# CalSAWS | Information Transmittal (CIT) 0013-25

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|---|---|
| Distribution Date | January 24, 2025 |
| To | PPOC.ALL; Committee.CalWORKs_CalFresh.All; Committee.SelfServicePortal.All |
| CC | Consortium.RegionalManagers.All |
| **CIT Name** | **CA-270693 BenefitsCal ABAWD Time Limits API** |

PPOCs, please forward to the appropriate impact staff in your county:

- ☒ General
- ☐ Policy
  - ☐ CW
  - ☐ CF
  - ☐ MC
  - ☐ CMSP
  - ☐ FC/KG/AAP
  - ☐ Child Care
  - ☐ WtW
  - ☐ Other Program(s)_____
- ☒ BenefitsCal
- ☒ Customer Correspondence
- ☐ OCAT
- ☐ Other_____
- ☐ Reports
  - ☐ Fiscal
  - ☐ Caseload Movement
  - ☐ Management
- ☐ Batch and Interfaces
- ☐ Fiscal
- ☐ GA/GR
- ☐ Help Desk
- ☐ Imaging
- ☐ Security
- ☐ Task Management
- ☐ Technical
- ☐ Training

## Description

**Purpose**

The purpose of this CIT is to inform counties of the information that will not be part of the CF 377.11E CalFresh Able-Bodied Adult Without Dependents Time Limit Exemption Screening Form (CF 377.11E) when the customer submits it electronically through their BenefitsCal Account.

