

June 17, 2010

## Food Stamp Program Guide Letter #550

Subject

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**RESIDENTS OF DRUG AND ALCOHOL FACILITIES**

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Effective Date

Upon Receipt

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References

All County Information Notice No. 89-09

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Purpose

The purpose of this letter is to:

- ◆ Remind staff of the food stamp eligibility requirements for residents of drug and/or Alcohol treatment centers (D/ATC);
- ◆ Revise the list of approved D/ATC that includes the names of approved Authorized Representatives;
- ◆ Clarify the use of form [FS 26](#), Food Stamp Program Qualifying Drug Felon Addendum; and
- ◆ Add a link to access revised form [09-86](#) HHSA.

Background

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Residents of drug and alcohol treatment centers **must apply** for food stamps **through an authorized representative** (AR) who is a designated employee of the center. The AR designated by the treatment center must sign the application forms.

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## Eligibility Requirements

A drug and alcohol treatment and rehabilitation program must meet the following requirements for a resident to qualify for food stamps:

- Be authorized by USDA-FNS as a retailer, or Qualify for funding under Part B of Title 19 of the Public Health Services Act, and
- Provide meals to residents.

Drug and alcohol treatment centers that meet the above requirements are listed in the table of approved facilities located in FSPG section 63-123. **DO NOT** issue benefits to residents of a treatment centers **NOT** included on the list of approved facilities.

If a Family Resource Center (FRC) discovers a treatment center that is not included on the list of approved facilities, but is requesting food stamps for their residents, provide the center form [09-86](#) and refer them to the Food Stamps Coordinator in SPOS.

Task based workers will remind all AR's at application and recertification that careful and continuing review of a resident's circumstances are required before applying for food stamps, and during the receipt of benefits.

Remind the AR at orientation that it is the responsibility of the AR to ensure that the correct information about the resident's circumstances is reported to the worker.

## Household Composition

The worker is to authorize benefits as a separate household for D/ATC residents and their children who live at the treatment center and are provided with meals. (Parents and children must be one household.)

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Eligibility  
Requirements for  
Residents of  
Drug and Alcohol  
Centers  
(Continued)

The spouse or family members other than children who live at the treatment center:

- May receive food stamps if meals are **not** provided to them. They are treated as a roomer and must be a separate household from the addict/alcoholic and their children.
- Are ineligible for food stamps if meals are provided to them.

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Approved  
Facilities

The list of approved D/ATC has been revised to include the names and phone numbers of Authorized Representatives. The list has been placed in FSPG Section [63-123.1](#) and can be retrieved by accessing this link.

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## Food Stamp Program Qualifying Drug Felon Addendum

The [FS 26](#) is provided to the household for completion to determine the food stamp eligibility of the drug felon. The [FS 26](#) is used when adding a household member not included on the [DFA 285 A2](#), [FS 27](#), or [SAWS2](#), or when additional information is needed on a drug related felony conviction reported on [QR7](#).

Quarterly Reporting (QR) households must report their drug felony status on the QR7. A “yes” response to the drug felony status on question number 8 is a trigger for the worker to review the drug felony status. The [FS 26](#) will be provided to the household in order to determine the food stamp eligibility of the drug felon. The qualified drug felon shall be added to the food stamp household in accordance with [FSPG 63-164.9](#).

**If verification of eligibility criteria is not available, an “affidavit” (Sworn Statement) signed under penalty of perjury by the drug felon is required.**

The FS 26 is a certification under penalty of perjury that the conditions of eligibility have been met by the drug felon and is signed by the head of household (or drug felon if she/he is the head of household). Once the document is signed, verification must be provided by the household. If verification is not available, the drug felon must complete an affidavit (sworn statement) signed under penalty of perjury that she/he has met the conditions of eligibility.

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CalWORKs  
Impact

No impact

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Automation  
Impact

No impact

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Forms Impact

The [FS26](#), Food Stamp Program Qualifying Drug Felon Addendum form has been updated; the 12/09 version replaces the 08/09 version and has been uploaded in i-Way.

Staff will be informed as soon as State makes this form available in other languages. In the meantime, please use the new English version.

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Imaging Impact

An imaged copy of form FS 26 must be on file.

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Access Impact

| <b>When the resident left, did not call to report the change nor provide new address, then the ACCESS Customer Service Agent will:</b>  | <b>When the Center has client's new address then the ACCESS Customer Service Agent will take the following action (s):</b>   |
|---|--|
| <ul style="list-style-type: none"><li>◆ Ask the AR to return the resident's authorization document, Electronic Benefit transfer (EBT) card after cutting the card in half, to the FRC.</li><li>◆ Deactivate the AR EBT card,</li><li>◆ Discontinue the case effective the end of the quarter</li><li>◆ Narrate action taken in CalWIN Case Comment.</li></ul> | <ul style="list-style-type: none"><li>◆ Ask the AR to return the resident's authorization document, Electronic Benefit (EBT) card after cutting the card in half, to the FRC.</li><li>◆ Deactivate the AR EBT card.</li><li>◆ Send share point to FRC to inform workers of the change.</li><li>◆ Inform FRC to follow-up by sending a note to client requesting immediate contact to establish on going eligibility.</li><li>◆ Do not change the case address until the client confirms that he/she resides at the address.</li><li>◆ However Access agent is to change the address of the case when client calls in with the new address. If applicable housing deductions will be given upon receipt of the required verification in accordance to FSPG section 63-117.</li><li>◆ It is the client's responsibility to contact ACCESS if he/she wishes to continue to receive benefits. If the client fails to contact ACCESS by the end of the quarter, the case will close and the client must reapply.</li><li>◆ Narrate action taken in CalWIN Case Comment.</li></ul> |

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Operational  
Impact

No impact

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Quality  
Control/Quality  
Assurance  
Impact

QC/QA will cite the appropriate error when the requirements in this material have not been followed.

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**FSPG  
Changes**

| <b>FSPG<br/>Section</b>  | <b>Title</b>   | <b>Changes/Updates</b>   |
|--------------------------|--|--|
| <a href="#">63-123.1</a> | Residents of Drug/Alcohol Treatment and Rehabilitation Centers and Group Living Arrangements | <ul style="list-style-type: none"><li>◆ Deleted sentence: "A list of licensed and certified drug and alcohol treatment centers is updated and sent to FRCs every six months" and replaced with a list of licensed Drug and Alcohol Treatment Centers that includes the names of their approved Authorized Representatives.</li></ul> |
| <a href="#">63-123.7</a> | Treatment Center & Group Home Responsibilities   | <ul style="list-style-type: none"><li>◆ Changed dot point -1) to read:"For change reporting households, changes may be reported by any means including form DFA 377.5 within 10 days of the change".</li></ul>   |
| <a href="#">63-123.8</a> | Worker Responsibilities  | <ul style="list-style-type: none"><li>◆ Changed the titles to "When a client reports leaving the treatment center and "When a client fails to report leaving the treatment center".</li><li>◆ Added link to revised form 09-86. Form 09-86 has been revised to include the ACCESS phone number.</li></ul>                            |

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Assistant Deputy  
Director

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**SYLVIA MELENA**  
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Self-Sufficiency Programs  
Strategic Planning & Operational Support

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