monday.

## Example #2

Application is filed on Wednesday and the CWD cannot make benefits available on Saturday. The CWD would have to make benefits available by Friday.

## Example #3

Application is filed on Thursday and Monday is a holiday. The CWD would have to make benefits available by Friday unless coupons can be issued on Saturday.

## Example #4

Application is filed on Wednesday, Thursday is a holiday (Thanksgiving) and no coupons will be issued on Friday. The CWD would have to make coupons available on Wednesday unless coupons can be issued on Saturday.

Manual Section 63-301.541

Current regulations require verification of citizenship/alien status and identity for expedited service. Revised regulations limit verification requirements to identity only.

Manual Section 63-301.633

Current regulations require CWDs to use "best estimate" of the amount and date of receipt of the initial PA payment. Revised regulations replace "best estimate" with "reasonable certainty" in anticipating receipt of any income (including PA). This is a result of the requirements of AB 2384 which mandate that anticipated income be deemed uncertain and disregarded in the determination of eligibility for expedited service, to the maximum extent permitted by federal law. Therefore, the State will no longer exercise the waiver which permits the use of "best estimate" in determining the amount of income to be received in the beginning months.

Manual Sections 63-503.212(a), 503.212(c) and 503.22

Current regulations require the CWD to determine a household's eligibility and benefit level considering actual income already received during the month of application and the CWD's and the household's best estimate of income that will be received during the remaining beginning months.

These sections have been revised to require the CWD to determine a household's eligibility and benefit level during the beginning months by considering actual income already received and any anticipated income whose receipt can be determined with reasonable certainty during the beginning months. Handbook examples have been provided to demonstrate how this policy is to be applied.

#### DFA 285-A1 (7/88)

The DFA 285-A1 (7/88) was substantially revised, primarily to incorporate the regulation changes regarding the eligibility and verification provisions of AB 2384 and the homeless provisions of the McKinney Homeless Assistance Act. An outline of the changes to the DFA 285-A1 is attached.

#### IMPLEMENTATION

The DFA 285-A1 (7/88) has an implementation date of July 1, 1988, to coincide with the implementation of AB 2384. CWDs should destroy all existing stock of the DFA 285-A1 (2/87), effective July 1, 1988.

#### ORDERING OF STOCK

Counties were sent a camera-ready copy of the English version of the form via a Food Stamp Coordinator's letter dated April 7, 1988. A copy of the form is attached.

Counties may use the attached camera-ready copies of the Spanish versions of the form for local reproduction or may order state reproduced stock. Translations for the Chinese, Vietnamese, Cambodian, and Laotian versions of the DFA 285-A1 (7/88) will be mailed under separate cover by the Language Services Bureau.

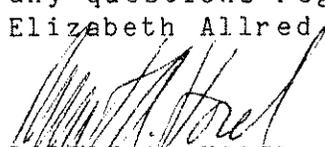
Orders for the DFA 285-A1 (7/88) should be submitted to the Department of Social Services Warehouse on the GEN 727B, County Forms Order, according to normal procedures no earlier than June 20, as stock for the English DFA 285-A1 (7/88) is not expected to be available in the warehouse prior to that date. Stock of the Spanish translation will not be available until August. Please specify the (7/88) revision date on the GEN 727B.

#### FORMS INSTRUCTIONS

- o Effective with the implementation of the form, the attached forms instructions replace the instructions in the Food Stamp Handbook, Manual Section 63-1230, DFA 285-A1 (7/88).

- o Vertical lines in the right hand margin identify changes or additions to the forms instructions.

If you have any questions regarding the implementation procedures in this letter, please contact Michael Papin of the AFDC and Food Stamp Policy Implementation Bureau at (916) 322-5330. If you have any questions regarding the DFA 285-A1 (7/88), please contact Elizabeth Allred at (916) 323-4954.



