

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



February 24, 1983

ALL COUNTY INFORMATION NOTICE NO. 1-28-83

- TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY FOOD STAMP COORDINATORS

SUBJECT: TRAINING - FOOD STAMP PROGRAM FISCAL REPORTS (FNS-46, CA-209, FNS-250)

The State Department of Social Services will be conducting training seminars on the completion of the following Food Stamp Program fiscal reports:

1. FNS-46 (ATP Reconciliation Report)
2. CA-209 (Status of Claims Against Households)
3. FNS-250 (Food Coupons Accountability Report)

The location, time of instruction, and counties who are to attend are as follows:

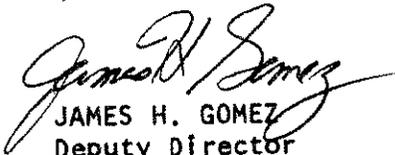
<u>Date</u>	<u>Location</u>	<u>Time</u>	<u>Counties Attending</u>	
March 21 (Monday)	State Department of Social Services 744 P Street Auditorium, first floor Sacramento	9:00-11:00 (FNS-46)	Alpine	Merced
		12:45-2:45 (CA-209)	Amador	Modoc
		3:00-4:00 (FNS-250)	Butte	Mono
			Calaveras	Nevada
			Colusa	Placer
			Del Norte	Plumas
			El Dorado	Sacramento
			Fresno	San Joaquin
			Glenn	San Luis Obispo
			Humboldt	Shasta
			Kern	Sierra
			Kings	Siskiyou
			Lake	Stanislaus
			Lassen	Sutter
			Madera	Tehama
			Mariposa	Trinity
			Mendocino	Tulare
				Tuolumne
				Yolo
				Yuba

<u>Date</u>	<u>Location</u>	<u>Time</u>	<u>Counties Attending</u>
April 19 (Tuesday)	San Francisco County Welfare Department 170 Otis Street Ronald Born-Auditorium First Floor San Francisco	9:30-11:00 (FNS-46)	Alameda
		12:45-2:45 (CA-209)	Contra Costa
		3:00-4:00 (FNS-250)	Marin
			Monterey
			Napa
			San Benito
			San Francisco
			San Mateo
			Santa Clara
			Santa Cruz
			Solano
			Sonoma
March 16 (Wednesday)	Los Angeles Department of Public Social Serv. 3401 Rio Hondo, Rm B118 El Monte	9:30-11:30 (FNS-46)	Imperial
		12:45-2:45 (CA-209)	Inyo
		3:00-4:00 (FNS-250)	Los Angeles
			Orange
			Riverside
			San Bernardino
			San Diego
			Santa Barbara
			Ventura

As indicated above, each of the referenced reports will be discussed separately. Instruction will include a line-by-line explanation of data required on each report after which participants will be provided with hypothetical data and asked to complete a report. The completed reports will be reviewed for accuracy followed by a question and answer period.

The time spent on each report will be approximately one to two hours. Since the FNS-46 report will be the first topic covered, you should note that training for counties that do not issue Authorizations to Participate Cards (ATP's) will not begin until 12:45 p.m.

For your convenience, attached are copies of the FNS-46 and CA-209 reports, instructions for their completion, and a chart which indicates when the reports are due with addresses for their submittal. Please review this material and bring any questions regarding these reports to the seminar. If you have any questions regarding this seminar, please contact Mr. Leighton Lai at (916) 323-0285.


 JAMES H. GOMEZ
 Deputy Director
 Administration

Attachments

cc: CWDA
 FNS/WRO-Ms. Carol Fahey

CA 209 GENERAL COMPLETION INSTRUCTIONS (REF: STATE FOOD STAMP MANUAL SECTION 63-801)

County - Enter the name of the County for which the report is prepared.

Report - Check this box if this is an initial report submitted for the report month.

Revised Report - Check this box if this is a report which amends a prior report.

Month - Enter the calendar month for which the figures are reported.

