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

December 8, 1997

ALL COUNTY INFORMATION
NOTICE NO. I-73-97

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAAP COORDINATORS
ALL COUNTY CAL-LEARN COORDINATORS
ALL COUNTY GAIN COORDINATORS
ALL COUNTY NET COORDINATORS
ALL COUNTY SCC COORDINATORS
ALL COUNTY TCC COORDINATORS

SUBJECT: 1997 CHILD CARE ANNUAL SUMMARY REPORT (FORM ACF 116): EXTENSION OF DUE DATE AND CLARIFYING INFORMATION

County Fiscal Letter 97/98-30 forwarded the new ACF 116 to you and provided instructions on completing the form for the reporting period of April through September, 1997. We requested that the completed ACF 116 be forwarded to Information Services Bureau (ISB) by November 20, 1997. Because of the delay in providing the ACF 116 to you, we have extended the due date. The completed ACF 116 for 1997 is due to the Information Services Bureau by December 17, 1997.

Counties have requested clarification regarding the following items:

1. Estimated number of families receiving consumer education: This should be an estimated total for the 6-month period of April through September, 1997.

2. Data on child care providers by type of care -- licensed providers: Counties do not have information on providers separated by Small Family Homes and Large Family Homes. Please provide an unduplicated one-month count of the number of licensed child care providers for family homes (defined as family day care on the ACF 115) in cell 5 (c).

3. Definition of Family Home: For Licensed Providers, the corresponding term on the ACF 115 is "Family Day Care." The corresponding term on the ACF 115 for Licensed Exempt Providers is "Outside Child's Home."

4. Counting Care Providers: If possible, please count each physical site separately.

If you have any questions, please call Webb Hester of ISB at (916) 653-5770

JO WEBER, Chief
Information Services Bureau

c: CWDA

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

December 11, 1997

ALL-COUNTY LETTER NO. 97-77

REASON FOR THIS TRANSMITTAL
[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: FOOD STAMP REPORTS FOR THE CALIFORNIA FOOD ASSISTANCE PROGRAM (CFAP)

REFERENCE: ACL 97-50 (DATED SEPTEMBER 3, 1997) AND ACIN I-52-97 (DATED AUGUST 19, 1997)

All-County Letter (ACL) No. 97-50, dated September 3, 1997, and All County Information Notice No. I-52-97, dated August 19, 1997, provided county welfare departments (CWDs) with detailed information about the California Food Assistance Program (CFAP). As indicated in these documents, under the federal Personal Responsibility and Work Opportunity Act of 1996, certain legal resident non-citizens of the United States are no longer eligible for federal food stamp benefits. However, AB 1576 (Chapter 287, Statutes of 1997), signed into law by Governor Wilson on August 18, 1997, created CFAP and scheduled statewide implementation on September 1, 1997. Under CFAP, the State will provide food stamps to minor (i.e., individuals less than 18 years old) and aged (i.e., individuals 65 or older) legal non-citizens who were legally present in the United States prior to August 22, 1996 and otherwise eligible for federal food stamp programs.

The purpose of this letter is to provide counties with reproducible copies of the revised Participation and Coupon Issuance Report - Food Stamp Program (DFA 256) and the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) along with the instructions to complete them. These reporting revisions reflect agreements of a work group composed of staff from the state, CWDs and statewide automated projects. In addition, administrative claiming instructions using the DFA 296 report for the CFAP are included. These reporting revisions are based on an interim six-month agreement with the United States Department of Agriculture - Food and Consumer Service (USDA-FCS) and will remain in effect until February 1998. Additional

reporting instructions will be issued when there is a final agreement with FCS. We would like to thank the representatives from Kern, Los Angeles, Sacramento, Solano, San Joaquin, San Diego, San Francisco, Santa Clara, Shasta, San Bernardino, and Trinity counties, Case Data System (CDS), and Interim Statewide Automated Welfare System (ISAWS) for their valuable time, assistance, and participation in the workgroup.

Reporting Instructions

These reports were revised to comply with FCS requirements relative to the implementation of the California Food Assistance Program. Specifically, the DFA 256 report must identify food stamp benefits being issued to federal only households, combined (federal and state) households, and state-only households, as well as the number of federal and state persons in these households. For administrative expense claiming purposes, the DFA 296 was expanded to obtain counts of federal and state persons and counts of applications approved and recertifications by federal only households, combined (federal/state) households and state only households. FCS guidelines also require that denials and withdrawals of state only food stamp cases be excluded from Part A, Items 4b and 4c, of the DFA 296. However, approvals for state-only food stamps should be included in Part A, Item 4a, of the DFA 296. In addition, the line for "Cases certified for future months only" was eliminated from the DFA 296 report.

