

CalWORKs PROGRAM

PI #

REQUEST FOR POLICY INTERPRETATION

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

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

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE:

ANALYST:	APPROVING MANAGER:
DATE:	DATE:

The policy expressed in this response is based on the unique set of facts presented and should not be presumed to apply to all other situations.

DATE RESPONSE RELEASED: _____