I. ACTIVE CLAIMS SUMMARY

Line 1 - Enter the total dollar value and number of active fraud and nonfraud claims due at the beginning of the report month. These balances should correspond with the figures on line 15 (Balance of Active Claims at End of Month) of the previous month's report.

Line 2(A) - Enter the total dollar value and number of new claims established during the month, regardless of the disposition of the claim after it was established. This includes claims under \$35.00 which at the county's option may be suspended during the report month.

A claim may not be considered a fraud claim unless the household member has been found to have committed fraud through an administrative fraud hearing or by a civil or criminal court of appropriate jurisdiction. Until a finding of fraud has been made, a county must classify a case as nonfraud. Nonfraud claims must be separated into claims resulting from client caused overissuances and those claims resulting from overissuances caused by county administrative error. At such time as a county obtains a fraud finding on a nonfraud case, the case must be transferred to the fraud category through the use of line 2C, Adjustments. Also, all collections which were received and reported on prior CA-209's as nonfraud (client-caused) collections are eligible for the higher fraud collection incentive, if the amount collected prior to the finding of fraud resulted from a nonfraud claim which is included in the final judgement. Counties must identify the amount of prior nonfraud (client-caused) collections eligible for the fraud collection incentive in the "Remarks" section as "Nonfraud Client-Caused Collections/Fraud Eligible." These collections must further be identified as nonfraud collections received and reported: (1) between July 1, 1981 and December 31, 1981; and (2) after January 1, 1982.

Line 2(B) - Enter the total dollar value and number of claims reactivated from suspense and explain such reactivation in the "Remarks" section. Examples of reasons for reactivation are: after the claim was suspended the household began making payments, the suspended claim was offset by a restoration of lost benefits, the case was erroneously put in suspense, etc. If payment is made for a case which was previously suspended, the county must include on Line 2(B) the amount owed before the payment is deducted. This entry must equal the entry recorded on the Suspended Claims Summary, Line 4(B). The payment received is then recorded on Lines 4 through 10 below.

Line 2(C) - Enter the total dollar value and number of claims for which adjustments are made on Active Claims during the report month and explain in the "Remarks" section. Examples of adjustments include changes because of state hearing decisions, eligibility worker error, clerical error, transfer from nonfraud to fraud, etc.

Line 3 - Complete this item by adding together lines 1, 2(A), 2(B), and 2(C).

Line 4(A) - Enter the total dollar value of funds collected by cash, check, or money order in payment of fraud and nonfraud claims during the report month. Collections for claims for which the claim amount is a FNS-46 or FNS-250 liability must be separately reported on lines 6(A) or 7(A) and not on this line, 4(A). The county agency shall retain all funds collected in a separate, secure identifiable account.

Line 4(B) - Enter the total dollar value of funds collected through the voluntary return of food coupons in payment of fraud and nonfraud claims during the report month. The county agency shall ensure that copies of the FNS-135, Affidavit of Return or Exchange of Food Coupons, are completed and retained in the client's case file as verification that coupons were returned by the client. Counties must also retain the original FNS-135 in their CA-209 files for auditing purposes. Counties must attach a consolidated FNS-135 to this report with an attached listing of names of clients, case number, and amount of coupons each client returned as repayment of a claim during the report month. Only FNS-135's completed for the purpose of returning food coupons in repayment of claims are to be included in this item. Collections for claims for which the claim amount is a FNS-46 or FNS-250 liability must be separately reported on lines 6(B) or 7(B) and not on this line, 4(B).

Line 5 - Complete this item by adding together Lines 4(A) and 4(B).

Line 6(A) - Enter the total dollar value of funds collected by cash, check or money order in repayment of a claim for which the county is or has been held liable through the FNS-46 (ATP Reconciliation Report) reporting process. The county must be able to substantiate any amount claimed in this section as a collection for which the county is or has been liable through the FNS-46 reporting process.

