

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 18, 1979

ALL-COUNTY INFORMATION NOTICE I-105-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL UNDUPLICATED TITLE XX SOCIAL SERVICES STATISTICAL REPORT

REFERENCE: MANUAL OF POLICIES AND PROCEDURES, STATISTICAL REPORTS,
Sections 26-514.04 and 26-514.05 (D.S.S. Manual Letter 79-34)

Counties are reminded again this year that they are required to submit an unduplicated annual Title XX Social Services Statistical Report for the 12-month period ending September 30, 1979. The report consists of the Revised SOC 242 Forms 1, 2A, 2B, and Form 5 dated July 1979 (attached). The completed reports are due to be received by the Statistical Services Bureau of the Department of Social Services not later than November 15, 1979.

Again this year counties must submit the unduplicated data, either by actual count or by estimating, although an actual count is preferred. Indicate on the title page which method is used. If you use a mixture of "actual" counts and "estimated" counts, please footnote your report accordingly.

To assist counties which estimate their unduplicated counts, a set of unduplication factors developed from previous SSRR data is available upon request (see All-County Information Notice I 91-78, dated October 12, 1978). Counties wishing to request unduplicating factors should call the Statistical Services Bureau at (916) 322-2230 or (ATSS) 492-2230. (The factors are unique to eight groupings of counties with similar characteristics. Estimated unduplicated counts may be obtained for the information called for on the Revised Forms 1, 2A, 2B, and Form 5 by adding the counts for each of the four report quarters and then by applying the unduplicating factors.)

Do not enter counts for Vietnamese and Cambodian refugees on Form 1 or Title IV-C (WIN) Appraisals on Form 2B on the annual unduplicated statistical report.

If you have questions about the annual statistical report, please contact David Webber at (916) 322-5462.

Sincerely,



R. E. REICH
Deputy Director
Administration

cc: CWDA

Enclosure

GEN 654a (7/78)

SOCIAL SERVICES STATISTICAL REPORTS

PLEASE PRINT OR TYPE:

Reporting County _____

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County Code

FOR SSB USE ONLY	
	1. New or original data 2. Replacement data 3. Partial Deletion 4. Full Deletion
Encircle Appropriate Code	

SUBMITTAL DATE

M	M	D	D	Y	Y

FORMS BEING SUBMITTED (Please check):

- Form 1
- Form 2A
- Form 2B
- Form 3A
- Form 3B
- Form 5
- Edit Guide

REPORT PERIOD ENDING

M	M	Y	Y

Quarterly	<input type="checkbox"/>
Yearly	<input type="checkbox"/>

(Check one)

Actual	<input type="checkbox"/>
Estimate	<input type="checkbox"/>

(Check One)

Name of agency/organization responsible for report generation and content:

County Welfare Department and Reporting Unit

Address:

No. Street

City State Zip

Name of individual responsible for report generation and content:

First Last

Signature

Telephone:

Area Code Number

Please send to: Statistical Services Bureau
Department of Social Services
744 P Street, M.S. 12-81
Sacramento, California 95814

by the 20th of the month following the end of the report period.

FORM 1
COUNT OF PRIMARY SOCIAL SERVICES RECIPIENTS

Period Ending

Mo.	Yr.
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Check One

Quarterly	
Yearly	

SERVICE PROVISION STATUS	Name of County	TOTAL TITLE XX AND TITLE IV (Excludes Refugees)	TITLE XX						WITHOUT REGARD TO INCOME (PROTECTION GOAL ONLY)		
			AFDC		INCOME ELIGIBLES		INCOME ELIGIBLE (MEDI-CAL)		No. Adult Recipients	No. Child Recipients	
			No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	
Continued from Last Period	01										
Initiated This Period	02										
TOTAL	03										
Discontinued This Period	04										
Continuing to Next Period	05										

SERVICE PROVISION STATUS	TITLE XX						TITLE IV-C	TITLE IV-B
	AGED		BLIND		SSI		AFDC WIN	CWS
	No. Adult Recipients	No. Child Recipients						
Continued from Last Period								
Initiated This Period								
TOTAL								
Discontinued This Period								
Continuing to Next Period								

VIETNAMESE AND CAMBODIAN REFUGEES	No. Recipients

Form 1

COUNT OF PRIMARY SOCIAL SERVICES RECIPIENTS

On this form, count *only* those *Primary Recipients* who received one or more Title XX or Title IV social services during the report period. Include Primary Recipients who either themselves received one or more social services directly, or on whose behalf one or more social services were received by another individual. If a Primary Recipient received services under two programs during the report period (i.e., Title IV-C and Title XX), report the service provision status of the Primary Recipient in each program.