In situations where the county may be issuing two months of food stamps to a household that is federal for the initial month and combined (federal/state) for the following month, counties should, for reporting purposes on the DFA 256 and DFA 296, report the case as federal and report the number of federal persons in the case. Counties are to apply this principle to other situations where food stamps are being issued for two months and the household composition or classification will change the following month.

The report forms for the Food Stamp Program Expedited Service Quarterly Statistical Report (DFA 296X) and the STAT 40 Food Stamp Employment and Training (FSET) Program Quarterly Statistical Report remain the same. Counties, however, are instructed to identify and exclude any individual participating in FSET that is receiving state-only food stamps from the STAT 40. In addition, counties must exclude state only requests and approvals for expedited food stamps on the DFA 296X. These instructional revisions are effective September 1, 1997. State food stamp program reporting impacts only the Fraud Investigation Activity Report (DPA 266), mentioned in ACL 97-50, and will be addressed in a separate transmittal letter. Upon further review of the quarterly Income and Eligibility Verification System Management Report (DPA 482), it was determined that there is no state food stamp impact to this report.

Counties are instructed to begin using these reproducible reports immediately. These reports are due by the 20th calendar day after the report month and should be sent to:

California Department of Social Services
Information Services, Mail Station 12-81
P.O. Box 944243
Sacramento, CA 94244-2430

ACL 97-50 instructed counties to track and identify persons and households issued state funded food stamps benefits as of September 1, 1997. If your county has already submitted its reports for September 1997 on the old form, please submit a revision using the revised reports and submit them to the above address or fax them to (916) 653-4880.

Instructions for Use of the DFA 296 Data on the County Welfare Department Administrative Expense Claim

County Fiscal Letter (CFL) 97/98-26 dated October 15, 1997, provided counties with information regarding the administrative costs associated with CFAP and indicated that further claiming instructions would accompany the revised Information Services Bureau (ISB) reports capturing data to be included on the County Welfare Department Administrative Expense Claim. These instructions are as follows:

Beginning with the July-September 1997 quarter, counties should enter the following information on the DFA 325.1 Expenditure Schedule (via the State of California Automated Template, [SOCAT]) which has been revised to accept this data. Counties that do not have CFAP cases do not need to input the following data on the DFA 325.1.

1. On Line Y, Column 3, provide the number of federally eligible food stamp recipients for the quarter.

   Prior to September 1997, the distinction between federally eligibles and CFAP eligibles was not applicable because CFAP was not yet established. Therefore, for the September 1997 quarter claim, Line Y will be the total number of food stamp recipients for July 1997 and August 1997, plus the number of federally eligible recipients for September 1997. Beginning with the December 1997 quarter claim, Line Y will be the total number of federally eligible food stamp recipients for the quarter.

   The number of federally eligible recipients is taken from the DFA 296, Cell 35.

2. On Line Z, Column 3, provide the number of CFAP minors for the quarter.[1] This data is taken from the DFA 296, Cells 36 and 40.

3. On Line AA, Column 3, provide the numbers of CFAP aged for the quarter.[1] This data is taken from the DFA 296, Cells 37 and 41.

As indicated in CFL 97/98-26, CWDs that do not have this data available in time to include it on the September 1997 quarter claim, may submit amended claims for CFAP reimbursements within the nine-month claiming period. Amended claims are to be submitted within the nine month adjustment claiming period.

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1 Beginning with the December 1997 quarter, this will be the sum of the three months of the quarter. However, since CFAP was not established until September 1997, there are no CFAP costs for July or August 1997. Consequently, CWDs will not need to sum three months for the September 1997 claim.

If you have any questions about the statistical reports, please contact Virginia Uchida of ISB at (916) 657-3289. Administrative claiming questions should be addressed to Jeanne Wexler of the Fiscal Policy Bureau at (916) 654-0940. If you have any questions about the CFAP, please contact the Food Stamp Program Bureau at (916) 654-1896.