Line 6(B) - Enter the total dollar value of funds collected through the return of food coupons, allotment reduction, or by offsetting benefits in repayment of a claim for which the county is held liable through the FNS-46 (ATP Reconciliation Report) reporting process. (These repayments will generally come from collections in the Nonfraud Claim-Administrative Error Category.) The county must be able to substantiate any amount claimed in this section as a collection for which the county is or has been liable through the FNS-46 reporting process. Nonfraud claims may not be established if a household transacts an expired ATP.

Line 7(A) - Enter the total dollar value of funds collected by cash, check, money order in repayment of a claim for which the county is or has been held liable through the FNS-250 (Food Coupon Accountability Report) reporting process. The county must be able to substantiate any amount claimed in this section as a collection for which the county is or has been liable through the FNS-250 reporting process.

Line 7(B) - Enter the total dollar value of funds collected through the return of food coupons, allotment reduction, or by offsetting benefits in repayment of a claim for which the county is or has been held liable through the FNS-250 (Food Coupon Accountability Report) reporting process. The county must be able to substantiate any amount claimed in this section as a collection for which the county is or has been liable through the FNS-250 reporting process.

Line 8 - Complete this item by adding lines 6(A), 6(B), 7(A), and 7(B).

Line 9 - Enter the total dollar value of allotment reductions recouped to repay fraud claims. Coupon allotments may not be reduced to repay nonfraud claims. Do not include amounts recovered through offsetting restoration of lost benefits. These amounts are reported on Line 10. Also, do not include the value of allotment reductions due to a household member's disqualification. Allotment reductions due to disqualification do not qualify as collections. Any amount recouped for claims for which the claim amount is also a FNS-46 or FNS-250 liability must be separately reported on lines 6(B) or 7(B).

Line 10 - Enter the total dollar value of funds recovered as a result of offsetting lost benefits to be restored against recipient claims during the report month. Any amounts offset for claims for which the claims amount is also a FNS-46 or FNS-250 liability must be separately reported on Lines 6(B) or 7(B).

Line 11(A) - Complete this item by adding together lines 4(A), 6(A) and 7(A).

Line 11(B) - Complete this item by adding together lines 4(B), 6(B), 7(B), 9 and 10. The State Department of Social Services will amend the quarterly to reflect the County's retention of 25 percent of the dollar value of fraud claims collected, 12-1/2 percent of the dollar value of client caused nonfraud claims collected as well as full retention by FNS of all administratively caused nonfraud overissuance recoveries.

Line 12(A) - Enter the total amount by which claims were reduced during the report month through compromises negotiated between the county agency and the food stamp household. Provisions for when claims may be compromised are included in state regulation under "Claims Against Households."

Line 12(B) - Enter the total dollar value and number of claims suspended during the report month. Provisions for when claims may be suspended are included in state regulation under "Claims Against Households." (A corresponding entry should be made on the Suspended Claims Summary, Line 2(A).)

Line 13 - Complete this item by adding together lines 12(A) and 12(B).

Line 14 - Enter the number of active fraud and nonfraud claims closed during the report month by:

- a) Lump-sum payments,
- b) Completion of installment payments,
- c) Completion of allotment reduction (fraud only), or
- d) Offsetting the full amount of claims against lost benefits.

The procedures for the disposition of claim records following closure are established in Section 63-201.6, Retention of Records.

Line 15 - Enter the total dollar value and number of fraud and nonfraud claims on which collection action is continuing, including those which the required demand letter(s) have not been sent.

Line 16(A) - Enter the total dollar value of all funds collected by cash, check, money order in payment of nonfraud claims during the report month which is eligible for 50 percent retention and is included in Line 4(A). Only nonfraud collections received after July 1, 1981 resulting from out-of-court settlements entered into prior to July 1, 1982 are eligible for this incentive.

Line 16(B) - Enter the total dollar value of all funds collected through the voluntary return of food coupons in payment of nonfraud claims during the report month which is eligible for 50 percent retention and is included in Line 4(B). Only nonfraud collections received after July 1, 1981 resulting from out-of-court settlements entered into prior to July 1, 1982 are eligible for this incentive.