DEFINITIONS OF TERMS

Primary Recipient – An individual for whom one of the five goals is established and for whom services are provided for the purpose of achieving the goal. Services are considered to be provided to the Primary Recipient *when they are provided to other members of the Primary Recipient's family to facilitate achievement of his/her goal*. These services are considered to be received by the Primary Recipient.

In the Title IV-C WIN Program, the Primary Recipient is the WIN registrant. *Do not* report persons who received *only* a WIN appraisal on this form.

Service Provision Status – The condition of the recipient within the services provision structure. The four conditions are: (1) Continued From Last Period; (2) Initiated This Period; (3) Discontinued This Period; and (4) Continuing to Next Period.

Continued From Last Period – Under the applicable reporting category, enter the total number of Primary Recipients who received services in the preceding period *and who continued to receive services during the report period*.

Initiated This Period – Under the applicable category, enter the total number of Primary Recipients who began receiving services during the report period (i.e., did not receive services during the previous period). (Include those for whom services were terminated during a *previous* period and began again during the report period.)

Discontinued This Period – Under the applicable reporting category, enter the total number of Primary Recipients for whom all social services were terminated during the report period. (*Do not* include those who terminated and restarted services during the report period.)

Continuing to Next Period – Under the applicable reporting category, enter the total number of Primary Recipients who received services during the report period and who will continue to receive services in the following period.

FORM 2A

Department of Social Services
Statistical Services Bureau
Check One

Period Ending
Mo. Yr.

Quarterly
Yearly

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Name of County

SOCIAL SERVICES	TOTAL	TITLE XX				TITLE XX SSI				TITLE XX					
		AFDC		INCOME ELIGIBLE		AGED		BLIND		DISABLED		INCOME ELIGIBLE (MEDICAL)		WITHOUT REGARD TO INCOME (PROTECTIVE GOAL ONLY)	
		No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. of Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients
TOTAL	00														
Protective Services for Children	01														
Protective Services for Adults	02														
Out-of-Home Care for Children	03														
Out-of-Home Care for Adults	04														
Child Day Care	05														
Health Related	06														
Family Planning	07														
In-Home Supportive	08														
Employment Related	09														
OPTIONAL SERVICES															
Special Care for Children in Their Own Homes	10														
Home Management and Other Functional Educational Services	11														
Employment-Education-Training	12														
Services to Children with Special Problems	13														
Services to Alleviate or Prevent Family Problems	14														
Sustenance	15														
Housing Referral Services	16														
Legal Referral Services	17														
Diagnostic Treatment Services for Children	18														
Special Services for the Blind	19														
Special Services for Adults	20														
Services to Disabled Individuals	21														
Services to County Jail Inmates	22														
Family Protection and Reunification	23														

Form 2A

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Report each type of mandatory or optional Title XX *Social Service* provided at *any time* during the report period. The type of service may have been received either directly by the *Primary Recipient*, or it may have been provided to another individual on behalf of the Primary Recipient.

If a Primary Recipient changed reporting categories (within Title XX) during the report period, report *all* services under the reporting category in effect *on the last day of the report period*, even if some services were provided while the primary recipient was under a different Title XX reporting category.

If during the report period a Primary Recipient received (1) Employment Services, (2) Family Planning Services, and (3) Health Related Services, count this individual three times on this form; once under *each type of service* he or she received during the report period (i.e., Form 2A actually calls for a count of *types of services* received by Primary Recipients or by other individuals on their behalf).

If an AFDC recipient mother received Employment Services, Health-Related Services, and had three children, each of whom received a different kind of child day care service on her behalf, report this case on Form 2A under the AFDC reporting category; once for Employment Services, once for Health-Related Services, and once for Child Day Care Services. Child Day Care Services were provided to the three children on behalf of the AFDC mother who is the Primary Recipient. The unit of count is the Primary Recipient.

Do *Not* report the incidence count of Information and Referral Services by reporting category on this form. When an Information and Referral Service is provided to a *Primary Recipient* and the referral is for a Title XX service contained in the county social service plan, report the service *to which referred*. If the referral is for a service *not contained* in the county plan include the referral in the incidence count of Information and Referral on Form 3A.

