

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



May 8, 1995

ALL-COUNTY INFORMATION NOTICE I-23-95

REASON FOR THIS TRANSMITTAL	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ABCD 350 ETHNICITY REPORT

Enclosed is a camera-ready copy of the ABCD 350, "Annual Recipient Report on Aid to Families with Dependent Children (AFDC), Social Services, Non-Assistance Food Stamps (NAFS), Greater Avenues for Independence (GAIN), and Refugee Cash Assistance (RCA) Ethnic Origin and Primary Language," with instructions. Reporting will be for the month of April 1995 and due to the California Department of Social Services (CDSS) by June 15, 1995.

There is one major change in this year's reporting. CDSS will obtain much of the required data from the California Department of Health Services (CDHS) Medi-Cal Eligibility System (MEDS). Data to be obtained from MEDS will be AFDC Family Group (FG), AFDC Unemployed Parent (U), AFDC Foster Care (FC), NAFS and RCA ethnicity and primary language. Report areas to be obtained by CDSS are shaded and the instructions have been revised accordingly. This change is effective immediately.

If you have any questions, please contact Mr. Levy St. Mary of the Information Services Bureau, at (916) 653-5170, CALNET 453-5170.


JARVIO A. GREVIOUS
Deputy Director
Administration Division

c: CWDA

SEND ONE COPY TO:

DEPARTMENT OF SOCIAL SERVICES
 INFORMATION SERVICES BUREAU
 744 P STREET, MAIL STATION 12-81
 SACRAMENTO, CALIFORNIA 95814

ANNUAL RECIPIENT REPORT ON AFDC,
 SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS,
 GAIN, AND RCA ETHNIC ORIGIN AND PRIMARY LANGUAGE

COUNTY

FOR THE MONTH OF
 APRIL

YEAR

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES a/						
		AFDC FG (a)	AFDC U (b)	AFDC FC (c)	SOCIAL SERVICES (d)	NONASSISTANCE FOOD STAMPS (e)	GAIN (f)	RCA (g)
1	White							
2	Hispanic							
3	Black							
4	Other Asian or Pacific Islander							
5	American Indian or Alaska Native							
7	Filipino							
C	Chinese							
H	Cambodian							
J	Japanese							
K	Korean							
M	Samoaan							
N	Asian Indian							
P	Hawaiian							
R	Guamanian							
T	Laotian							
V	Vietnamese							
TOTAL b/								

(OVER)

a/ Information for columns (a) through (c), (e) and (g) will be obtained by Information Services Bureau from the California Department of Health Services MEDS system.
 b/ Total GAIN counts should represent the total number of cases determined non-exempt from the GAIN program.

PART A. PRIMARY LANGUAGE SPOKEN ^{a/}

CODE	LANGUAGE	NUMBER OF CASES						
		AFDC FG (a)	AFDC U (b)	AFDC FC (c)	SOCIAL SERVICES (d)	NONASSISTANCE FOOD STAMPS (e)	GAIN ^{b/} (f)	RCA (g)
0	American Sign Language (ASL)							
1	Spanish							
2	Cantonese							
3	Japanese							
4	Korean							
5	Tagalog							
6	Other Non-English (specify)							
7	English							
A	Other Sign Language							
B	Mandarin							
C	Other Chinese Languages							
D	Cambodian							
E	Armenian							
F	Ilocano							
G	Mein							
H	Hmong							
I	Lao							
J	Turkish							
K	Hebrew							
L	French							
M	Polish							
N	Russian							
P	Portuguese							
Q	Italian							
R	Arabic							
S	Samoan							
T	Thai							
U	Farsi							
V	Vietnamese							
TOTAL ^{a/}								
REPORT PREPARED BY				TELEPHONE NUMBER			DATE	

^{a/} Information for columns (a) through (c), (e) and (g) will be obtained by Information Services Bureau from the California Department of Health Services MEDS system.
^{b/} GAIN counts should represent the total number of cases determined non-exempt from the GAIN program.

