AUXILIARY TABLES

TABLE OF CONTENTS

TABLE **PAGE**

Comparison of Average Monthly Grants 1

SSI/SSP Payment Standards

a. April 2006 2
b. January 2007 3
c. January 2008 4

CAPI Payment Standards

a. April 2006 5
b. January 2007 6
c. January 2008 7

Maximum Aid Payments for Nonexempt and Exempt Assistance Units 8

CalWORKs Two-Parent Program 9

Community Care Licensing – Licensed Facilities 10

PUBLIC ASSISTANCE PROGRAMS
COMPARISON OF AVERAGE MONTHLY GRANTS
2006-07 AND 2007-08

Programs		November 2006 Estimates		Appropriation	Differences	
		2007-08	2006-07	2006-07	November 2006 Estimate 2007-08 less 2006-07	November 2006 Estimate 2006-07 less Appropriation
TANF- AF & TP	per Case	519.24	529.96	527.24	-10.72	2.72
	per Person	205.91	213.27	212.77	-7.36	0.50
Foster Care	per Child[1]	1,645.29	1,682.01	1,694.86	-36.72	-12.85
AAP	per Child	784.51	767.14	760.76	17.37	6.38
KinGAP	per Child	522.41	522.41	519.50	0.00	2.91
Enhanced KinGAP	per Child	754.42	756.29	0	-1.87	756.29
SSI/SSP	Aged	540.27	518.31	527.43	21.96	-9.12
	Blind	661.46	635.64	661.50	25.82	-25.86
	Disabled	639.38	614.13	622.67	25.25	-8.54
CAPI	per Person	774.51	739.49	740.95	35.02	-1.46
Assistance Dog Allowance		50.00	50.00	50.00	0.00	0.00
Refugees	per Person	309.56	309.56	299.72	0.00	9.84
FOOD STAMP COUPON VALUE						
	Total Value	2,664,179,181	2,560,727,191	2,335,709,846	103,451,990	225,017,345
	per Household	260.82	255.04	229.58	5.78	25.46
	per Person	103.73	101.99	91.11	1.74	10.88
IHSS						
Personal Care Services Program		830.84	856.43	777.48	-25.59	78.95
IHSS Residual Program		879.59	914.78	826.64	-35.19	88.14

[1] Per child grant represents the FFH/GH/FFA combined average grant.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

SSI/SSP PAYMENT STANDARDS
EFFECTIVE APRIL 1, 2006
Includes pass-through of the CPI COLA

CNI: 4.07% (a)
CPI: 4.10% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	**836.00**	603.00	233.00	**636.00**	402.00	234.00	**809.00**	402.00	407.00	**1,015.00**	603.00	412.00
- without cooking facilities (RMA) 2/	**920.00**	603.00	317.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	**901.00**	603.00	298.00	**717.00**	402.00	315.00	**809.00**	402.00	407.00	**1,015.00**	603.00	412.00
DISABLED MINOR												
- living with parent(s)	**722.00**	603.00	119.00	**510.00**	402.00	108.00						
- living with non-parent relative or non-relative guardian							**809.00**	402.00	407.00	**1,015.00**	603.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,472.00**	904.00	568.00	**1,198.33**	602.67	595.66	**1,648.33**	602.67	1,045.66	**2,030.00**	904.00	1,126.00
- without cooking facilities (RMA) 2/	**1,640.00**	904.00	736.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,699.00**	904.00	795.00	**1,425.33**	602.67	822.66	**1,648.33**	602.67	1,045.66	**2,030.00**	904.00	1,126.00
BLIND/AGED OR DISABLED												
- per couple	**1,614.00**	904.00	710.00	**1,339.33**	602.67	736.66	**1,648.33**	602.67	1,045.66	**2,030.00**	904.00	1,126.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$50	$100
SSI	30	60
SSP	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	$206	Minimum:	$117
Care and Supervision Minimum:	$374	Maximum:	$463
Board and Room	$435		$435

2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2007
Includes the pass-through of the CPI COLA and suspension of the CNI COLA

CNI: 3.75% (a)
CPI: 3.30% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	**856.00**	623.00	233.00	**649.34**	415.34	234.00	**822.34**	415.34	407.00	**1,035.00**	623.00	412.00
- without cooking facilities (RMA) 2/	**940.00**	623.00	317.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	**921.00**	623.00	298.00	**730.34**	415.34	315.00	**822.34**	415.34	407.00	**1,035.00**	623.00	412.00
DISABLED MINOR												
- living with parent(s)	**742.00**	623.00	119.00	**523.34**	415.34	108.00						
- living with non-parent relative or non-relative guardian							**822.34**	415.34	407.00	**1,035.00**	623.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,502.00**	934.00	568.00	**1,218.33**	622.67	595.66	**1,668.33**	622.67	1,045.66	**2,070.00**	934.00	1,136.00
- without cooking facilities (RMA) 2/	**1,670.00**	934.00	736.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,729.00**	934.00	795.00	**1,445.33**	622.67	822.66	**1,668.33**	622.67	1,045.66	**2,070.00**	934.00	1,136.00
BLIND/AGED OR DISABLED												
- per couple	**1,644.00**	934.00	710.00	**1,359.33**	622.67	736.66	**1,668.33**	622.67	1,045.66	**2,070.00**	934.00	1,136.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$50	$100
SSI	30	60
SSP	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	$210	Minimum:	$119
Care and Supervision Minimum:	$381	Maximum:	$472
Board and Room	$444		$444