If a Primary Recipient received services during the report period under two programs (i.e., Title XX and Title IV-C), report all Title XX services received on Form 2A and all Title IV services received on Form 2B. Such recipients will thus appear on both Forms 2A and 2B.

Period Ending

Mo.	Yr.
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FORM 2B

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Quarterly	
Yearly	

Check One

Name of County _____

	TITLE IV-C		TITLE IV-B
	AFDC WIN	90/10 Services	CWS
	Number of Recipients		Number of Recipients
SOCIAL SERVICES			
TOTAL (Exclude Appraisals)01
Child Day Care Services			
Family Planning Services			
Counseling Services			
Employment Related Medical and Remedial Care and Health Related Services			
Selected Vocational Rehabilitation Services			
(These five services are the only Title IV AFDC Win 90/10-funded services. See Work Incentive Regulations, Section 42-680 and the FY Win Statewide Operational Plan).			
Appraisals (Incidence Count)02
TOTAL			
Evening/Night/Weekend Duty of CPS Workers			
Temporary In-Home Caretakers			
Respite Day Care			
Homemaker and Parenting Services			
Specialized Needs			
Return of Out-of-State Runaways			
Other Child Welfare Services			
Emergency Shelter Care			

Form 2B

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Report each type of Title IV-C or Title IV-B *Social Service* provided at any time during the report period. The type of service may have been provided either directly to the *Primary Recipient*, or it may have been provided to another individual on behalf of the Primary Recipient. In the Title IV-C WIN Program, the Primary Recipient is the WIN registrant.

Form 2B calls for a count of *types of services* received by Primary Recipients or by individuals on their behalf.

Title IV-C AFDC WIN

The five Title IV-C AFDC WIN Supportive Services listed at the top of Form 2B are the *only* Title IV-C AFDC WIN 90/10 funded services. No other services are reimbursable through this program. See Work Incentive Regulations, Section 42-680 and the fiscal year WIN Statewide Operational Plan.

The following five Supportive Services are provided to WIN registrants to enable the registrant to accept employment or to participate in WIN, and to remove or reduce barriers to employment.

Child Day Care Services - Child Day Care is the comprehensive and coordinated set of activities providing direct care and protection of infants, preschool and school age children during a portion of a 24-hour day inside or outside of the child's own home.

Family Planning Services - Family Planning Services include counseling, educational, and medical services (including diagnosis, treatment, drugs, supplies, services and related counseling furnished, prescribed by, or under the supervision of a physician) to enable appropriate individuals of childbearing age (including minors) to voluntarily limit their family size or to space their children.

Counseling - Counseling is a process in which the WIN registrant or a member of the family is assisted in improving individual or family functioning or resolving an identified problem in order to accept or retain employment. Through the counseling process, the registrant is assisted in the resolution of problems that may interfere with employability.

Employment-Related Medical and Remedial Care and Health Related Services - Employment-related medical and remedial care and health-related services consist of counseling on health care matters and resources, and of help in obtaining, as well as purchasing, medical care and services directed toward overcoming physical and emotional health problems likely to jeopardize or limit the employability of an individual who otherwise has the potential for work.

Selected Vocational Rehabilitation Services - Vocational Rehabilitation Services are therapeutic and restorative services to correct or substantially improve a physical or mental condition which may be a barrier to employment.

Appraisals - Report appraisals here; do *not* report under Counseling. "The purpose of the appraisal interview is to assess the registrant's employability potential and his/her suitability for employment and participation in a WIN component. It involves analyzing the registrant's work history, skills, interests, and *needs* for supportive services as well as the consideration of the registrant's employability in relation to the current labor market." An appraisal is a one time activity unless an additional one is initiated by EDD. It is claimed as *one activity and only for the WIN registrant*. *No other service can be reported until after the appraisal* since its purpose is to *identify* service needs that will be provided for at a later date. (The only exception to this will occur in an emergency.)

Reportable Services - To be reportable, the WIN registrant must actually have received a IV-C service during the report quarter. Asking a client about his or her need for a particular service does *not* constitute the delivery of that service. You must either actually *provide* the service or *arrange* for the service to be provided by others.

If a Primary Recipient received services during the report period under two programs (i.e., Title XX and Title IV-C), report all Title XX services received on Form 2A and all Title IV services received on Form 2B. Such recipients will thus appear on both Forms 2A and 2B.

