

63-650 CalFresh Forms and Desk Aids

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This chapter:

- Lists and defines the forms and notices utilized in CalFresh and referenced in regulation,
- Informs of the availability of California Department of Social Services (CDSS) forms in other languages, and
- Posts Desk Aids, guides and reminders issued by Strategic Planning & Operational Support (SPOS) and The Knowledge Center (TKC).

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63-650.1 CDSS Alpha Designation of Form and Notices

CDSS alpha form and notices designation:

Alpha Designation	Meaning
CF	CalFresh
CW	CalWORKs
DFA	Division of Financial Administration
FNS	Food and Nutrition Services
FS	Food Stamps

Form #	Form Title	CDSS Forms Language Availability																
		Arabic	Armenian	Cambodian	Chinese	Farsi	Hmong	Japanese	Korean	Lao	Mien	Portuguese	Punjabi	Russian	Spanish	Tagalog	Ukrainian	Vietnamese
FS 23 QR 3/05	FS Benefits – How to Report Household Changes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FS 26 12/09	Food Stamp Program Qualifying Drug Felon Addendum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ₉	✓	✓	✓	✓	✓	
FS 27 3/10	NAFS Households Recertification Form	Obsolete																
FS 28 (10/08)	FSP Restricted Account Agreement Coversheet	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FS 28A (10/08)	FSP Restricted Account Agreement Part A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FS 28B (10/08)	FSP Restricted Account Agreement Part B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FS 29 10/11	Food Stamp Recertification Appointment Letter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NA 960X QR 7/12	QR 7 Not Received	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NA 960Y QR 7/12	Incomplete QR 7 Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NA 960X SAR 10/12	SAR 7 Not Received	AR	AM	CB	CH	FA	HM	JA	KO	LA	MI	PO	PU	RS	SP	TA	UK	VT
NA 960Y SAR 10/12	Incomplete SAR 7 Report	AR	AM	CB	CH	FA	HM	JA	KO	LA	MI	PO	PU	RS	SP		UK	VT
NA 9 Back 4/13	Your Hearing Rights	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NA 1263 8/11	CalFresh Overissuance Budget Worksheet	✓																
NA 1267 4/11	CalFresh Informing Notice of Receiving Inter-County Transfer	✓		✓	✓									✓	✓			
NA 1268 4/11	CalFresh Informing Notice of Sending Inter-County Transfer	✓		✓	✓									✓	✓			
PUB 13 06/11	Your Rights Pamphlet	✓	✓	✓	✓	✓ ³⁻⁰⁷	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PUB 275 04/07	Family Planning			✓	✓		✓			✓				✓	✓			

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		Arabic	Armenian	Cambodian	Chinese	Farsi	Hmong	Japanese	Korean	Lao	Mien	Portuguese	Punjabi	Russian	Spanish	Tagalog	Ukrainian	Vietnamese
QR 2 6/04	Reporting Changes for your CW Assistance Unit and FS Household	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 3 7/06	Mid-Quarter status Report for CW and FS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 7 12/08	Quarterly Eligibility Status Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 7A 8/09	How to fill out your QR 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 7 Addendum 12/08	Instructions and Penalties - Quarterly Eligibility Status Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 22 12/06	Sponsored Noncitizens Applying for or Receiving CW and/or FS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 72 12/06	Sponsor's Quarterly Income and Resources Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 377.1 4/04	FS Notice of Approval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 377.2 5/08	FS Notice of Expiration of Certification	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 377.4 1/04	FS Notice of Change for Quarterly Reporting Household	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 377.5 2/04	FS Mid-Quarter Status Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
QR 2104 6/10	Food Stamp Notice of Restoration Approval													✓				
SAR 2 10/12	Reporting Changes for CW and CF - IRT			CB										RS	SP			VT
SAR 3 4/13	Mid-Period Status Report for CW and CF			CB										RS	SP			
SAR 7 10/121	Eligibility/Status Report			CB										RS	SP			
SAR 7 Addendum 4/13	Instructions and Penalties SAR 7 for CW and CF													RS	SP			