JO WEBER, Chief
Information Services Bureau

c: CWDA

FOOD STAMP PROGRAM
PARTICIPATION AND COUPON ISSUANCE REPORT

Send one copy to:

Department of Social Services
Information Services Bureau
P.O. Box 944243, M.S. 12-81
Sacramento, CA 94244-2430

This report is: ☐ Originial Submission

or

_____ Revision

(NUMBER)

COUNTY	COUNTY CODE	PROJECT CODE

REPORT MONTH AND YEAR

	A. Public Assistance			B. Non-Public Assistance			C. Total (A+B)		
1. TOTAL PARTICIPATION	Federal	Federal/State	State	Federal	Federal/State	State	Federal	Federal/State	State
a. Number of Households									
b. Number of persons in federal only households									
c. Number of federal and state persons in Federal/State households									
d. Number of persons in state only households									

	A. MAIL	B. CONTRACTED OVER THE COUNTER	C. OTHER OVER THE COUNTER	D. TOTAL (A+B+C)
2. TOTAL ISSUANCES				

ROUND TO NEAREST WHOLE DOLLAR, DO NOT SHOW CENTS

	Federal	Federal/State	State
3. VALUE OF DOCUMENTED COUPON ISSUANCES	$	$	$

REMARKS: (a) Explain month to month participation changes in Item 1, Columns A and B, of plus or minus 5 percent.
EXAMPLE: Strikes, disaster, plant shut downs, migrant influx, etc.
(b) Explain month to month changes of $2 or more per person (item 3 Federal divided by Item 1b, column C)

COMMENTS:

NAME OF AUTHORIZED OFFICIAL	TITLE	TELEPHONE NUMBER	DATE

DFA 256 INSTRUCTIONS

The DFA 256 is due by the 20th day following the last day of the report month. These reports should be mailed to the address listed below or faxed to (916) 653-4880:

California Department of Social Services
Information Services, Mail Station 12-81
P.O. Box 944243
Sacramento, CA 94244-2430

Data to be used in preparing this report must come from ATP cards transacted by households in the reporting county, HIR cards used by the county to provide issuance during the month, or mail issuance data if direct mail issuance is employed. Cashier errors shall not be reported. In counties using ATP issuance systems, the following procedures shall be used to determine how transacted ATPs shall be counted:

1. Altered, counterfeit, duplicate, expired and stolen ATPs shall be included.
2. Duplicate ATPs, supplements, retroactive benefits, etc., issued to the same household in the month shall count as one transaction for Item 1. For Item 2, all ATPs transacted by the household shall be counted separately. For Item 3, the value of all coupons issued as a result of these ATP cards' transactions shall be reported.
3. Transacted, out-of-state ATP cards shall be counted as participation in the county agency and the value of coupons included in Item 3.
4. ATPs issued on or after the 20th of the month shall be counted in the month transacted.
5. Out-of-county ATP cards shall be counted in the county where they are transacted.
6. Disaster issuances shall be counted.

COMPLETE THE FORM AS FOLLOWS:

1. Check if the report is an original submission or enter the number if it is a revision.
2. Enter the name of the county.
3. Enter the 2-digit county code.
4. Enter the 9-digit project code number assigned to the county.
5. Enter the report month and year.
6. Enter the number of households that participated during the report month by assistance classification in Item 1a. Each assistance classification is subdivided into federal, federal/state, and state categories.
7. Enter the number of federal persons in federal only households that participated in the report month by assistance classification in Item 1b.
8. Enter the number of federal and state persons in federal/state households that participated in the report month by assistance classification in Item 1c.
9. Enter the number of state persons in state only households that participated in the report month by assistance classification in Item 1d.

NOTE: Report the household and persons counts only once. This is to be an unduplicated count.
If a household applies for Food Stamp benefits in June, is determined eligible for benefits in July for both June and July, the household is counted only once in Item 1 in July. The total coupon value, however, is counted in July in Item 3.

10. In Item 2 enter the number of actual issuances of food coupons to participating households. Report these issuances according to whether the coupons (rather than the authorizing documents - i.e., the ATPs) were issued by mail, by contracted over-the-counter agents (agents outside of state/local government - e.g., banks, post offices, private entities) or by other over-the-counter agents (state/local government agents, including those using HIR systems). Regular, duplicate, supplemental and retroactive issuances should be counted separately unless they are authorized by the same document or unless they are included in the same issuance when no authorizing document is used.

11. Enter the value of documented coupon issuances to Federal, Federal/State and State households in Item 3. Round all dollar amounts to the nearest whole dollar.