REPORTING INSTRUCTIONS

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, NON-ASSISTANCE FOOD STAMPS, GAIN, AND RCA - ETHNIC ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350)

CONTENT

This report provides annual data on ethnic origin and primary language for Aid to Families with Dependent Children (AFDC)/Family Group (FG), AFDC/Unemployed (U), AFDC/Foster Care (FC), Social Services, Non-assistance Food Stamps (NAFS), Greater Avenues towards Independence (GAIN), and Refugee Cash Assistance (RCA) recipients.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with Division 21 requirements.

SOURCE

Data for this report will be obtained from the following sources:

- o For AFDC/FG/U/FC, NAFS and RCA recipients, data for this report will be obtained from the California Department of Health Services (CDHS), Medi-Cal Eligibility Determination System (MEDS) database by the California Department of Social Services (CDSS).
- o Social Services and GAIN recipient data will be transmitted to CDSS by the Counties using this report form.

DISTRIBUTION

Data from this report will be compiled and released to the Civil Rights Bureau, program managers, and other interested persons and agencies.

DUE DATE

This is an annual report using April as the report month. The report is to be received in Sacramento as soon as possible after the last day of the report month, but no later than 45 days following the report month. Send reports to:

California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

When data is unavailable or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the remainder of the report. Forward missing data as soon as available.

ETHNIC ORIGIN DEFINITIONS

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black - All persons having origins in any of the black racial groups of Africa.

Chinese - All persons having origins in any of the original peoples of China.

Cambodian - All persons having origins in any of the original peoples of Cambodia.

Japanese - All persons having origins in any of the original peoples of Japan.

Korean - All persons having origins in any of the original peoples of Korea (North and/or South).

Filipino - Persons whose ancestry or ethnic origin is of the Philippine Islands.

Samoaan - All persons having origins in any of the original peoples of Samoa.

Asian Indian - All persons having origins in any of the original peoples of the Indian subcontinent.

Hawaiian - All persons having origins in any of the original peoples of the Hawaiian Islands.

Guamanian - All persons having origins in any of the original peoples of Guam.

Laotian - All persons having origins in any of the original peoples of Laos.

Vietnamese - All persons having origins in any of the original peoples of Vietnam (North and/or South).

Other Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (other than those previously mentioned).

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

Ethnic origin and primary language are to be determined by asking the

applicant/recipient or by having them filling out the appropriate section of the application form. If the applicant/recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

SOCIAL SERVICES

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

PART A. ETHNIC ORIGIN (CASES)

Applicable only to Social Services and GAIN recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving Social Services and GAIN services.

SOCIAL SERVICES

California addresses the federal services goals under Title XX through an array of twenty-one (21) services programs. Eight (8) of these programs are mandated and thirteen (13) are optional based on local needs, priorities and resources.

The eight mandated and thirteen optional social services follows:

Mandated Services

Information and Referral
Emergency Response
Family Maintenance
Family Reunification
Permanent Placement
Out-of-Home Care for Adults
In-Home Supportive Services
Protective Services for Adults

Optional Services

Special Care for Children in Their Own Homes
Home Management and Other Functional Educational
Employment/Education Training
Services for Children with Special Problems
Services to Alleviate or Prevent Family Problems
Sustenance
Housing Referral Services
Legal Referral Services
Diagnostic Treatment Services for Children
Special Services for the Blind
Special Services for Adults
Services for Disabled Individuals
Services to County Jail Inmates

Services

Report all cases that actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each case only once regardless of the number of different services provided during the report month. The same family budget unit may contain multiple cases; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

GAIN

The total case count for the GAIN column should represent the total number of cases determined non-exempt from the GAIN program for the same report month.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report **only** the recipient or head of household and not other members of the family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

The total case count for the GAIN column should represent the total number of cases determined non-exempt from the GAIN program for the same report month.