ROBERT A. HOREL  
Deputy Director

Attachments

cc: CWDA

## OUTLINE OF CHANGES TO THE DFA 285-A1

### ADDITIONS

- o Step 1 - to inform the applicant of the possibility of getting food stamps within 3 days.
- o Under Step 2 - to indicate the need for a written approval if the application is completed by someone other than an adult household member.
- o SSN footnote - to explain that "Providing a Social Security Number (SSN) is not required for Part 1."
- o Item 7 - to ask "Is your home address permanent?" The item provides for 3 responses, "YES, NO and NO HOME".
- o Item 8 - to ask: "If you don't have a home address, tell us how to get to where you live."
- o Section B - to explain (1) the eligibility and verification requirements for expedited service and (2) the action the applicant must take if the application is screened in for expedited service.
- o Items 12 and 13 - to request shelter costs for the month and to show examples of utilities costs.
- o County Use Only - to document
  - (1) type of application (new or retroactive): This item was added because of recent retroactive regulation provisions that now impact the implementation of most food stamp packages.
  - (2) homeless status (yes or no): This item was added to assist the CWDs in identifying cases that may be screened in for expedited services (ES) processing (if Section B, as explained in the form instructions attached to this letter, is completed).
  - (3) expedited service status relating to screening and disposition: These items were added as state reviewers had indicated inability to determine whether a DFA 285-A1 had been screened for eligibility for ES processing.

FORMAT - The format of the DFA 285-A1(7/88) has been substantially revised:

- o Items 1-8 - labeled as "Section A, Applicant Information" and numbered.
- o Items 9-15 - (expedited service screening questions) -labeled as "Section B, If You Need Food Stamps Right Away"; revised to a two column format, renumbered and placed in a different order.
- o Item 16 (the signature block) - relocated to the bottom of the form and revised to add a signature and date block for a witness.
- o The county use only section - relocated to the right hand column of the form.
- o Case identifying information - relocated to the bottom of the right hand column and revised to include a signature space and date for the person logging in the form.

#### NARRATIVE

- o Step 1, Step 2, items 10 and 14, and Section B's lead-in narrative for expedited service - to simplify the language.
- o Item 6 - to read "Do you pay for room and board?".
- o Item 9 - to combine separate questions on amount of income received or expected for the month.

# APPLICATION FOR FOOD STAMPS — PART 1

COUNTY USE ONLY

**STEP 1.** To apply, fill out Section A below, sign Item 16, and give Part 1 (this page) to the welfare office.

- You can apply for food stamps at the welfare office at any time during business hours, even the first day you call or visit. If you are eligible, your benefits will be figured from the date you apply. You should be told if you are eligible within 30 days after you apply.
- If your household (you and the people who eat with you) need food stamps right away, you may be able to get food stamps within 3 days. Read Section B below.

**STEP 2.** Fill out Part 2 so the county can tell if you can get food stamps. You can get a copy of Part 2 from the welfare office in person or by mail. You can turn in Part 2 along with Part 1 or you can bring Part 2 to your interview.

- If you have trouble answering questions or getting any proof, a worker will help you.
- If you are not an adult member of the household you must give us a written approval to apply, signed by the head of household or another household member.

TYPE OF APPLICATION

- New  
 Retroactive

Date received:

## SECTION A APPLICANT INFORMATION

1. NAME OF HEAD OF HOUSEHOLD: (FIRST, MIDDLE INITIAL, LAST)		2. SOCIAL SECURITY NUMBER *	
3. HOME ADDRESS, NUMBER, STREET, CITY, ZIP CODE		4. TELEPHONE NUMBER ( )	
5. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		6. DO YOU PAY FOR ROOM AND BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. IS YOUR HOME ADDRESS PERMANENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME	8. IF YOU DON'T HAVE A HOME ADDRESS, TELL US HOW TO GET TO WHERE YOU LIVE		

Homeless

- YES  NO

## SECTION B IF YOU NEED FOOD STAMPS RIGHT AWAY

You can ask to get your first month's benefits within three days. Your household needs to be eligible for food stamps and have

- No place to live or be in temporary housing,  
OR
- No more than \$100 liquid resources and less than \$150 income for the month before deductions, (see Items 9 and 10 for kinds of liquid resources and income),  
OR
- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions,  
OR
- No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Complete Items 9-15 below. If we think you might be eligible to get your benefits within 3 days, you will also need to

- Fill out Part 2 right away, and
- Give us proof of your identity; we'll tell you if we need more proof before we can give you more than one month's benefits.