II. SUSPENDED CLAIMS SUMMARY

Line 1 - Enter the beginning month balance of the total dollar value and number of claims that were suspended in prior months and have not been terminated. These balances should correspond with the figures on Line 6 (Balance of Suspended Claims at End of Month) of Suspended Claims Summary for the previous month's report.

Line 2(A) - Enter the total dollar value and number of claims suspended during the report month. This includes claims under \$35.00 which, at the county's option, may be suspended during the report month. Provisions for when claims may be suspended are included in state regulation under "Claims Against Households". (This entry must equal the entry recorded on the Active Claims Summary, line 12(B).)

STATUS OF CLAIMS AGAINST HOUSEHOLDS

INSTRUCTIONS: This report identifies the county's fraud and nonfraud activities during a calendar month. Each county shall prepare and submit an original and one copy by the 30th day following the end of each report month, to the Department of Social Services, Fiscal Policy and Procedures Bureau, 744 P Street, Mail Station 8-100, Sacramento, CA 95814. Each county must also retain a copy in their files for audit purposes. Counties must submit this report regardless of whether the county collects any payments during the report month. (For purposes of this report a report month equals a calendar month.)

COUNTY _____

REPORT REVISED REPORT MONTH/YEAR _____

I. ACTIVE CLAIMS SUMMARY	A. FRAUD		B. NON FRAUD			
	AMOUNT	NUMBER OF CLAIMS	I. HOUSEHOLD ERROR		II. ADMINISTRATIVE ERROR	
			AMOUNT	NUMBER OF CLAIMS	AMOUNT	NUMBER OF CLAIMS
1. Balance of active claims at beginning of month	\$		\$		\$	
2. Status of monthly claims:						
A. New claims established during month						
B. Claims reactivated from suspense						
C. Adjustments (Identify in Remarks)						
3. SUBTOTAL (1 + 2A + 2B + 2C)						
4. Amounts collected by:						
A. Check, cash, money order						
B. Food Stamp coupons. . . .						
5. SUBTOTAL (4A + 4B)						
6. Amount collected in repayment of a FNS-46 liability:						
A. Check, cash, money order						
B. Food Stamp coupons						
7. Amount collected in repayment of a FNS-250 liability:						
A. Check, cash, money order						
B. Food Stamp coupons						
8. SUBTOTAL (6A + 6B + 7A + 7B)						
9. Amount collected by recoupment						
10. Amount collected by offset						
11. TOTAL COLLECTIONS:						
A. (4A + 6A + 7A)						
B. (4B + 6B + 7B + 9 + 10)						
12. Amount for which collections action will not be pursued:						
A. Compromised claims						
B. Claims suspended during month						
13. SUBTOTAL (12A + 12B)						
14. Number of active claims closed during month						
15. Balance of active claims at end of month (3 minus 11A minus 11B minus 13 minus 14)	\$		\$		\$	
16. Non fraud collections included in lines 4A and 4B which are eligible for 50% retention:						
A. Cash, check, money order						
B. Food coupons						

Remarks (attach additional sheets if necessary):

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT

SIGNATURE



TITLE

TELEPHONE NUMBER

DATE

II. SUSPENDED CLAIMS SUMMARY	A. FRAUD		B. NON FRAUD			
	AMOUNT	NUMBER OF CLAIMS	I. HOUSEHOLD ERROR		II. ADMINISTRATIVE ERROR	
			AMOUNT	NUMBER OF CLAIMS	AMOUNT	NUMBER OF CLAIMS
1. Balance of suspended claims at beginning of month	\$		\$		\$	
2. Status of monthly claims:						
A. Claims suspended during month						
B. Adjustments (Identify in Remarks)						
3. SUBTOTAL (1 + 2A + 2B)						
4. Amount for which collection action will not be pursued:						
A. Terminated claims						
B. Claims transferred to active						
5. SUBTOTAL (4A + 4B)						
6. Balance of suspended claims at end of month (3 minus 5) ...	\$		\$		\$	
III. TOTAL NUMBER OF CLAIMS CLOSED DURING MONTH						

Remarks:

Line 2(B) - Enter the total dollar value and number of claims for which adjustments are made to the suspense account during the report month and explain in the "Remarks" section. Examples of adjustments include: changes because of state hearing decisions, eligibility worker error, clerical error, transfer from nonfraud to fraud, etc.