12. In the Remarks section:
    a. Explain month-to-month participation changes in Item 1, Columns A and B, of plus or minus 5 percent. This only applies to counties with a household participation of 500 or more.
    b. Explain month-to-month changes of $2 or more per person unless caused by changes in Basis of Issuance Tables.

13. The report should be signed by the designated official responsible for the accuracy of the data.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM MONTHLY CASELOAD MOVEMENT STATISTICAL REPORT

Send One copy To:

Department of Social Services
Information Services Bureau
P.O. Box 944243, M.S. 12-81
Sacramento, CA 94244-2430

☐ Fiscal Report Month - Cut off Date _____

☐ Calendar Report Month

COUNTY	COUNTY CODE
REPORT MONTH AND YEAR	

PART A. APPLICATIONS FOR FOOD STAMPS

1. Pending from last month (Item 5 last month, or explain)					01
2. Received during the month					02
3. Total during the month (Sum of 1 and 2)					03
4. Disposed of during month (Sum of a, b, and c below)					04
a. Total approved (Same as Part B, 7a)			TOTAL 05		
(1) In over 30 days (CWD caused)	PAFS 06	NAFS 07			
b. Denied			PAFS 08	NAFS 09	
(1) In over 30 days (CWD caused)	PAFS 10	NAFS 11			
c. Withdrawn			PAFS 12	NAFS 13	
5. Applications pending at end of month (3 minus 4 above)					14

PART B. CERTIFIED CASELOAD MOVEMENT

	PAFS	NAFS
6. Cases brought forward from last month (item 10 last month or explain)	15	16
7. Cases added during month (Sum of a, b, and c, below)	17	18

	PAFS Federal	PAFS Federal/State	PAFS State	NAFS Federal	NAFS Federal/State	NAFS State	PAFS	NAFS
a. Applications approved	19	20	21	22	23	24	25	26
b. Transfer in assistance classification from PAFS or NAFS							27	28
c. Other approvals							29	30
8. Total cases open during month (Certified eligible to participate during the report month) (Sum of 6 and 7 above and a, b, and c below)							31	32
							33	34
a. Pure federal cases								
1. Equals federal persons in 8a. plus federal persons in 8b	FEDERAL PERSONS COUNT 35							
b. Federal/State combined cases	STATE PERSONS COUNT: Under 18 36			65 and older 37			38	39
c. Pure state cases	40			41			42	43
9. Cases terminated during the report month							44	45
10. Cases carried forward to next month (8 minus 9)							46	47

PART C. RECERTIFICATIONS

	PAFS Federal	PAFS Federal/State	PAFS State	NAFS Federal	NAFS Federal/State	NAFS State	PAFS	NAFS
11. Number of recertifications disposed of during the report month (sum of a and b, below)							48	49
a. Determined continuing eligible	50	51	52	53	54	55	56	57
b. Determined ineligible	58	59	60	61	62	63	64	65
12. Overdue Recertifications (CWD caused)							66	67

COMMENTS:

REPORT PREPARED BY:	TELEPHONE ( )	DATE

DFA 296 INSTRUCTIONS

The DFA 296 is due by the 20th day following the last day of the report month. These reports should be mailed to the address listed below or faxed to (916) 653-4880:

California Department of Social Services
Information Services, Mail Station 12-81
P.O. Box 944243
Sacramento, CA 94244-2430

PART A. APPLICATIONS FOR FOOD STAMPS

Part A summarizes activity during the report month with respect to food stamp applications. A request for food stamps is a signed application that has been received by the appropriate food stamp office. For purposes of this report, "cases" and "households" are interchangeable.

Applications for recertification received in the last month of certification are not to be reported in this section. Applications for recertification received after this time are to be reported as new applications.

1. **Pending from last month** - Enter the number of food stamp applications pending from the previous month. The entry should equal Item 5 of the previous month's report or be explained in the Comment section.

2. **Received during the month** - Enter the number of new applications received during the report month. Do not include recertifications or applications for restored benefits not mandated by a court order.

3. **Total during the month** - Enter the sum of Items 1 and 2.

4. **Disposed of during the month** - Enter the sum of Items 4a, 4b and 4c.

   a. **Total approved** - Enter the number of applications approved by county action for food stamps during the report month. The entry will equal Item 7a.

