

CALFRESH REQUEST FOR POLICY INTERPRETATION**PI#**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST:	NEED RESPONSE BY:
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION:	
3. PHONE NO.:	EMAIL:	7. SUBJECT:	
4. REGULATION CITE(S):		8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE *(CFPB USE ONLY)*:

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

CALFRESH REQUEST FOR POLICY INTERPRETATION (Continued)**PI#**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST:	NEED RESPONSE BY:
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