9. How much income did your household receive or will receive this month, such as: <ul style="list-style-type: none"> <li>Earnings, welfare, child support, SSI or Social Security, pension or retirement payments</li> <li>Unemployment (UIB), State Disability (SDI) other disability or veterans payments</li> <li>Strike funds, payments for roomers, school grants and loans</li> <li>Cash gifts, cash winnings, any other cash?</li> </ul> \$ _____ date received or will receive: _____	11. Has your household's only income stopped? <input type="checkbox"/> YES <input type="checkbox"/> NO
	12. How much is your rent or mortgage this month? \$ _____
	13. How much are your utilities that are not included in your rent, such as: <ul style="list-style-type: none"> <li>Gas, electricity, telephone (basic rate)</li> <li>Water, garbage or trash, sewer</li> <li>Installation of utilities?</li> </ul> \$ _____
10. How much liquid resources do you and the members of your household have, such as: <ul style="list-style-type: none"> <li>Cash, money in checking accounts, savings accounts, or savings certificates;</li> <li>Trust deeds, notes receivable, stocks or bonds?</li> </ul> \$ _____	14. How many people who live in your home buy food and fix meals with you? (include yourself)
	15. Is anyone in your household a migrant or seasonal farmworker? <input type="checkbox"/> YES <input type="checkbox"/> NO
16. Signature (Head of household, household member or authorized representative)	Date
Witness, if you signed with an "X"	Date

Case name:

Number:

Signature:

Date:

Screened for E.S.?

- YES  NO

Disposition:

\* Providing a Social Security Number (SSN) is not required for Part 1. Your Social Security Number (SSN) will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

# SOLICITUD PARA ESTAMPILLAS PARA COMIDA

SÓLO PARA USO DEL CONDADO

## PARTE 1

**1ER PASO.** Para solicitar, complete la sección A, que aparece abajo; firme donde aparece el número 16 y entregue la parte 1 (esta página) a la oficina de bienestar.

Usted puede solicitar estampillas para comida en la oficina de bienestar durante horas laborales incluyendo el primer día que usted llame o visite la oficina de bienestar. Si usted es elegible, sus beneficios serán calculados a partir de la fecha en que los solicitó. Se le informará si es elegible dentro de 30 días después de presentar su solicitud.

Si en su hogar (usted y las personas que viven y comen con usted) necesitan estampillas para comida inmediatamente, es posible que pueda conseguirlas dentro de 3 días. Lea la sección B que aparece abajo.

**2º PASO.** Complete la parte 2 a fin de que el condado pueda decirle si puede recibir estampillas para comida. Puede obtener una copia de la parte 2 ya sea en persona en la oficina de bienestar o por correo. Puede presentar la parte 2 junto con la parte 1, o bien puede traer la parte 2 consigo, cuando venga a su entrevista.

- ▶ Si tiene problemas para contestar las preguntas o para conseguir pruebas, un trabajador(a) le ayudará.
- ▶ Si usted no es un miembro adulto de su hogar debe, a fin de solicitar, darnos su consentimiento por escrito, firmado por el jefe de la familia o algún otro miembro de su hogar.

TYPE OF APPLICATION

- New
- Retroactive

Date Received:

Homeless

- YES  NO

### SECCIÓN A INFORMACIÓN DEL SOLICITANTE

1. NOMBRE DEL JEFE DE LA FAMILIA (NOMBRE, INICIAL Y APELLIDO)		2. NÚMERO DE SEGURO SOCIAL*	
3. DIRECCIÓN: NÚMERO, CALLE, CIUDAD, ZONA POSTAL		4. NÚMERO DE TELÉFONO ( )	
5. DIRECCIÓN PARA EL CORREO (SI ES DIFERENTE DE LA ANTERIOR)		6. ¿PAGA POR COMIDA Y CUARTO? <input type="checkbox"/> SÍ <input type="checkbox"/> NO	
7. ¿ES PERMANENTE SU DIRECCIÓN? <input type="checkbox"/> SÍ <input type="checkbox"/> NO <input type="checkbox"/> SIN DIRECCIÓN	8. SI NO TIENE DIRECCIÓN, INDÍQUENOS CÓMO LLEGAR A DONDE USTED VIVE.		

