NOTICE TO ALL CALFRESH RECIPIENTS

IMPORTANT — PLEASE READ

Effective October 1, 2022, State and Federal laws provide for the following:

<u>Maximum CalFresh Allotments</u>: These are the benefit amounts your household will receive based on your household size if your household has no income.

| HH Size | Household Size |
|---------|---------|---------|---------|---------|---------|---------|---------|------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Each Additional Person |
| \$281 | \$516 | \$740 | \$939 | \$1116 | \$1339 | \$1480 | \$1691 | +\$211 |

- The maximum excess shelter deduction will increase from \$597.00 to \$624.00.
- The homeless shelter allowance will increase from \$159.73 to \$166.81.
- The Standard Utility Allowance (SUA) of \$487.00 will increase to \$560.00.
- The Limited Utility Allowance (LUA) of \$144.00 will increase to \$150.00.
- The Telephone Utility Allowance (TUA) of \$19.00 will decrease to \$18.00.

If the SUA or the LUA was used as part of your shelter deduction before October 1, and if you have had no changes in your CalFresh case, your CalFresh benefits may change after October 1.

The amount of the change depends on your household. You will be told about any change in your benefits in a separate notice.

Resource Limits:

Please note that the elderly/disabled household resource limit also serves as the threshold for substantial lottery or gambling winnings.

| HOUSEHOLD RESOURCE LIMIT | ELDERLY/DISABLED HOUSEHOLD RESOURCE LIMIT |
|-----------------------------|---|
| Present \$2,500 | Present \$3,750 |
| Increase to \$2,750 | Increase to \$4,250 |

Standard Deductions for FFY 2023:

These are the standard deduction amounts your household will receive based on your household size.

| STANDARD DEDUCTIONS |
|---------------------|
| \$193.00 |
| \$193.00 |
| \$225.00 |
| \$258.00 |
| |

If you think we made a mistake calculating your October CalFresh benefits due to the new allotment amounts or the SUA/LUA, you may ask for a state hearing *within 90 days of when you got this letter* by writing to:

Appeals Unit, Department of Benefits and Family Support P.O. Box 7988 San Francisco, CA 94120-7988

or you may call toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349. When you ask for a state hearing, you must tell us why you think we made a mistake. You can speak for yourself at the hearing, or you can have a friend, attorney, or other person speak for you. If you need someone to speak for you, you must get someone to help you. You may ask for free legal aid at a legal aid office in your area.