



**Coalition of California Welfare
Rights Organizations, Inc.**

CCWRO

How to Request to Recomputation of CalFresh Overissuance/Underissuance

For many years when the county discovered an overpayment for CalWORKs and CalFresh, they would use the overpaid CalWORKs grant to compute the CalFresh overissuance.

For example. The notice would show that there was November 2019 CalWORKs overpayment. The CalWORKs payment made was \$550, but the correct payment was \$200, thus there is a \$350 CalWORKs overpayment.

The next envelope contains the CalFresh overissuance. The CalFresh overissuance calculation uses \$550 instead of \$200 to compute the CalFresh overissuance.

[ACIN I-16-05E](#) states that “[All County Letter No. 03-18](#) provides that when determining the value of either an AE or IHE OI or UI, the County Welfare Department (CWD) must recreate case circumstances by using the CalWORKs grant amount the household *should* have received had the household reported the required information and the county taken timely action. [All County Information Notice \(ACIN\) No. I-16-05](#) provided incorrect guidance on this same topic (question and answer page 12). This erratum corrects ACIN I-16-05 and All County Information Notice reiterates guidance provided in ACL No. 03-18. This correction is effective as of the date of release of this letter.

RE-CALCULATION OF EXISTING CLAIMS

Households with established claims as of the release of this letter may request a re-calculation using the methodology clarified above. For those OIs or UIs that are in the process of being calculated as of the release of this letter, the methodology clarified above must also be used.”

WELFARE ADVOCATE PRACTICE GUIDE: If your customer has a CalFresh OI and a CalWORKs OP, you can use the form below to request recomputation of the CalFresh overissuance per [ACIN-16-05E](#).

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Request to Recompute CalFresh Overissuance/Underissuance Per ACIN I-16-05E

I hereby request that the CalFresh OI/UI computed by the county in my case be recomputed by using the correct CalWORKs payments based on the process outlined in ACIN I-16-05E.

YOUR NAME (PLEASE PRINT): _____
YOUR ADDRESS _____
YOUR BIRTHDATE _____
YOUR EMAIL ADDRESS _____
YOUR SIGNATURE _____

DO YOU NEED FREE LEGAL HELP?

Coalition of California Welfare Rights Organizations (**CCWRO**)
• 1111 Howe Ave., • Suite 635, • Sacramento, CA 95825
• Telephone (916) 712-0061 • ccwro.org

HOW TO USE THIS FORM?

- You can give this to your worker.
- You can mail us this form and we will give it to your worker if you authorize us to do so. If you want us to help you, you have to sign below authorizing us to help you.

I, the undersigned authorize CCWRO and any person working with them to be my authorized representative for all purposes, including filing for a state hearing:

Date _____ Your Signature _____