### SECCIÓN B SI USTED NECESITA ESTAMPILLAS PARA COMIDA INMEDIATAMENTE

Usted puede pedir que los beneficios del primer mes se le entreguen en un término de tres días. Es necesario que su hogar sea elegible para estampillas para comida, y que

- No tenga usted dónde vivir o su alojamiento sea provisional; o
- Cuente con recursos en efectivo de no más de \$100 y un ingreso mensual bruto de menos de \$150. (Favor de referirse a los puntos 9 y 10 para determinar lo que son recursos en efectivo e ingresos); o
- Los pagos de la renta o hipoteca y servicios públicos y municipales sean mayores que sus recursos en efectivo o su ingreso de este mes; o
- Cuente con recursos en efectivo de no más de \$100 y por lo menos un miembro de su hogar es un trabajador migratorio o trabajador agrícola de temporada.

Complete los artículos del 9 al 15 que aparecen enseguida. Si se determina que usted es elegible para recibir beneficios en un término de 3 días, también debe

- Llenar la parte 2 de inmediato, y
- Presentar pruebas que lo identifiquen. Se le informará si necesita presentar más pruebas antes de que reciba beneficios que excedan lo de un mes.

9. ¿Cuál es el ingreso que su hogar recibió o recibirá este mes? Incluya lo siguiente:		11. ¿Han parado los únicos ingresos del hogar de usted? <input type="checkbox"/> SÍ <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>• Ingresos ganados, asistencia pública, sostenimiento para hijos, Seguro Social o SSI, pagos de pensión o jubilación</li> <li>• Desempleo (UIB), beneficios de incapacidad provenientes del Estado (SDI), otros fondos de incapacidad o pagos a veteranos.</li> <li>• Fondos de huelga, pagos provenientes de huéspedes o inquilinos (cuando le pagan a usted por cuarto y comida), subvenciones escolares y préstamos.</li> <li>• Regalos en efectivo, premios en efectivo o cualquier otra clase de efectivo.</li> </ul> \$ _____ Fecha en que se recibió o se recibirá: _____		12. ¿Cuánto es el pago del alquiler o hipoteca este mes? \$ _____	
		13. ¿Cuánto paga por servicios públicos y municipales no incluidos en el alquiler, tales como: <ul style="list-style-type: none"> <li>• Gas, electricidad, teléfono (cuota básica)</li> <li>• Agua, basura, drenaje</li> <li>• Instalación de servicios públicos y municipales</li> </ul> \$ _____	
10. ¿Cuál es la cantidad en recursos líquidos con que usted y los miembros de su hogar cuentan?		14. ¿Cuántas personas que viven en su hogar compran y preparan alimentos con usted? (Inclúyase a usted mismo)	
<ul style="list-style-type: none"> <li>• Dinero en efectivo, dinero en cuentas de cheques, cuentas de ahorro o certificados de depósito;</li> <li>• Títulos constitutivos de fideicomiso, pagarés por cobrar, acciones o bonos.</li> </ul> \$ _____		15. ¿Es alguna persona en el hogar de usted trabajador migratorio o trabajador agrícola de temporada? <input type="checkbox"/> SÍ <input type="checkbox"/> NO	

Case name:

Number:  
Signature:  
Date:  
Screened for E.S.?  
 YES  NO  
Disposition:

16. Firma (Jefe de la familia, miembro del hogar o representante autorizado)	Fecha
Testigo, si firmó con una "X"	Fecha

\* Para la parte 1, el número de Seguro Social no es necesario. Se usará su número de Seguro Social (SSN) para corroborar la identidad, para prevenir duplicidad de participación y para verificar la elegibilidad y los beneficios. El SSN será usado en cotejamiento por medio de computadoras para revisar sus ingresos y recursos contra expedientes de agencias de impuestos, bienestar social, empleo, administración del Seguro Social y otras. Se pueden corroborar las diferencias con usted y con empleadores, bancos y otros. La participación fraudulenta en el Programa de Estampillas para Comida puede resultar en acciones de carácter criminal o civil o reclamaciones administrativas.

63-1230 STATE FORMS &amp; INSTRUCTIONS (Continued)

63-1230

DFA 285-A1 (7/88)

**Form Instructions**  
(for the Eligibility Worker)**APPLICATION FOR FOOD STAMPS — Part 1****Purpose:**

The DFA 285-A1 is Part 1 of the food stamp application form completed by all households when first applying for food stamps and by nonmonthly households at recertification. To complete the application process, the household must also complete a DFA 285-A2. Part 1 has four primary purposes:

- (1) to initiate the application process—Section A, Applicant Information;
- (2) to provide an outline of information regarding the eligibility, verification, and processing requirements for expedited service—Section B lead-in narrative;
- (3) to identify households eligible for processing for expedited service—Section B questions; and
- (4) at county option to initiate application for restoration of benefits.

