CalWORKs PROGRAM
REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the CW 2202 for your records and submit via email to calworkscountypirequest@dss.ca.gov.

1. REQUESTOR NAME:	5. COUNTY
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES: (ACLs/ACINs, COURT CASES, etc.) A
4. DATE OF REQUEST: 1	8. DATE RESPONSE NEEDED:

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): IF YOU NEED ADDITIONAL SPACE, ATTACH ANOTHER SHEET OF PAPER.

10. REQUESTOR'S PROPOSED ANSWER: IF YOU NEED ADDITIONAL SPACE, ATTACH ANOTHER SHEET OF PAPER.

11. STATE POLICY RESPONSE: IF YOU NEED ADDITIONAL SPACE, ATTACH ANOTHER SHEET OF PAPER.