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		Arabic	Armenian	Cambodian	Chinese	Farsi	Hmong	Japanese	Korean	Lao	Mien	Portuguese	Punjabi	Russian	Spanish	Tagalog	Ukrainian	Vietnamese
SAR 7A 10/12	How to Fill Out your SAR 7			CB										RS	SP			
SAR 22 3/13	Sponsored Noncitizens Applying for CW and/or CF			CB										RS	SP			
SAWS 1 12/06	Application for Cash Aid, Food Stamp, Medi-Cal, CMS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SAWS 2 4/13	Statement of Facts for Cash Aid, Food Stamp, Medi-Cal, CMS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SAWS 2 PLUS 7/13	Application for CW, CF and/or MC/CMSP																	
SAWS 2A QR 9/11	Rights and Responsibilities & other Important Information	✓	✓	✓ 11/10	✓ 11/10	✓ 11/10	✓ 1/07	✓ 11/10	✓ 11/10	✓ 11/10	✓ 11/10	✓ 11/10						
SAWS 2A SAR 4/13	Rights and Responsibilities & other Important Information																	
TEMP 2201 7/02	Cash Aid/Food Stamp EBT Request for Designated Alternate Card Holder / AR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP 2202 7/02	Cash Aid/Food Stamp EBT Service Request	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP 2214 7/08	Additional Information about EBT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP NA 1232 8/08	FS Notice – EBT Account	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP NA 1238 7/04	FS Notice – EBT Account Adjustment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP NA 1239 3/04	FS Notice of Approval or Termination - TFS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP QR1 8/03	New Reporting Requirements for CW & FS Recipients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEMP SAR 1 10/13	New Reporting Requirements for CW & CF Recipients			CB	CH									RS	SP			VT

Other State/Federal Forms

CF 285 SAR 6/13	CalFresh Budget Worksheet/Semi-Annual Reporting Households	CalFresh manual budget worksheet for SAR households
DFA 285-B 8/11	CalFresh Budget Worksheet (Change Reporting Household)	CalFresh manual budget worksheet for change reporting household.
DFA 285-D 8/11	CalFresh Budget Worksheet (Households with Elderly/Disabled)	CalFresh manual budget worksheet for household with elderly disabled members with medical deductions.
DL 937	Verification for Reduced Fee Identification Card	To identify a person meets the eligibility requirements for a reduced fee California identity card.
MC194 5/07	Social Security Administration Referral Notice	To refer applicants to Social Security Administration to clarify or apply for a Social Security number. Form used in concurrent with CSC 34.
G-845 G-845 Instructions	USCIS – Document Verification Request	To verify the immigration status of applicants for federal, state or local public benefits and licenses.
G-845 Supplement Supplement Instructions	Document Verification Request Supplement	To verify information related to immigration, including sponsor information that maybe relevant to eligibility of federal, state and local public benefits. This form must be used in conjunction with Form G-845.

63-650.3 County Forms

Form #	NAME	DESCRIPTION
07-69 HHSA	REQUEST FOR BENEFIT VERIFICATION	To verify household benefits received as requested by the household.
09-22 HHSA	HOUSEHOLD REQUEST FOR AUTHORIZED REPRESENTATIVE	To designate an authorized representative to act on their behalf to apply for CalFresh, and use the Electronic Benefits Transfer (EBT) card to buy food.
09-43 HHSA	CALFRESH CLAIM DETERMINATION AND BENEFIT RECOVERY STATUS	To manually record CalFresh overpayments for communication with Revenue and Recovery.
09-55 HHSA	CALFRESH STUDENT ELIGIBILITY WORKSHEET/DESK AID	To manually determine a student eligibility to CalFresh.
09-77 HHSA	ABAWD Waiver Form	To request approval to waive ABAWD work requirements.