**NOTE:**

A county worker or volunteer shall inform potential applicants **orally** of the following information which is on the DFA 285-A1:

- the right to expedited service for qualifying households;
- how to initiate the process for expedited service;
- the availability of assistance in filling out the application.

The CWD shall assist an applicant, upon request, in filling out forms and completing the application process.

**Preparation:****SECTION A—Applicant Information**

Manual Sections: 63-300.22, 63-300.24, 63-300.3, 63-301.1, 63-401, 63-402.3, 63-404

**Filed Application**

Consider an application to be filed when it is received with the following information by the appropriate CWD office:

- Name of head of household (item 1);
- Home address, unless homeless (item 3); and
- Signature of head of household, household member, or authorized representative (item 16).

## 63-1230 STATE FORMS &amp; INSTRUCTIONS (Continued)

63-1230

DFA 285-A1 (7/88)

## NOTE:

The application shall not be delayed or denied because the applicant:

- does not provide a Social Security Number (item 2) or a telephone number (item 4) at the time the DFA 285-A1 is filed,
- has no fixed mailing address, is homeless, or is in temporary housing (items 3, 5 and 7), or
- is homeless and has not provided directions as requested (item 8).

If the applicant answers yes to the question: "Do you pay for room or board?" (item 6), determine whether the applicant meets the definition of a boarder. If the applicant does meet the definition of a boarder, the application must be denied as boarders may not participate in the Program independent of the household providing the board.

**SECTION B—If You Need Food Stamps Right Away (Expedited Service)**

Manual Sections: 63-300.1, 63-300.21, 63-301.5, 63-503.43

If Section B is completed, the county is required to screen for eligibility for expedited service (ES) processing. In order to make a correct determination, the county shall review the responses in accordance with the Expedited Service Eligibility Review table below to determine whether the applicant should be screened in for ES processing.

**EXPEDITED SERVICE ELIGIBILITY REVIEW TABLE**

An application should be screened in for expedited service processing, if the applicant has indicated:

- 
- No address or "no place" or "none," etc. in item 3  
*AND/OR*
  - "No" or "No home" in item 7.
- 

**OR**

- 
- No more than \$150 in item 9  
*AND*
  - no more than \$100 in item 10.
- 

**OR**

- 
- Income and resources (items 9 + 10) that are *LESS* than shelter costs (items 12 + 13).
- 

**OR**

- 
- No more than \$100 in item 10  
*AND*
  - "yes" to items 11 and 15.
- 

**NOTE:** The applicant must be given the benefit of doubt on any response. Therefore, screen in for expedited service processing if responses are "don't know," or they are illegible or unintelligible, or if you can't tell if the response meets one of the listed responses.

63-1230 STATE FORMS &amp; INSTRUCTIONS (Continued)

63-1230

DFA 285-A1 (7/88)

**COUNTY USE ONLY**

When an application is received by the county, complete case identifying information as follows:

- Check box to indicate if the application is new or retroactive. If it is a retroactive application, space is provided to identify the type of retro benefits.
- Enter the date of receipt. The date following the date of receipt begins the 30-calendar-day period during which an eligible household must be given the opportunity to participate unless the CA 1 was completed before the date of receipt. If the CA 1 was completed prior to receipt of the DFA 285 A1, the date following the date the CA 1 was completed begins the 30-calendar-day period. This instruction represents a change from prior policy.
- Enter case name, number and signature of the county worker that logs in the case.
- After determining if any household is homeless (item 7), check the appropriate box.
- For ES screening: Check "Yes," if Section B questions were completed and the application was screened according to the Eligibility Review Table. Check "No" if Section B questions were not completed or the application was not screened.
- In "Disposition" note results of ES screening, if done; for example, "Screened in; appt. @ 9:30 on 8-2." "Screened out; has too much income for ES," etc.

If the application is screened in for ES processing, the County may note in the County Use Only section whether the applicant prefers that the county mail, or have available for pick-up, the ATP, coupons, or other issuance device, if the application is eventually approved for ES.