Line 3 - Complete this item by adding together lines 1, 2(A), and 2(B).

Line 4(A) - Enter the total dollar value and number of claims which have been held in suspense for three years and are being terminated during this report month.

Line 4(B) - Enter the total dollar value and number of claims which have been transferred from Suspense Status to Active during the report month. (This entry must equal the entry recorded on the Active Claims Summary, Line 2(B).)

Line 5 - Complete this item by adding together lines 4(A) and 4(B).

Line 6 - Enter the total dollar value and number of fraud and nonfraud claims which remain in suspended status at the end of the month, including those suspended during the report month.

III. Enter the total number of fraud and nonfraud claims closed during the report month by:

- a) Lump-sum payments,
- b) Completion of installment payments,
- c) Recoupment (fraud only)
- d) Offsetting the full amount of claims against lost benefits,
- e) Termination, and
- f) Adjustments.

The procedures for the disposition of claim records following closure are established in state regulation Section 63-201.6, Retention of Records.

INSTRUCTIONS

FNS-46 Reconciliation ReportI. Purpose

The FNS-46 report records the reconciliation of ATP cards transacted each month against the HIR Master File. The report identifies valid and invalid ATP transactions for each reconciliation point. The report also records the number and value of replacement ATP cards transacted.

II. Scope

Each county agency operating an ATP issuance system is required to report monthly on the FNS-46. The report is prepared at the county where the reconciliation of transacted ATP cards to the HIR Master File actually takes place.

III. Submission

Two copies of the FNS-46 report are submitted each month to the State Department of Social Services (SDSS), 60 days after the end of the report month. The report is to be submitted monthly even if there are no unmatched ATP cards for that month.

IV. Instructions

Following are instructions for completing each line item on the FNS-46 form:

Item 1: Project Code

All California counties must enter their county codes.

Item 2: Report for

Indicate month and year for the reporting month.

Item 3: Reorder of Form

Check this item only if additional FNS-46 forms are required.

Item 4: Reconciliation Point

Indicate the full name and address of the reconciliation point.

Item 5: Project Areas and Issuance Agents

- a. PAs: Indicate the number of project areas for which this point performs ATP reconciliation. Each county represents one project area, therefore, each county should record 1 in this space.
- b. IAs: Indicate the number of issuance agents for which this point performs reconciliation.

Item 6: Type

Check only one box (note that the third box should be deleted).

Item 7A: Sections Containing Correction

Complete this section only for revised FNS-46 reports. Indicate the section of the report that has been corrected.

Item 7B: Number of Revised Reports

Indicate the number of revised reports submitted to SDSS for the report month.

Item 8: Total Transacted ATPs

Indicate the number and value of all ATP cards transacted in the report month including replacements, unmatched, invalid, etc.

Item 9: Total Replacement ATPs Transacted

Indicate the number and value of all transacted ATP cards that were issued to replace an original ATP card, regardless of whether the original ATP has been redeemed.

Item 10: Total Unmatched ATPs

Indicate the number and value of all transacted ATP cards that do not match the authorized issuances of the HIR Master File (M.S. 63-602.23 and 63-706.1). This may include valid issuances that do not match against the Master File due to lack of, or incorrect computer input for manual ATPs, late Master File update, etc.

If your county identifies both original and replacement ATP as authorized on the HIR Master File it will result in both ATPs considered matched as per above definition. For FNS-46 reporting purposes the transaction of the original and replacement ATP, or duplicate ATPs are considered unmatched and must be recorded within this line. The amount indicated should equal the value of the original ATP that was transacted.

The entries in Item 10 should equal the sum of Items 15 and 20.