2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2008
Includes pass-through of the CPI COLA and CNI COLA

CNI: 4.21% (e)
CPI: 1.20% (e)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	**892.00**	630.00	262.00	**677.00**	420.00	257.00	**857.00**	420.00	437.00	**1,079.00**	630.00	449.00
- without cooking facilities (RMA) 2/	**980.00**	630.00	350.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	**960.00**	630.00	330.00	**761.00**	420.00	341.00	**857.00**	420.00	437.00	**1,079.00**	630.00	449.00
DISABLED MINOR												
- living with parent(s)	**773.00**	630.00	143.00	**545.00**	420.00	125.00						
- living with non-parent relative or non-relative guardian							**857.00**	420.00	437.00	**1,079.00**	630.00	449.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,565.00**	946.00	619.00	**1,270.00**	630.67	639.33	**1,739.00**	630.67	1,108.33	**2,158.00**	946.00	1,212.00
- without cooking facilities (RMA) 2/	**1,741.00**	946.00	795.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,802.00**	946.00	856.00	**1,506.00**	630.67	875.33	**1,739.00**	630.67	1,108.33	**2,158.00**	946.00	1,212.00
BLIND/AGED OR DISABLED												
- per couple	**1,713.00**	946.00	767.00	**1,417.00**	630.67	786.33	**1,739.00**	630.67	1,108.33	**2,158.00**	946.00	1,212.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$52	$104
SSI	30	60
SSP	22	44

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	$219	Minimum:	$124
Care and Supervision Minimum:	$397	Maximum:	$492
Board and Room	$463		$463

2/ RMA - Restaurant Meals Allowance - $88 Individual; $176 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

CAPI PAYMENT STANDARDS
EFFECTIVE APRIL 1, 2006
BASED ON APRIL 2006 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**826.00**		836.00	**626.00**		636.00	**799.00**		809.00	**1,005.00**		1,015.00
- without cooking facilities (RMA) 1/	**910.00**		920.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	**891.00**		901.00	**707.00**		717.00	**799.00**		809.00	**1,005.00**		1,015.00
DISABLED MINOR												
- living with parent(s)	**712.00**		722.00	**500.00**		510.00						
- living with non-parent relative or non-relative guardian	**712.00**		722.00	**500.00**		510.00	**799.00**		809.00	**1,005.00**		1,015.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,452.00**	1,462.00	1,472.00	**1,178.33**	1,188.33	1,198.33	**1,628.33**	1,638.33	1,648.33	**2,010.00**	2,020.00	2,030.00
- without cooking facilities (RMA) 1/	**1,620.00**	1,630.00	1,640.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,679.00**	1,689.00	1,699.00	**1,405.33**	1,415.33	1,425.33	**1,628.33**	1,638.33	1,648.33	**2,010.00**	2,020.00	2,030.00
BLIND/AGED OR DISABLED												
- per couple	**1,594.00**	1,604.00	1,614.00	**1,319.33**	1,329.33	1,339.33	**1,628.33**	1,638.33	1,648.33	**2,010.00**	2,020.00	2,030.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2007
BASED ON JANUARY 2007 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**846.00**		856.00	**639.34**		649.34	**812.34**		822.34	**1,025.00**		1,035.00
- without cooking facilities (RMA) 1/	**930.00**		940.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	**911.00**		921.00	**720.34**		730.34	**812.34**		822.34	**1,025.00**		1,035.00
DISABLED MINOR												
- living with parent(s)	**732.00**		742.00	**513.34**		523.34						
- living with non-parent relative or non-relative guardian	**732.00**		742.00	**513.34**		523.34	**812.34**		822.34	**1,025.00**		1,035.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,482.00**	1,492.00	1,502.00	**1,198.33**	1,208.33	1,218.33	**1,648.33**	1,658.33	1,668.33	**2,050.00**	2,060.00	2,070.00
- without cooking facilities (RMA) 1/	**1,650.00**	1,660.00	1,670.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,709.00**	1,719.00	1,729.00	**1,425.33**	1,435.33	1,445.33	**1,648.33**	1,658.33	1,668.33	**2,050.00**	2,060.00	2,070.00
BLIND/AGED OR DISABLED												
- per couple	**1,624.00**	1,634.00	1,644.00	**1,339.33**	1,349.33	1,359.33	**1,648.33**	1,658.33	1,668.33	**2,050.00**	2,060.00	2,070.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2006