09-81 HHSA	P. O. BOX REQUEST FORM	Request to use a PO Box number instead of current resident address (currently under revision).
09-84 HHSA	FSET RIGHTS AND RESPONSIBILITIES	Provided to CalFresh Employment and Training (FSET) participants during the FSET/General Relief (GR) orientation
09-86 HHSA	HOW TO APPLY TO BE AN AUTHORIZED REPRESENTATIVE FOR A LICENSED ALCOHOL & DRUG TREATMENT CENTERS	Provided to Licensed and Unlicensed Alcohol Drug Treatment Center at intake step-by-step Instructions on how to apply and become an Authorized Representative for Drug & Alcohol Treatment Center.
09-88 HHSA	DISASTER CALFRESH RELIEF LOG	Log to report daily issuance or denial of Disaster CalFresh benefits during a declared disaster.
09-90 HHSA 09-90 HHSA (SP)	NOTICE OF APPROVAL/DENIAL FOR REPLACEMENT OF FOOD PURCHASED WITH CALFRESH	Manual Notice of Action to Approve or /Deny an application for Replacement of Food Purchased with CalFresh.
09-93 HHSA 09-93 HHSA (SP)	AFFIDAVIT OF LOSS	Sworn statement certifying that food has been lost during a disaster or household misfortune.
09-94 HHSA 09-94 HHSA (SP)	CALFRESH APPLICATION PACKET COVERSHEET	Explanation on how to complete the application and interview preference.
09-95 HHSA	CALFRESH OVERISSUANCE PAYMENT STUB	Pay stub for households to submit with payment to Fiscal to pay a claim.
09-99 HHSA 09-99 HHSA (SP)	USCIS LETTER FOR INDIGENT SPONSORED NONCITIZEN REPORTING	To obtain the sponsored noncitizen sponsor's information to report to USCIS
11-7 GR	GENERAL RELIEF JOB APPLICATION RECORD	Provided to client by the FSET Social Worker (SW) during the assessment interview.
11-73 GR	GENERAL RELIEF/CALFRESH ORIENTATION FORM	Signed by the client following the GR/FS orientation
16-45 HHSA	IMPORTANT INFORMATION FOR HOMELESS PERSONS	To inform homeless households without an address of their responsibility to pick up correspondence at the Family Resource Center (FRC).
16-64 HHSA	VOTER REGISTRATION INTEREST/DECLINATION	Included in intake and recertification packet, and provided when a new adult member is added to the case. AVAILABLE IN CALWIN.
16-92 HHSA	DISASTER CALFRESH BENEFITS ISSUANCE REQUEST & CASE CHECKLIST	Disaster CalFresh workflow, case authorization, review and EBT authorization and issuance.
16-102 HHSA	AUTHORIZATION FOR BENEFIT COLLECTION FROM EBT ACCOUNT	Authorization from household to collect an overpayment from the EBT account when a case is closed.

16-146 HHSA	VERIFICATION CHECK LIST	To inform client of missing verification. To be used only when CalWIN is not available. AVAILABLE IN CALWIN.
20-44 HHSA 20-44 HHSA (SP)	CIVIL RIGHTS INFORMATION	Included with intake and recertification packets.
20-46 HHSA	LANGUAGE NEEDS DETERMINATIONS	Included with intake and recertification packets.
20-49 HHSA	CIVIL RIGHTS INTERPRETERS	Must be obtained from the applicant/recipient when individuals other than HHSA employees or HHSA approved interpretation vendors are utilized as interpreters.
22-04 HHSA	NOTICE OF WORKSITE ASSIGNMENT	Handout to CalFresh Employment & Training participants by the SW at the assessment interview.
22-07 HHSA	EMPLOYMENT SCREENING	Participant completes and submits to CalFresh Employment & Training SW during the scheduled assessment interview
22-11 HHSA	NOTICE OF ASSESSMENT INTERVIEW	Provided at application/recertification to inform of date and time of assessment interview with the CalFresh Employment & Training SW.