Item 11: Blank ATPs Lost or Stolen

Indicate the number and value of any transacted cards stolen or lost from the state agency. List only those ATPs that were transacted.

Item 12: Expired ATPs

Indicate the number and value of any ATPs transacted after the validity period.

Item 13: Out-of-State ATPs

- a. Indicate the number and value of any transacted ATP cards that were issued by another state.
- b. Transacted out-of-county cards should not be recorded on Item 13. Out-of-county ATPs that do not match against the Master File should be listed as unmatched in Item 10 and accounted for under "other" on Items 19 and 21. The number and value of any transacted out-of-county ATPs should be listed as such in Item 21. Such issuances are considered unauthorized unless full reconciliation of the transacted out-of-county ATPs is performed against the Master File of the issuing county and reported as valid issuances under Item 21 on the FNS-46 form of the county that transacted the ATPs.

Item 14: Duplicate ATP Transactions Caused by State Agency Error

- a. Entries on this line should be instances where households receive and redeem more ATPs than they are entitled to, due to county administrative error. (With the exception of number 2 below, Line 14 is not used to record the occurrence of households reporting ATPs that are lost and subsequently redeemed.) The most common situations that fall under this category are:

- 1) Households that receive an ATP as a nonassistance household and another ATP as a public assistance household (simultaneous participation); households that receive a machine-generated ATP and a hand-issued ATP for the same month; and, households that receive duplicate ATPs because of computer malfunction.
- 2) For counties that are required to use photo ID cards, the number and value of all improperly transacted ATP cards which would not have been transacted had the issuer complied with the photo ID requirements (or requirements substituted by a valid FNS waiver) are to be identified on Line 14.

To be in compliance with photo ID requirements, the coupon issuer must:

- a) require that any person presenting an ATP card for redemption be the party named on the ATP (or an authorized representative of the household) through the presentation and verification with an authorized photo ID card; and,
- b) annotate the number appearing on the authorized photo ID card onto the ATP card prior to transaction.

Duplicate issuances not caused by county error, which result in the original and replacement ATPs being transacted are to be reported on Line 16.

- b. Only record the number and value of the erroneously issued transacted ATP.

Item 15: Total

The total number and value of ATP cards in Section II should equal the sum of Lines 11, 12, 13, and 14.

Item 16: Duplicate ATP Transactions In Which Both Original and Replacement ATPs Were Redeemed

- a. Indicate the number and value of duplicate transactions occurring when a recipient requests and receives a replacement ATP and both the original and replacement are transacted.
- b. Record only the value of the original transacted ATP.

Item 17: Counterfeit ATPs

Indicate the number and value of any unmatched issuances resulting from counterfeit ATP cards.

Item 18: Altered ATPs

Indicate the number and value of ATP cards that do not match the HIR Master File due to alteration.

Item 19: Other (See Item 21)

- a. Line 19 of the FNS-46 report provides a space to account for unmatched ATPs that do not fall under any of the other categories in Sections II and III. Entries on Line 19 may include both liabilities or nonliabilities. Line 21 should be used to clearly state the circumstances surrounding unmatched ATPs in Line 19 so that a determination can be made as to liability.

As a general rule of thumb, the types of entries that would generate county agency liability on Line 19 would be any error in the amount of the ATP that occurred beyond what would be considered a certification function. We realize there are some gray areas with regard to what is considered to be an error caused by certification or issuance. Thus, the above statement should be taken only generally and care should be taken in making judgments in this area. If you have any situations of which you are unsure, please feel free to clear them through your SDSS fiscal consultant.

Line 19 may contain over and underissuances; the two must be separated out in Line 21 as only overissuances will generate liability. For example:

X County has identified two unmatched ATPs which do not fall under any specific category listed in Sections II or III. The total number and amount of these ATPs must be entered on Line 19, Other. The first ATP, due to a typographical error was issued for \$160.00 instead of the correct amount of \$140.00 (\$20.00 overissuance). The second ATP was issued for \$170.00 instead of the correct amount of \$180.00 (\$10.00 underissuance).