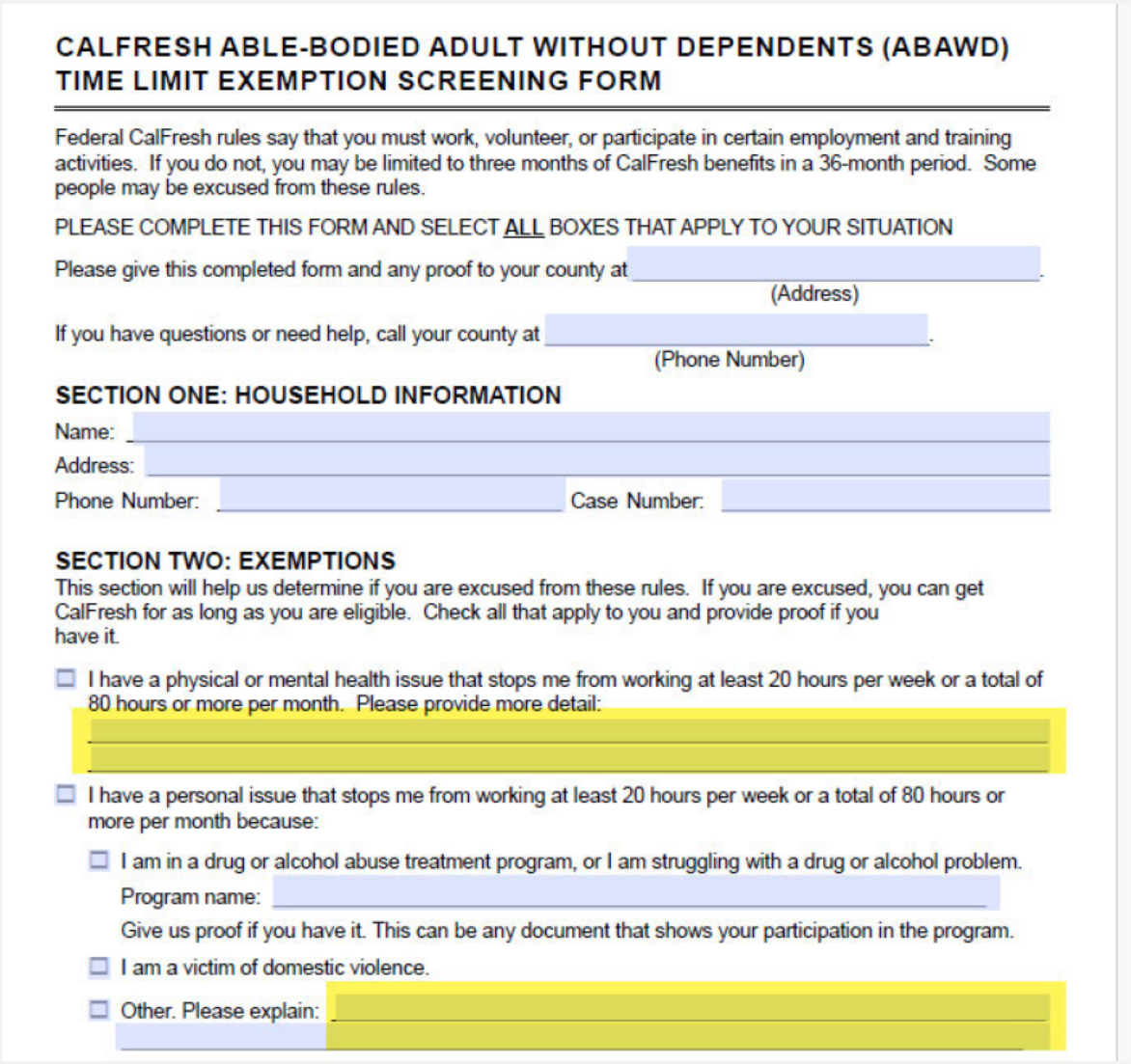
**Background**

CA-270693 BenefitsCal ABAWD Time Limits API updates the Time Limits API to include Able-Bodied Adult Without Dependents (ABAWD) information as well as allowing variable population of the CF 377.11E form sent to Imaging when key entries are made in BenefitsCal (either through the application flow or when a customer updates their case details).

**Additional Information**

There are two key questions on the CF 377.11E that ask for additional details when a customer selects that check box. BenefitsCal is not yet capturing free-form text when the following fields are selected: "Please provide more detail" and "Other: Please Explain" as

displayed in the highlighted form sample below. If a user selects either of these check boxes, a worker will need to follow up for more information.



**CALFRESH ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD) TIME LIMIT EXEMPTION SCREENING FORM**

Federal CalFresh rules say that you must work, volunteer, or participate in certain employment and training activities. If you do not, you may be limited to three months of CalFresh benefits in a 36-month period. Some people may be excused from these rules.

PLEASE COMPLETE THIS FORM AND SELECT ALL BOXES THAT APPLY TO YOUR SITUATION

Please give this completed form and any proof to your county at _____.
(Address)

If you have questions or need help, call your county at _____.
(Phone Number)

**SECTION ONE: HOUSEHOLD INFORMATION**

Name: _____

Address: _____

Phone Number: _____ Case Number: _____

**SECTION TWO: EXEMPTIONS**

This section will help us determine if you are excused from these rules. If you are excused, you can get CalFresh for as long as you are eligible. Check all that apply to you and provide proof if you have it.

- ☐ I have a physical or mental health issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month. Please provide more detail:
  _____
  _____
- ☐ I have a personal issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month because:
  - ☐ I am in a drug or alcohol abuse treatment program, or I am struggling with a drug or alcohol problem.
    Program name: _____
    Give us proof if you have it. This can be any document that shows your participation in the program.
  - ☐ I am a victim of domestic violence.
  - ☐ Other. Please explain: _____
    _____

**County Actions**

According to business process, Counties should determine if further communication to the ABAWD customer is needed for any additional details.

Copy your Regional Manager(s) on any questions you might send to the Primary or Backup Project Contact.

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|---|---|
| Primary Project Contact | Dymas Pena<br>PenaD@CalSAWS.org |
| Backup Project Contact | Cathy Vaisau<br>VaisauC@CalSAWS.org |
| Attachments | None |
| Web Portal Link | [redacted] |

OR

You may also retrieve the CIT document and attachments by following these steps:

1. Click on the CRFIs & CITs link at the top of the page.
2. Click on the "CalSAWS Information Transmittal (CIT)" folder.
3. Click on the "2025" folder.
4. Click on the appropriate CIT # folder.