63-650.4
CalWIN Forms

Form #	Name
CSC 34	SOCIAL SECURITY NUMBER (SSN) VERIFICATION
CSC 35	REDETERMINATION APPOINTMENT LETTER
CSF 2&2A	GENERAL AFFIDAVIT (SWORN STATEMENT)
CSF 13	AUTHORIZATION FOR RELEASE OF INFORMATION
CSF 14	AUTHORIZATION FOR RELEASE OF INFORMATION – AUTHORIZED REPRESENTATIVE
CSF15	AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
CSF 22	EMPLOYMENT QUESTIONNAIRE
CSF 23	STATEMENT OF GIFT/LOAN
CSF 24	MEDICAL REPORT VERIFICATION OF PHYSICAL/MENTAL INCAPACITY
CSF 30	RECEIPT FOR DOCUMENTS
CSF 31	REQUEST FOR DISCONTINUANCE/WITHDRAWAL WAIVER
CSF 33	NOTICE TO SELF-EMPLOYED INDIVIDUALS
CSF 34	DAILY TIP STATEMENT
CSF 35	SELF-EMPLOYMENT SWORN STATEMENT
CSF 47	HOUSING STATEMENT/VERIFICATION
CSF 50	STUDENT INCOME VERIFICATION REQUEST
CSF 55	STATEWIDE FINGERPRINT IMAGING (SFIS) REFERRAL
CSF 64	ELECTRONIC BENEFIT TRANSFER (EBT) REQUEST FOR DAC/AR
CSF 67	ELECTRONIC BENEFIT TRANSFER (EBT) CARD AND PIN RESPONSIBILITY STATEMENT
CSF 77	INTERVIEW CHECKLIST

63-650.5
 Desk Aids,
 Guides and
 Reminders

DESK AIDS/GUIDES	
APPLICATION/RECERTIFICATION	
•	Application Process Chart
•	CalFresh Expedited Services/Processing Timeframes Desk Aid
•	CalFresh Telephone Interview Checklist For HSS
•	CalFresh Verification Requirements Chart
•	Script For CalFresh Expedited Services
•	Homeless Children and Youth Applying for CalFresh
•	Verification and Processing Guidelines for CalFresh, CalWORKs and Medi-Cal Applications Desk Aid
•	
NON-FINANCIAL ELIGIBILITY	
•	Federal CalFresh Noncitizen Eligibility & Sponsor Deeming Determination
•	Federal CalFresh Noncitizen Eligibility Determination Chart
•	CalFresh Noncitizen Evaluation Process;
•	Federal CalFresh Immigrant Eligibility & Sponsor Deeming Determination Chart;
•	Noncitizen Eligibility Decision Chart;
•	Desk Guide to Victims of Human Trafficking and Other Serious Crimes
•	CalFresh Student Eligibility Worksheet/Desk Aid (09-55 HHSA)
•	Cuban-Haitian Desk Aid
•	
INCOME/RESOURCES	
•	AmeriCorps Desk Aid
•	Child Support Income Entries in CalWIN
•	The US Military Pay Stub (Leave and Earnings Statement (LES))

<ul style="list-style-type: none"> • Treatment of Reception and Placement (R&P) Funds
<ul style="list-style-type: none"> •
SEMI-ANUAL REPORTING (SAR)
<ul style="list-style-type: none"> • CalFresh SAR 7 Process and Completeness Criteria/Checklist
<ul style="list-style-type: none"> • How to Complete the SAR 7 (a guide for CalFresh and/or CalWORKs recipients)
<ul style="list-style-type: none"> • QR vs. SAR
<ul style="list-style-type: none"> • SAR Cycles Table and Reporting Rules Desk Guide
<ul style="list-style-type: none"> • SAR CYCLES TABLE
CERTIFICATION
<ul style="list-style-type: none"> • Notice of Action Requirements and Timelines
<ul style="list-style-type: none"> •
OTHER
<ul style="list-style-type: none"> • Aid Paid Pending (APP) Desk Aid
<ul style="list-style-type: none"> • CalFresh Restoration Of Eligibility and Benefits
<ul style="list-style-type: none"> • Disaster CalFresh Desk Aid
<ul style="list-style-type: none"> • HHSA Interpretation Services Vendor List
<ul style="list-style-type: none"> • MCE Evaluation Flowchart
<ul style="list-style-type: none"> • CalFresh Overissuance Quick Reference Guide
<ul style="list-style-type: none"> • WINS Processing Desk Aid
<ul style="list-style-type: none"> • SUAS for SUA Flowchart
<ul style="list-style-type: none"> •