Line 19 should read:

- * Number of ATPs: 2
- * Value of ATPs: \$330.00

Line 21 should explain:

- * 1 ATP overissuance \$20.00 (County error)
- * 1 ATP underissuance \$10.00

Since the overissuance resulted from a county administrative error, the county would be liable for \$20.00. It is important to indicate separately those overissuances due to county error and those due to client error.

If, at the time of submission of the FNS-46 report, there are unmatched ATP cards that have not been accounted for and categories in any category of this report, they should be reported on Line 19 and identified on Line 21 as "Not yet accounted for".

The report may not be considered final until the ATPs that were not accounted for are identified as valid for invalid transactions. A revised FNS-46 report must be submitted with the formerly unaccounted for ATPs either:

- 1) placed in another appropriate line item;
- 2) remaining on Line 19, but categorized on Line 21; or
- 3) deleted from Line 19 of the report and identified as valid on Line 21.

- b. The total for Line 19 should be equal to the total on Line 10 minus the sum of Lines 15, 16, 17, and 18.

Item 20: Total

- a. The total for Line 20 should equal the sum of Lines 16, 17, 18, and 19.
- b. The sum of Lines 15 and 20 should equal the totals on Line 10.

Item 21: Explanation of Other (Item 19)

Use this section to identify by category the number and value of all ATP cards listed on Line 19 as unmatched. All ATP cards listed on Line 19 must be accounted for by category in this section. Following are some of the types of categories of unmatched ATP cards that would be reported on Line 19:

ATP cards issued after the end of the certification period:

An ADP edit check failed to terminate a household at the end of the certification period and an ATP was sent to the household without a recertification being performed.

ATPs do not match HIR Master File data (and is not recorded in any other category in Sections II and III):

An ATP card was typed incorrectly from the authorizing document; or, under and overissuances resulted from keypunch errors in inputting information from an authorizing document. The separate amount of under and overissuances must be identified under this category.

Untimely processing of changes:

Authorizing documents were submitted in time to effect a change in the eligibility or basis of issuance, but due to various circumstances the change was not made for the month the change was to be effected.

Unmatched ATP due to edit:

Under and overissuances which result from the temporary failure of an edit check. The separate amounts of under and overissuances must be identified under this category.

Use of incorrect computer issuance document:

Under or overissuances which result from the use of an incorrect computer document, e.g., a tape from a prior month.

V. Completing ATP Reconciliation

The following procedures are to be applied after submission of the initial FNS-46 form for the report month.

- a. Counties must continue to research and identify all unmatched ATP cards reported on Line 19 of the initial report. The monthly report may be considered as final only when all ATPs reported on Line 19 and categorized on Line 21 have been received and identified as valid or invalid transactions (see instruction for Item 14).
- b. ATP transactions which are found to be valid should be identified and reported as "valid transactions" under Line 21. Any ATP cards which are determined to match the authorized listing in the Master File should be deleted from Lines 10, 19, and 20, as appropriate.
- c. Any changes to the reconciliation report should be made on a revised FNS-46 and submitted to SDSS.

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE

ATP RECONCILIATION REPORT
(FNS Handbook 301)

1. PROJECT CODE

2. REPORT FOR:

Month	Year

NOTE: Reconciliation of ATP's to Master File due 90 days after end of Report Month.

3. REORDER OF FORM

4. RECONCILIATION POINT

5. PROJECT AREAS & ISSUANCE AGENTS FOR WHICH THIS POINT PERFORMS RECONCILIATION

Type	Number
PA's	
IA's	

6. TYPE ("X" One)

- Initial Submission
- Resubmission of FNS Rejected
- Report
- Revised Report (Complete Item 7)

FOR REVISED REPORTS ONLY

7A. INDICATE SECTION(S) CONTAINING CORRECTION

- I II III

7B. NO. OF REVISED REPORTS SUBMITTED (Including this one)