FORM 3 A

METHOD OF SERVICE PROVISION TO SOCIAL SERVICE RECIPIENTS

Period Ending

Mo.	Yr.
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Name of County _____

Title XX Services:	SOCIAL SERVICES	TOTAL No. of Recipients	DIRECT PROVISION No. of Recipients	PURCHASE PUBLIC No. of Recipients	PURCHASE PRIVATE No. of Recipients
TOTAL (Exclude Information and Referral)	00				
Protective Services for Children	01				
Protective Services for Adults	02				
Out-of-Home Care for Children	03				
Out-of-Home Care for Adults	04				
Child Day Care	05				
Health Related	06				
Family Planning	07				
In-Home Supportive	08				
Employment Related	09				
	OPTIONAL SERVICES				
Special Care for Children in Their Own Homes	10				
Home Management and Other Functional Educational Services	11				
Employment—Education—Training	12				
Services to Children with Special Problems	13				
Services to Alleviate or Prevent Family Problems	14				
Sustenance	15				
Housing Referral Services	16				
Legal Referral Services	17				
Diagnostic Treatment Services for Children	18				
Special Services for the Blind	19				
Special Services for Adults	20				
Services to Disabled Individuals	21				
Services to County Jail Inmates	22				
Family Protection and Reunification	23				
Information and Referral	24				

Form 3A

METHOD OF SERVICE PROVISION TO SOCIAL SERVICE RECIPIENTS

Form 3A calls for information describing the Method of Service Provision both to Primary Recipients *and* to other persons who received one or more Title XX Social Services during the report quarter, by type of social service received. The unit of count is the social service recipient -- *the individual(s) who received the service.*

It also calls for an incidence count of the *number of times* Information and Referral Services were provided during the report period.

Opposite each service listed and under the applicable Method of Provision, enter the total number of *social service recipients* (not just Primary Recipients) who received that type of service one or more times during the report period. That is, enter the number of Primary Recipients *or other persons* who received each type of social service in the appropriate column to indicate the method of service provision. Notice that the form calls for counts of *Primary and other recipients of social services* and is *not* limited to Primary Recipients alone as on Forms 1, 2A, and 2B.

DEFINITIONS OF TERMS USED ON THIS FORM

Method of Provision — The provision of Title XX Social Services by any of the following methods: Direct Provision, Purchase Public, Purchase Private.

Direct Provision — Provision of Social Services defined in the Comprehensive Annual Program Plan directly by the county welfare department.

Purchase Public — Purchase of Social Services defined in the Comprehensive Annual Social Services Program Plan by contractual or other agreement from public agencies other than the county welfare department.

Purchase Private — Purchase of Social Services defined in the Comprehensive Annual Services Program Plan by contractual or other agreement from individuals or private profit and not-for-profit agencies.

INFORMATION AND REFERRAL SERVICES

Information and Referral Services may be provided to persons without regard to their income under provisions of Title XX and Title IV.

Opposite Information and Referral Services, and under the applicable Methods of Provision, enter the total *number of times I&R service was provided* during the report period. Include the number of times I&R service was provided to Primary Recipients in cases where the referral was for a service not included in your county's plan.

Information and Referral — refers to the giving of information about social services provided under Title XX and related service programs by Provider Agencies, and brief assessment (but *not* diagnosis and evaluation) solely for the purpose of facilitating an appropriate referral to those community resources which provide or make available such services.

FORM 3B

Period Ending
 Mo. Yr.

METHOD OF SERVICE PROVISION TO SOCIAL SERVICE RECIPIENTS

Name of County _____

SOCIAL SERVICES	TOTAL No. of Recipients	DIRECT PROVISION No. of Recipients	PURCHASE PUBLIC No. of Recipients	PURCHASE PRIVATE No. of Recipients
Title IV-C AFDC Win 90/10 Services:				
TOTAL 01				
Child Day Care Services 02				
Family Planning Services 03				
Counseling Services 04				
Employment Related Medical and Remedial Care and Health Related Services 05				
Selected Vocational Rehabilitation Services 06				
(These five services are the only Title IV-C AFDC Win 90/10- funded services. See Work Incentive Regulations, Section 42-680 and the F.Y. Win Statewide Operational Plan.)				
Title IV-B CWS Services:				
TOTAL 07				
Evening/Night/Weekend Duty of CPS Workers 08				
Temporary In-Home Caretakers 09				
Respite Day Care 10				
Homemaker and Parenting Services 11				
Specialized Needs 12				
Return of Out-of-State Runaways 13				
Other Child Welfare Services 14				
Emergency Shelter Care 15				

Form 3B

METHOD OF SERVICE PROVISION TO SOCIAL SERVICE RECIPIENTS

Form 3B calls for reporting information describing the Method of Service Provision of persons who received one or more Title IV-B or IV-C Social Services during the report period by the type of Title IV Social Service received.

