

**County of San Diego, Health and Human Services Agency (HHSA)
CalFresh Program Guide**

Replacement Benefits

Number

63-509

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Date:

03/01/2021

Background:

Customers that experience certain household misfortunes, such as a power outage, fire, or disaster, may lose food that was purchased with CalFresh benefits. Replacement benefits are available to help customers replace food that was lost due to a household's misfortune.

Purpose:

This section details the policy for replacement of benefits.

Policy:

Households can request replacement of benefits when food purchased with CalFresh benefits is destroyed or damaged due to a household misfortune or a disaster occurs. A request for replacement benefits must be made within 10 days of the food loss. Replacement benefits must be issued within 2 days of the request, a delay of seven additional days may be made when information is questionable, and further clarification or verification is needed.

1. CF 303 "Replacement or Disaster Supplement Affidavit"

After a household or Authorized Representative (AR) contacts staff to report the food loss and request replacement benefits, staff must provide the CF 303 "Replacement or Disaster Supplement Affidavit" form as soon as possible. Households may be provided the CF 303 in person, or by mail if it is requested by phone and an electronic version is not available to the household.

NOTE: The CF 303 "Replacement or Disaster Supplement Affidavit" form is the only form that must be completed by the customer when requesting the replacement of benefits.

2. Timely Submission of CF 303 "Replacement or Disaster Supplement Affidavit"

The household has ten days from the date they reported the loss to return the signed CF 303 "Replacement or Disaster Supplement Affidavit" form. The signed form may be returned in person, by mail, by fax, or through the household's online benefits portal. If the tenth day falls on a weekend or holiday, and the CF 303 is received the business day after the weekend or holiday, it will be considered timely. If the signed form is not received within ten days from the date of the reported food loss, no replacement benefits will be issued.

3. Verification

Verify the household's misfortune. Verification methods include, but are not limited to, using a collateral contact, obtaining documentation from a community agency, such as the Red Cross, a utility company, or the fire department, or possibly conducting a home visit, if applicable. Verification of disaster situations or mass power outages impacting entire zip codes will be shared with staff when available.

4. Processing the Benefit Replacement

Staff must complete and image desk aid "Affidavit of Loss" to make sure all the required information is captured. The amount of benefits replaced will be the amount of food purchased with the CalFresh allotment that the customer lost, but cannot exceed more than one month's maximum allotment. Refer to How-to 311 for instructions on the issuance of replacement benefits.

5. Multiple Replacement Requests

There are no limits to the number of replacements households may request, or receive, in the same month if food is lost in a household misfortune. For multiple replacement requests resulting from the **same** household misfortune occurring in the same month, the cumulative issuance cannot exceed the

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household's maximum monthly allotment. For multiple requests resulting from **separate** household misfortunes occurring in the same month, each replacement request must be treated independently from the other. The cumulative total of the multiple replacements may exceed the household's maximum monthly allotment, depending on the scenario.

Single Household Misfortune Example:

A customer experiences a total loss of food purchased with CalFresh benefits at the beginning of the month. The next day, the customer reports the food loss and receives a replacement of 50% of their monthly CalFresh allotment. Three days later, the customer requests an additional replacement to cover the total loss of food. The customer receives a replacement for the remaining 50% of their monthly CalFresh allotment.

Multiple Household Misfortune Example:

A customer reports a loss of food purchased with CalFresh benefits at the beginning of the month. The customer receives a replacement of 60% of their monthly CalFresh allotment. Near the end of the month, the customer experiences another separate household misfortune and reports a loss of food, including some of the food purchased with the original replacement. The customer receives a replacement of 70% of their monthly CalFresh allotment. Since there were multiple misfortunes and an individual request for each event, the cumulative total of the multiple replacements for that month **may** exceed the maximum monthly allotment for that household.

6. Notices

Notify the household of the approval or denial of the request by sending manual Notice of Action (NOA) 09-90 HHSA "Notice of Approval/Denial for Replacement of Food Purchased with CalFresh". Image a copy of the NOA into the case file.

References:

MPP 900; MPP 63-630

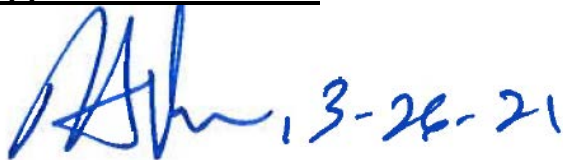
ACL 21-15; ACL 19-95; ACL 18-125; ACL 87-158

HT311 Issue Replacement CalFresh Benefits (RFSP)

Sunset Date:

This policy will be reviewed for continuance by 03/31/2024.

Approval for Release:



RICK WANNE, Director
Self-Sufficiency Services