I. ISSUANCE AND TRANSACTION SUMMARY

	NO. OF ATP's	VALUE OF ATP's
8. Total ATP's transacted		
9. Total replacement ATP's transacted		
10. Total unmatched ATP's		

II. UNMATCHED ATP SUMMARY - STATE AGENCY LIABILITIES

	NO. OF ATP's	VALUE OF ATP's
11. Blank ATP's lost or stolen from the State Agency and subsequently transacted		
12. Expired ATP's transacted		
13. Out-of-State ATP's transacted		
14. Duplicate ATP transactions caused by State Agency error		
15. TOTAL		

III. OTHER UNMATCHED ATP's

	NO. OF ATP's	VALUE OF ATP's
16. Duplicate ATP transactions in which both original and replacement ATP's were redeemed		
17. Counterfeit ATP's transacted		
18. Altered ATP's transacted		
19. Other (Explain below, Item 21)		
20. TOTAL		

21. EXPLANATION OF "OTHER" (Item 19)

REMARKS

I CERTIFY that this report was compiled in accordance with the procedures set forth in the Food Stamp Program Regulations. I further certify that this report is true and correct and I understand that I make these certifications under penalty of law.

DATE	SIGNATURE	TITLE
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Where Sent

<u>Report #</u>	<u>Report Name</u>	<u>When Required</u>	<u>Where Sent</u>
FNS-46	ATP Reconciliation Report	Completed monthly and due within <u>60</u> days after the end of each month	Original + <u>2</u> copies to SDSS Fiscal Policy and Procedures Bureau (FPFB), 744 P Street, Mail Station 8-100, Sacramento California 95814
FNS 135	Affidavit of Return or Exchange of Food coupons	Used when coupons are returned by clients as verification of return	If used as verification for repayment of claim, the FNS-135 must be attached to the CA-209 for the month in which the repayment occurred. The county may satisfy this requirement by attaching a list which, under the major categories of <u>client-caused nonfraud</u> , <u>administratively-caused nonfraud</u> , and <u>fraud claims</u> , indicates the client name(s), case number(s), and amount of repayment(s). If used as verification of exchange of food coupons, the FNS-135 must be attached to the FNS-250 for the month in which the exchange occurred.
CA 209	Status of Claims Against Households	Completed monthly and due within <u>30</u> days after the end of each report month	Original + <u>1</u> copy to SDSS, Fiscal Policy and Procedures Bureau (address above)
FNS-250	Food Coupon Accountability Report	Completed monthly and due within <u>45</u> days after the end of each report month	Original + <u>1</u> copy to the Food and Nutrition Services (FNS/WRO), Western Region, Financial Management Section, 550 Kearny Street, San Francisco, California 94108; and <u>1</u> copy to SDSS, Fiscal Policy and Procedures Bureau (address above)
FNS-256	Monthly Report of Participation and Coupon Issuance	Completed monthly and due within <u>45</u> days after the end of the report month	Original to FNS/WRO (address above); and <u>1</u> copy to SDSS, Statistical Services Branch, 744 P Street, Mail Station 12-81, Sacramento, California 95814
FNS-259	Food Stamp Mail Issuance Report	Completed quarterly and due within <u>45</u> days after the end of the last report month in the quarter	Original to FNS/WRO; <u>1</u> copy to FNS-Washington D.C. 500 12th Street Southwest, Washington D.C. 20250 and <u>1</u> copy to SDSS Statistical Branch (address above)
FNS-260	Requisition of Food Coupon Books	The county shall submit when requisitioning food coupons	Original + <u>2</u> copies to FNS/WRO (address above)
FNS-261	Advice of Shipment	The county shall attach to the FNS-250 as verification of the receipt of coupons which are received from the FNS coupon distributor	Original + <u>1</u> copy attached to the FNS-250 report for the month in which the coupons were received
FNS-300	Advice of Transfer	The county shall attach to the FNS-250 as verification of a transfer of coupon	Original + <u>1</u> copy to the FNS-250 report for the month in which the coupons were transferred