Opposite each service listed and under the applicable Method of Provision, enter the total number of Title IV *Social Service recipients* who received that type of service one or more times during the report quarter. That is, enter on the form the number of Primary Recipients *and other persons* who received each type of Title IV Social Service in the appropriate column to indicate the method of service provision. Notice that the form calls for counts of Primary and *other recipients* of Title IV Social Services and is *not* limited to Primary Recipients alone as on Forms 1, 2A, and 2B.

Count a person who received services by more than one method of provision once *for each type of* Title IV Social Service *under each method* by which the service was provided.

DEFINITIONS OF TERMS FOR METHOD OF SERVICE PROVISION USED ON THIS FORM ARE LOCATED ON REVERSE OF FORM 3A.

FORM 5

DAY CARE SERVICES PROVIDED TO CHILDREN

Mo. Yr.

Quarterly Yearly

NAME OF COUNTY _____

TYPE OF DAY CARE	TOTAL (Title XX)	TITLE XX				WITHOUT REGARD TO INCOME (Protec- tion Goal Only)
		AFDC TRAINING & JOB RELATED Number of Children	OTHER AFDC Number of Children	INCOME ELIGIBLES Number of Children	INCOME ELIGIBLE (MEDI-CAL) Number of Children	
TOTAL	01					Number of Children
In Home Day Care						
Full Time	02					
Part Time	03					
Family Day Care Home						
Full Time	04					
Part Time	05					
Group Day Care Home						
Full Time	06					
Part Time	07					
Day Care Center						
Full Time	08					
Part Time	09					

TYPE OF DAY CARE	TOTAL (Title IV)	TITLE IV-C		TITLE IV-R	
		AFDC WIN Number of Children	Number of Children	CWS Number of Children	Number of Children
TOTAL	10				
In Home Day Care					
Full Time	11				
Part Time	12				
Family Day Care Home					
Full Time	13				
Part Time	14				
Group Day Care Home					
Full Time	15				
Part Time	16				
Day Care Center					
Full Time	17				
Part Time	18				

Prepare two copies of this report. Send one copy with the other parts of the Title XX report to the Statistical Services Bureau. Send the second copy to:

Department of Education
Office of Child Development
1500 Fifth Street, Third Floor
Sacramento, CA 95814

so as to arrive not later than 20 days after the end of the report quarter.

Form 5

DAY CARE SERVICES PROVIDED TO CHILDREN

On this form count the total number of *children* who received Title XX or Title IV Child Day Care Services one or more times during the report period. The *only* way a child may be counted more than once on this form is if the child received more than one type of Child Care Service during the report period. Count such children *once* under *each type* of child day care received.

Some of these children will themselves be Primary Recipients, but many will be receiving child day care on behalf of another individual, such as the child's mother, who is the Primary Recipient.

TYPE OF DAY CARE:

In-Home Day Care — Care provided for a portion of the day in the child's home by qualified persons other than the child's own parents or the person who normally takes care of the child.

Family Day Care Home — A licensed or approved private family home in which children receive care, protection, and guidance during a part of the 24-hour day. A Family Care Home may serve no more than six children (ages 3 through 14) in total (no more than five when the age range is infancy through six) including the family day care mother's own children. Include children cared for in a relative's home under this category.

Group Day-Care Home — An extended licensed and approved or modified family residence, in which family-like care is provided usually to school-age children. It provides care for up to 12 children.

Day Care Center — A licensed facility in which care is provided part of the day for a group of 12 or more children.

Full-time Day Care — Care provided for 32 hours or more per week in periods of less than 24 hours per day.

Part-time Day Care — Care provided for less than 32 hours per week in periods of less than 24 hours per day.

ELIGIBILITY CATEGORY OF PRIMARY RECIPIENT:

AFDC WIN — Recipients of AFDC financial assistance who have been certified in the WIN Program and who receive services matched at the 90%/10% FFP rate.

AFDC Training and Job Related — Recipients who are included in the AFDC financial assistance grant, who are *not* registrants of the Work Incentive (WIN) Program, but *are* receiving one or more services which are training and job related.

Other AFDC — All other AFDC recipients who are not covered under the two categories defined above. Includes those AFDC WIN recipients who received services matched at the 75%/25% FFP rate.

