STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

RONALD REAGAN, Governor

DEPARTMENT OF BENEFIT PAYMENTS

March 28, 1974

ALL-COUNTY LETTER NO. 74-54

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - PROPOSED REVISION OF STATE FORM DFA 296, MONTHLY STATISTICAL REPORT

REFERENCE:

Enclosed for your department's review and contingency planning for data collection is a copy of a draft revision of State Form DFA 296, Monthly Statistical Report. The revision adds statistical data necessary to provide a complete picture of your department's Food Stamp Program activities and administrative costs. The additional data collected will considerably improve the form's usefulness not only as a management tool but also as a means of collecting data for federal reports and newly required reports to the state legislature.

Any suggestions or comments you may offer will be appreciated. Since we plan to have a final draft of this form completed by April 15, 1974, your comments are requested by no later than April 5, 1974. The first report using the new form will be required during July for the month of June. We do suggest that prior to June you take a close look at those functions soon to be reported monthly and use this intervening time to do the groundwork for capturing data and to improve the quality of performance, if necessary, for such newly reportable functions as timeliness in processing new applications and timeliness in completing recertifications. Reports submitted during July for the month of June will provide the data for our first annual report to both the State Senate and the State Assembly under new W&I Code Section 18913.

Questions may be directed to Richard Havnen or Charles Teal of the Food Stamp Management Bureau at (916) 445-6907.

Sincerely,

DENNIS O. FLATT
Deputy Director
Welfare Program Operations

OBSOLETE

Attachment

Superseded by ACL #76-27

Issued 2-13-76

cc: USDA, FNS
CWDA

GEN 654 (2/74)

Send one copy (by the 20th of each month) to:

Program Information Bureau
744 P Street, Mail Station 12–81
Sacramento, California 95814

FOOD STAMP PROGRAM
MONTHLY STATISTICAL REPORT

COUNTY

FOR THE MONTH OF (MONTH, YEAR)

PART I. CERTIFICATION SUMMARY	PA	NON–PA		TOTAL
		Pure	Mixed	
A. TOTAL				
1. Number of households certified.				
2. Number of persons				
B. TYPE OF ASSISTANCE				
3. AFDC-FG – Number of households				
4. AFDC-U – Number of households				
5. APSB – Number of households.				
6. GR/GA – Number of households				
7. Cuban Refugee – Number of households				
8. Other (specify) – Number of households				

PART II. PARTICIPATION SUMMARY	PA	NON–PA		TOTAL
		Pure	Mixed	
A. TOTAL				
1. Number of participant households.				
2. Number of persons				
B. TYPE OF ASSISTANCE				
3. AFDC-FG – Number of households				
4. AFDC-U – Number of households				
5. APSB – Number of households				
6. GR/GA – Number of households				
7. Cuban Refugee – Number of households.				
8. Other (specify) – Number of households				
C. ZERO PURCHASE LEVEL				
9. Number of households.				
10. Number of households				
11. Percentage of participant households				
D. VALUE OF COUPONS ISSUED		NON–PA		
12. Total coupon value.				
13. Bonus value				

PART III. WORKLOAD DATA	PA	NON-PA		TOTAL
		Pure	Mixed	
A. NEW APPLICATIONS				
1. Pending from last month (Item 5 last month or explain)				
2. Received during the report month				
a. New applications				
b. 60-day continuation cases				
c. Total received				
3. Dispositions				
a. Approvals (eligibility established)				
b. Withdrawals				
c. Denials				
d. Cancellations or other (See 19. below for 60-day continuation rejects)				
4. Total dispositions (Total 3a through 3d)				
5. Applications pending at end of report month				
B. APPLICATION PROCESSING TIME				
6. Applications processed in report month				
a. Processed in 1 to 30 days				
b. Processed in over 30 days				
7. Total processed (6a plus 6b)				
8. Applications pending at end of report month				
a. Pending 1 to 30 days				
b. Pending over 30 days				
9. Total pending (same as A5)				
RECERTIFICATIONS (ELIGIBILITY REDETERMINATIONS)				
10. Number due in report month				
11. Number pending from prior month				
12. Total number due and overdue				
13. Caseload percentage overdue				
14. Number completed in report month				
a. Number determined as continuing eligible				
b. Number determined ineligible				
D. SUSPENSIONS, DISCONTINUANCES AND TRANSFERS				
15. Number of cases suspended in report month				
a. Three consecutive months of nonpurchase				
b. Other reasons (specify)_____				
16. Number of cases discontinued in report month				
a. Failure to comply with work registration requirements				
b. Acceptance of employment as result of work regisgration				
c. Other reasons (specify)_____				
17. Number of cases transferred out in report month				
a. 60-day continuation of eligibility				
18. Total cases (15a through 17a)				
19. 60-day continuation cases rejected (attach explanation, Section 63-406.21)				