ESTIMATED CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2008
BASED ON JANUARY 2008 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**882.00**		892.00	**667.00**		677.00	**847.00**		857.00	**1,069.00**		1,079.00
- without cooking facilities (RMA) 1/	**970.00**		980.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	**950.00**		960.00	**751.00**		761.00	**847.00**		857.00	**1,069.00**		1,079.00
DISABLED MINOR												
- living with parent(s)	**763.00**		773.00	**535.00**		545.00						
- living with non-parent relative or non-relative guardian	**763.00**		773.00	**535.00**		545.00	**847.00**		857.00	**1,069.00**		1,079.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,545.00**	1,555.00	1,565.00	**1,250.00**	1,260.00	1,270.00	**1,719.00**	1,729.00	1,739.00	**2,138.00**	2,148.00	2,158.00
- without cooking facilities (RMA) 1/	**1,721.00**	1,731.00	1,741.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,782.00**	1,792.00	1,802.00	**1,486.00**	1,496.00	1,506.00	**1,719.00**	1,729.00	1,739.00	**2,138.00**	2,148.00	2,158.00
BLIND/AGED OR DISABLED												
- per couple	**1,693.00**	1,703.00	1,713.00	**1,397.00**	1,407.00	1,417.00	**1,719.00**	1,729.00	1,739.00	**2,138.00**	2,148.00	2,158.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$42	$84
SSI/SSP	52	104

1/ RMA - Restaurant Meals Allowance - $88 Individual; $176 Couple

Maximum Aid Payments (MAP) for Non-exempt and Exempt Assistance Units

Non-Exempt

Region 1	July 04 MAP *
1	359
2	584
3	723
4	862
5	980
6	1,101
7	1,210
8	1,318
9	1,424
10	1,530

Non-Exempt

Region 2	July 04 MAP *
1	340
2	555
3	689
4	821
5	934
6	1,049
7	1,150
8	1,255
9	1,356
10	1,456

Exempt

Region 1	July 04 MAP *
1	398
2	653
3	808
4	961
5	1,094
6	1,229
7	1,350
8	1,473
9	1,591
10	1,709

Exempt

Region 2	July 04 MAP *
1	378
2	623
3	771
4	916
5	1,045
6	1,172
7	1,288
8	1,403
9	1,518
10	1,629

* Reflects the 2.75 percent July 2004 MAP Cost of Living Adjustment (COLA) and the suspension of the MAP COLA's for July 2005 through July 2007.

CalWORKs
TWO-PARENT PROGRAM
(in 000's)

	FY 2006-07	FY 2007-08
GRANTS	**$250,023**	**$239,893**
Basic Grants	248,390	248,847
Welfare Reform / Work Participation	(2,594)	(5,769)
TANF Reauthorization (AB 1808)	(1,515)	(4,873)
Full Family Sanction	0	(2,007)
Pay For Performance	(201)	(206)
Homeless Assistance (AB 1808)	445	300
Ending Durational Sanctions (AB 1808)	410	776
Minimum Wage Increase (AB 1835)	(806)	(3,080)
Prospective Budgeting	5,894	5,905
SERVICES	**$65,809**	**$65,594**
CalWORKs Basic	33,617	33,606
Homeless Assistance (AB 1808)	17	49
Single Allocation Adjustment	11,206	11,206
Substance Abuse Services	7,070	7,091
Mental Health Services	8,349	7,999
SA & MH Svcs-Indian Health Clinics	294	294
TANF Reauthorization (AB 1808)	5,256	5,349

	FY 2006-07	FY 2007-08
ADMINISTRATION	**$19,696**	**$19,623**
Basic Costs	23,539	23,472
Medi-Cal Svcs Elig./Common Costs	(1,923)	(1,924)
Homeless Assistance (AB 1808)	36	36
Minimum Wage Increase (AB 1835)	(2)	(6)
Research and Evaluation	154	154
Prospective Budgeting	(2,108)	(2,109)
CHILD CARE	**$14,039**	**$16,021**
Stage One Child Care for TP Families	13,035	12,617
Welfare Reform / Work Participation	405	1,459
TANF Reauthorization (AB 1808)	0	530
TANF Reauthorization	0	122
Full Family Sanction	0	460
Homeless Assistance (AB 1808)	67	248
RMR Impact	197	263
Child Care Health & Safety Requirements	335	322
Total Cost of the Two Parent Program	**$349,567**	**$341,131**

COMMUNITY CARE LICENSING
LICENSED FACILITIES

25.30 COMMUNITY CARE LICENSING

	2005-06	2006-07	2007-08
State Licensed:			
Day Care	57,790	56,662	55,747
24-hour Care	18,863	19,141	19,462
County Licensed:			
Day Care	3,778	3,749	3,894
24-hour Care	7,719	7,575	7,447
TOTALS	**88,150**	**87,127**	**86,550**