

# CalFresh Recertification New Form

**CF 37**



## *Background*



- September 2013, the California Department of Social Services (CDSS) provided instruction in All County Letter (ACL) 13-75 on the use of the CF 285, a revised single signature CalFresh application for CalFresh only households to be used at intake and Recertification (RC).
- In 2014, under Food and Nutrition Services (FNS) directions, CDSS CalFresh Policy began the process of developing a simplified application to be used in lieu of the CF 285 for all CalFresh only households at Recertification (RC). The intent was to improve program access, decrease churn, simplify RC requirements and decrease the administrative burden on County Welfare Departments (CWDs).
- CDSS CalFresh Policy worked to develop the CF 37, which provide the client a shorter application that looked to gather only new or changed information regarding household circumstances.

## Recertification Process



- The CF 37 must be utilized by CWDs by October 1, 2015 as the recertification application for all CalFresh only households.
- CWDs will mail the Notice of Expiration of Certification (NEC) and Appointment Letter for the interactive interview. Most interviews are done by phone but can also be done in person.
- The application and interactive interview must be done before the end of certification period.
- If the household misses the scheduled interview, they are advised to reschedule with the CWD to complete the recertification process. They have 30 days after the end of the certification period to complete.
- During the interactive interview, the County will go over the information on the application and will ask questions to recertify the household for CalFresh and determine benefits.
- To avoid a delay in recertifying, the household must provide proof of any changes in circumstance at the time of the interview. The household must keep the interview appointment even if they do not have all the verifications to provide proof.



# Changes need to be reported

## Authorized Representative

- CBO's cannot claim federal reimbursement for any time spent with an applicant household for which the CBO chooses to the authorized representative.

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Please fill out the following form.

Date of Move (mm/dd/yy)		Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?	
<input type="checkbox"/> In	<input type="checkbox"/> Out	/ /	/ /		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In	<input type="checkbox"/> Out	/ /	/ /		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In	<input type="checkbox"/> Out	/ /	/ /		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2.** You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

**Do you want to name someone to help you with your CalFresh case?**  Yes  No

If yes, complete the following section:

<b>AUTHORIZED REPRESENTATIVE NAME</b>	<b>AUTHORIZED REPRESENTATIVE PHONE NUMBER</b>
<input type="text"/>	<input type="text"/>

**Do you want to name someone to receive and spend CalFresh benefits for your household?**  Yes  No

If yes, complete the following section:



# Changes to be reported

## Any change in Job/Income

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Please fill out the following form.

7. Is anyone currently receiving income from employment?  Yes  No

If yes, complete the section below and attach proof. List each job for each person who works. If you need more space, attach a separate piece of paper and identify which question you are writing about. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of Person who gets income:			
Employer Name:	Self-employed, check <input type="checkbox"/>	Self-employed, check <input type="checkbox"/>	Self-employed, check <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly
Monthly Gross Amount of Income:	\$	\$	\$
Hours worked per month:			
Will this income continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7a. Will there be any changes to anyone's job or income in the near future?  Yes  No

Examples: Stopping, starting, increase or decrease of income, change in hours, quitting a job, going on strike, change in how often anyone is paid.

If yes, explain here and attach any proof:

8. Is anyone currently receiving money from any other source?  Yes  No

If yes, complete the section below and attach proof. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loan/Gifts, Earned/Unearned Housing.



# Changes to be reported(continued)

- Medical Costs
- Child support
- Dependent or Child Care

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICE AGENCY      CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**9. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have an increase or begin paying medical costs?**  Yes  No (If yes, complete the section below and attach proof if this is a new expense or if change is more than \$25.)

Who had the cost? \_\_\_\_\_ Type of cost \_\_\_\_\_

Amount paid? \_\_\_\_\_ How often? \_\_\_\_\_

**10. Child Support: Did anyone who gets CalFresh have to pay child support?**  Yes  No  
(If yes, complete the section below and attach proof, if this is a new child support obligation or a change in the legal obligation to pay child support or an increase in the amount of child support paid.)

Name(s) of children \_\_\_\_\_

What is the current amount they have to pay? \$ \_\_\_\_\_ Who paid support? \_\_\_\_\_

**11. Dependent or Child Care: Does anyone pay for care of a child, disabled adult, or other dependent so you or the other person can go to work, school, or look for a job?**  Yes  No  
(If yes, please only list the amount you or anyone in your household pays out of pocket. Attach proof if provider or the out-of-pocket amount has changed.)

Amount: \$ \_\_\_\_\_ Who paid: \_\_\_\_\_ List dependent/child: \_\_\_\_\_



## *Verifications needed:*

For all reported changes you must provide a proof. Some of the examples are:

- Change in job (letter from employer, Paycheck/Paystub, Layoff notice etc.)
- Increased Medical Expenses (if someone turned 60 or older/disabled examples of proof needed can be SSI/SSA documents, medical bills etc.)
- New child support obligation or any changes in amount of child support (court documents)
- Dependent or child care expenses (bills and receipts of out of pocket expenses)

# Questions:



For any further discussion and questions please contact:  
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