PART IV. ADMINISTRATIVE EXPENDITURES (Quarterly)	PA	NON–PA	TOTAL
A. TRANSACTION COSTS (ISSUANCE AGENT'S FEES)			
1. Number of transactions			
2. Cost of transactions			$
B. PERSONNEL COSTS (FOR HOUSEHOLD CERTIFICATIONS)			
3. Pure and mixed nonassistance households		$	$
4. Assistance households (estimate)	$		$
C. COMPLAINTS AND INVESTIGATIONS			
5. Number of complaints, charges, or appeals received during month			
6. Number of home visits and field investigations during the month as a result of complaints, etc.			

PART V. FOOD COUPON ISSUANCE AND SALES	NUMBER OF AGENTS	NUMBER OF LOCATIONS
A. SALES AGENTS AND NUMBER OF LOCATIONS		
1. County Welfare Department or other county agencies		
2. Bank(s)		
3. Postal Service		
4. Other (Identify with reports for January and July)		

	PA	NON–PA	TOTAL
B. AUTHORIZED COUPON ISSUANCES IN REPORT MONTH			
5. Total coupon value of all authorizations to purchase issued			
6. Total required participant payments			
7. Total bonus value (B5 less B6)			

	REGULAR	PAW	TOTAL
C. MAIL ISSUANCE			
8. Number of mail issuance transactions			
9. Value of coupons mailed			
10. Number replaced due to nondelivery			
11. Value of coupons replaced	$	$	$

PART VI. CLAIM DETERMINATION – DFA 332	PA	NON–PA	TOTAL
A. FRAUDULENT PARTICIPATION CLAIMS			
1. Number reported to FNS			
2. Total program loss	$	$	$
3. Total recovery collection	$	$	$
4. Number of DA referrals			
B. NONFRAUD CLAIMS			
1. Number reported to FNS (program loss $400 or more)			
2. Number filed in case record only (program loss less than $400)			
3. Total program loss	$	$	$
4. Total recovery collection	$	$	$

PART VII. FAIR HEARING ACTIVITY	PA	NON–PA	TOTAL
A. PROCESSING TIME ON HEARING REQUESTS			
1. Number received in report month			
2. Number scheduled for hearing in report month.			
B. PROCESSING TIME ON COMPLIANCES WITH DBP – FAIR HEARING DECISIONS			
1. Number received in report month			
2. Number of final compliance actions taken within 60 days from date of hearing request			
C. COUNTY/CLIENT APPEAL CONFERENCES (SEE SECTION 63–408.23)			
1. Number held in report month			
2. Number of appeal requests withdrawn, cancelled, or otherwise resolved as result of county conferences.			

PART VIII. BENEFITS RESTORED BY DBP APPEAL DECISIONS	PA	NON–PA	TOTAL
A. CASES REQUIRING BENEFITS RESTORED			
1. Number authorized by appeal decisions in report month			
2. Number of benefit restorations made in report month.			
B. AMOUNT OF BENEFITS RESTORED			
1. Amount of benefits authorized restored in report month by appeal decisions	$	$	$
2. Amount of benefits restored in report month	$	$	$

FOR DEPARTMENT OF BENEFIT PAYMENTS USE ONLY

DATE RECEIVED BY PIB BUREAU	REVIEWED BY		DATE
COPIES SENT TO FSM BUREAU	DATE	RESPONSE SENT, IF NEEDED	DATE