      (1) In over 30 days (CWD caused) - Enter the number of applications reported in Item 4a (approvals) which was processed in over 30 days due to CWD error. Provide information for both public assistance (PAFS) and nonassistance (NAFS) households.

   b. **Denied** - Enter the number of applications denied by county action during the report month. Provide information for both PAFS and NAFS households.

      (1) In over 30 days (CWD caused) - Enter the number of applications reported in Item 4b (denials) which was processed in over 30 days due to CWD error. Provide information for both PAFS and NAFS households.

   c. Withdrawn - Enter the total number of applications, by assistance classification, voluntarily withdrawn by the applicant household.

5. **Applications Pending at End of Month** - Enter the number of applications pending at the end of the month. Entry will equal the difference between total applications in Item 3 minus the number disposed in Item 4.

PART B. CERTIFIED CASELOAD MOVEMENT

6. **Cases Brought Forward from last Month** - Enter the number of cases in Item 10 from the previous month's report. If different from the previous month's report, explain in the Comment section.

7. **Cases Added During the Month** - Enter the sum of Item 7a, 7b and 7c below.

   a. Applications approved - Enter the number of applications, by assistance classification and household type, approved for food stamps during the report month. Enter the total PAFS Federal, Federal/State, and State cases in Cell 25. This is the sum of Cell 19, Cell 20, and Cell 21. Enter the total NAFS Federal, Federal/State and State cases in Cell 26. This is the sum of Cell 22, Cell 23, and Cell 24.

   b. Transfer in assistance classification from PAFS or NAFS - Enter the number of certified households in the appropriate column whose assistance classification was changed during the report month from NAFS to PAFS or vice versa and are added to the new classification caseload. These cases will not be counted in Items 2, 4a, or 7a. Only net changes should be reported. If there are multiple changes between PAFS and NAFS during the month but the end result is that there is no change in status for the case, no change is listed in 7b.

   c. Other approvals - Enter the number of cases approved during the report month for reasons other than Items 7a and 7b.

8. **Total Cases Open During Month** - Enter the number of households by assistance classification that were certified eligible to participate during the report month. This is the sum of 6 and 7 above, and a, b, and c, below.

   a. Enter the number of cases (households) that consist entirely of federally eligible individuals that were certified eligible to participate during the report month.

      1. Enter the total number of federal persons certified eligible in 8a and 8b.

   b. Enter the number of cases (households) that consist of federal and state eligible individuals that were certified eligible to participate during the report month. In the State Persons Count box, enter the number of state individuals in the federal/state combined cases (households) that are under 18 years of age and 65 years and older.

   c. Enter the number of cases (households) that consist entirely of state eligible individuals that were certified eligible to participate during the report month. In the State Persons Count box, enter the number of state individuals in these state cases (households) that are under 18 years of age and 65 years and older.

9. **Cases terminated during the report month** - Enter the number of cases terminated or removed from certification during the report month by assistance classification. This should be an unduplicated count of cases terminated during the report month.

10. **Cases Carried Forward to Next Month** - Enter the number of cases carried forward to the next month. Item 8 minus Item 9.

PART C. RECERTIFICATIONS

11. **Number of recertifications disposed of during the report month** - Enter the sum of 11a (Cell 48) and 11b (Cell 49) by assistance classification. Cell 48 is the sum of Cell 56 and 64. Cell 49 is the sum of Cell 57 and Cell 65.

    a. **Determined continuing eligible** - Enter the number of households that were determined to be eligible for continued participation during the report month. Enter the total PAFS Federal, Federal/State and State households in Cell 56. This is the sum of Cell 50, Cell 51 and Cell 52. Enter the total NAFS Federal, Federal/State and State households in Cell 57. This is the sum of Cell 53, Cell 54 and Cell 55.

    b. **Determined ineligible** - Enter the number of households that were determined to be ineligible for continued participation during the report month. Enter the total PAFS Federal, Federal/State and State households in Cell 64. This is the sum of Cell 58, Cell 59, and Cell 60. Enter the total NAFS Federal, Federal/State and State households in Cell 65. This is the sum of Cell 61, Cell 62, and Cell 63.

12. **Overdue Recertifications (CWD caused)** - Enter the number of households reported in Item 11a and Item 11b by assistance classification that reapplied prior to the end of their current recertification period, but were not processed within required timeframes due to CWD error.

COMMENTS - This section is reserved to explain any discrepancies and for additional information required as a result of a court decision or change in legislation or regulation.