

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



June 6, 1997

ALL-COUNTY INFORMATION NOTICE I-35-97

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

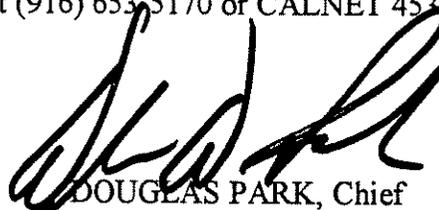
SUBJECT: ABCD 350 ETHNICITY AND PRIMARY LANGUAGE REPORT FOR JULY 1997

Attached 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 July 1997 report month and due to the California Department of Social Services, Information Services Bureau, by August 29, 1997.

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.

One major change is being made, commencing with this report: All data will have to be submitted by the counties. This change is necessary in order to ensure the accuracy of information contained in the reports.

Please contact Levy J. St. Mary at (916) 653-5170 or CALNET 453-5170, if you have any questions concerning this report.



DOUGLAS PARK, Chief
Financial Planning Branch

Attachment

c: CWDA

Send one copy to:

California Department of Social Services
 Information Services Bureau, M. S. 12-81
 P. O. Box 944243
 Sacramento, CA 94244-2430
 (916) 653-4180

**ANNUAL RECIPIENT REPORT ON AFDC,
 SOCIAL SERVICES, NON-ASSISTANCE FOOD STAMPS,
 GAIN, AND RCA ETHNIC ORIGIN AND PRIMARY LANGUAGE**

COUNTY

FOR THE MONTH OF	YEAR
JULY	1997

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES						
		AFDC FG a/ (a)	AFDC U a/ (b)	AFDC FC a/ (c)	SOCIAL SERVICES (d)	CERTIFIED ELIGIBLE NONASSISTANCE FOOD STAMPS a/ (e)	GAIN a/ (f)	RCA a/ (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	Samoan							
N	Asian Indian							
P	Hawaiian							
R	Guamanian							
T	Laotian							
V	Vietnamese							
Total								

(OVER)

a/ Total AFDC FG, U and FC cases must equal CA 237 FG/U, Item 8 and CA 237 FC, Item 8 respectively. Total Nonassistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column. GAIN counts should represent the total number of cases determined non-exempt from the GAIN program. Total RCA cases must equal RS 237, Item 8, columns 4, 5 and 6.

PART A. PRIMARY LANGUAGE SPOKEN

CODE	LANGUAGE	NUMBER OF CASES						
		AFDC FG a/ (a)	AFDC U a/ (b)	AFDC FC a/ (c)	SOCIAL SERVICES (d)	CERT. ELIG. NON-ASSISTANCE FOOD STAMPS a/ (e)	GAIN a/ (f)	RCA a/ (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								
REPORT PREPARED BY				TELEPHONE NUMBER			DATE	

a/ Total AFDC FG, U and FC cases must equal CA 237 FG/U, Item 8 and CA 237 FC, Item 8 respectively. Total Nonassistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column. GAIN counts should represent the total number of cases determined non-exempt from the GAIN program. Total RCA cases must equal RS 237, Item 8, columns 4, 5 and 6.

ABCD 350 (5/97)

Ref. 26-221
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**ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,
NONASSISTANCE FOOD STAMPS, GAIN AND RCA ETHNIC
ORIGIN AND PRIMARY LANGUAGE**

ETHNICITY AND LANGUAGE CODES LEGEND

<u>CODE</u>	<u>ETHNIC ORIGIN</u>	<u>CODE</u>	<u>PRIMARY LANGUAGE</u>	<u>CODE</u>	<u>PRIMARY LANGUAGE</u>
1	White	0	American Sign Language (ASL)	H	Hmong
2	Hispanic	1	Spanish	I	Lao
3	Black	2	Cantonese	J	Turkish
4	Other Asian/Pacific Islander	3	Japanese	K	Hebrew
5	American Indian/Alaska Native	4	Korean	L	French
7	Filipino	5	Tagalog	M	Polish
C	Chinese	6	Other Non-English (specify)	N	Russian
H	Cambodian	7	English	P	Portuguese
J	Japanese	A	Other Sign Language	Q	Italian
K	Korean	B	Mandarin	R	Arabic
M	Somoan	C	Other Chinese Languages	S	Samoan
N	Asian Indian	D	Cambodian	T	Thai
P	Hawaiian	E	Armenian	U	Farsi
R	Guamanian	F	Ilocano	V	Vietnamese
T	Laotian	G	Mein		
V	Vietnamese				

REPORTING INSTRUCTIONS

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

The following instructions reflect mandated changes and will be included in the CDSS Statistical Reporting Handbook, Division 26, Section 26-221.

CONTENT

This report provides annual data on ethnic origin and primary language on AFDC/FG, AFDC/U, AFDC/FC, Social Services, Non-assistance Food Stamps (NAFS), GAIN, and 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.

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 July 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 30 days following the report month. Send reports to:

California Department of Social Services
Information Services Bureau
Mail Station 12-81
P. O. Box 944243
Sacramento, CA 95244-2430

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.

Samoan - 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.

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 fill 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 AFDC/FG, AFDC/U, AFDC/FC, Social Services, NAFS, GAIN and RCA 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 AFDC FG, AFDC/U, AFDC/FC, Social Services, NAFS, GAIN or RCA services.

AFDC FG/U/FC

The ethnic origin of the head of household should be used (except for Foster Care), regardless of other members of the recipient's family in the same household. Report such case in only one ethnic category.

Total case count for the AFDC/FG, AFDC/U and AFDC/FC columns must equal the total cases reported in Item 8, Form CA 237 FG/U for the FG and U columns and Item 8, Form CA 237 FC for the same report month.

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 who 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.

NAFS

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on DFA-296, Item 8, NAFS Column for the same report month.

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.

RCA

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the RCA column must agree with the total reported on RS 237, Item 8, Columns (4, 5 and 6) 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 AFDC/FG, AFDC/U and AFDC/FC columns must equal the total cases reported in Item 8, Form CA 237 FG/U for the FG and U columns and Item 8, Form CA 237 FC for the same report month.

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.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-296, Item 8, NAFS Column for the same report month.

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.

Total case count for the RCA column must agree with the total reported on RS 237, Item 8, (Columns 4, 5, and 6) for the same report month.