

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



March 12, 1976

ALL-COUNTY LETTER NO. 76-46

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISION TO THE DFA 298 INFORMATION STATEMENT

REFERENCE:

Attached is a copy of the revised DFA 298 (Food Stamp Information Statement Covering Designated Project Area). It is an expansion from the previous one-page format to a four-part form series (DFA 298, .1, .2, and .3) and was designed to create a simpler, more accurate method of noting changes to the program. You will be receiving an initial supply of these forms in the near future.

The DFA 298 form series provides required supplemental information to the Department's Food Stamp Plan of Operation. The DFA 298 provides overall information on county operations. The DFA 298.1, DFA 298.2, and DFA 298.3 provide information on certification sites, on each issuance agent and/or the county if it issues coupons, and on bulk storage points (those points which prepare FNS 250-1 reports), respectively.

Whenever any change occurs in the county's food stamp operations, it will only be necessary to submit the page(s) of the DFA 298 series (5 copies) that are affected.

You should complete the entire DFA 298 series and submit it to the Food Stamp Program Management Branch, Department of Benefit Payments, 744 P Street, M. S. 12-92, Sacramento, CA 95814 by April 15, 1976. Five copies are also required for the initial submission. You will be notified when the stock supplies are available so that you may order them through the usual channels.

Should you have any questions concerning this matter, please contact Dave Owens of the Food Stamp Policy Coordination Bureau at (916) 445-6907.

Sincerely,

A handwritten signature in black ink that reads "Kyle S. McKinsey".

KYLE S. MCKINSEY
Deputy Directorcc: FNS, USDA
CWDA
Attachment
GEN 654 (2/75)

INFORMATION STATEMENT COVERING DESIGNATED PROJECT AREA COUNTY OPERATIONS

1. A. NAME OF COUNTY	COUNTY PROJECT CODE
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B. NAME AND ADDRESS OF COUNTY WELFARE DEPARTMENT

c. Name(s) and title(s) of person(s) in charge (County Welfare Director, Food Stamp Coordinator and Fiscal Officer) and address if different than Item 1.B.
CWD:

FS COORDINATOR:

FISCAL OFFICER:

2. Starting Dates of Program:	A. CERTIFICATION	B. PAW ISSUANCE	MAIL ISSUANCE	O.T.C. ISSUANCE
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3. A. Type of Issuance System Used:

- Household Issuance Record Card (HIR) DFA 286 Authorization to Purchase (ATP) DFA 299

B. ATP Preparation:

- Manual EDP Machine Addressograph Other (explain)

4. A. Number of ATP's Normally Issued Each Month: One Two Four

B. Purchase Options Available to Each Household per normally issued ATP: Full 3/4 Month 1/2 Month 1/4 Month

C. Frequency of ATP Issuance: Once Monthly Twice Monthly

5. Certification Month: Calendar Fiscal Other _____ (From _____ to _____)

6. Issuance Agents and Methods of Coupon Issuance Used: *Check type of agent and method of issuance used in county (can be more than one in each instance)*

METHODS OF ISSUANCE

AGENTS

- CWD
 One Man (CWD)
 Other County Office
 Banks
 EOC
 Savings & Loan
 USPS
 Credit Union
 Brinks
 Other (specify)

	OTC	PAW	DIRECT MAIL
<input type="checkbox"/> CWD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One Man (CWD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other County Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Savings & Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> USPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL RELIEF

EMERGENCY ASSISTANCE

7. General Assistance Households are certified as _____

DATE SUBMITTED	PREPARED BY (TYPED NAME AND TITLE)	SIGNATURE
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PURPOSE OF FORM

The DFA 298 Form Series is used to provide certain supplemental information to DBP's State Plan of Operation which is required from each county by FNS.

GENERAL INSTRUCTION

The CWD is responsible for the submission of the completed Form Series DFA 298, 298.1, 298.2, and 298.3 to DBP, FSM per this instruction.

When changes in the operational profile occur (e.g., addition of issuance or certification points, or a change of address for any reported agent, etc.) a new Form DFA 298, 298.1, 298.2, or 298.3 must be completed indicating that a change has occurred. **It will not be necessary to submit the entire series, but only the page(s) affected by the change.**

When a new certification office (DFA 298.1), issuance agent (DFA 298.2), or bulk storage point (DFA 298.3) is added to the county operations mark **INITIAL SUBMISSION** at the top of the page. If there is only a change reported mark **CHANGE**.

If any certification office (DFA 298.1), issuance agent (DFA 298.2), or bulk storage point (DFA 298.3) discontinues participation, the CWD will notify DBP, FSM in writing at least ten working days prior to the discontinuance.

DFA 298 – County Operations *(To be completed by the County Welfare Department.)*

- Item 1—
 - A. Name of county and nine digit project code.
 - B. Name and address of CWD.
 - C. Name(s) of County Welfare Director, food stamp coordinator, and fiscal officer.

- Item 2—
 - A. Actual dates county began certification for Food Stamps for the first time.
 - B. Actual dates county began PAW, mail, and over-the-counter issuance.

- Item 3—
 - A. Indicate type of issuance system used.
 - B. Indicate method(s) by which ATP cards are prepared (ATP counties only).

- Item 4—
 - A. &
 - B. To be completed by counties using ATP issuance.
 - C. ATP counties indicate frequency of ATP issuance (monthly or semimonthly).

- Item 5— Enter type of certification month — either fiscal, calendar or other (e.g., cyclical). If "fiscal" or "other," enter starting and ending dates for each certification month. If "other," specify type.

- Item 6— Check type(s) of issuance agent used and the method(s) of issuance for each kind of agent.

- Item 7— Indicate FNS-approved classifications (NA or PA) of General Relief and/or Emergency Relief households.

**INFORMATION STATEMENT COVERING DESIGNATED PROJECT AREA
CERTIFICATION OFFICE**

Initial Submission Change

1. NAME OF COUNTY _____

2.A. NAME OF CERTIFICATION OFFICE _____

B. ADDRESS _____

3. Days and Hours Certification will be made and applications taken.

	AM			PM
Mon	_____ to _____		_____ to _____	
Tues	_____ to _____		_____ to _____	
Wed	_____ to _____		_____ to _____	
Thurs	_____ to _____		_____ to _____	
Fri	_____ to _____		_____ to _____	
Sat	_____ to _____		_____ to _____	
Sun	_____ to _____		_____ to _____	

4. Issues "Immediate Need" ATP's, Emergency Food Coupons, OR Other (explain) _____

5. A. ISSUES REPLACEMENT ALLOTMENT OR REPLACEMENT ATP's

DATE PREPARED	PREPARED BY (TYPED NAME AND TITLE)	SIGNATURE

DFA 298.1 – Certification Office
(Preparation – to be completed by CWD.)

To be submitted initially and whenever a change, addition, or deletion of a certification point happens. Only pages which are affected by changes need to be resubmitted.

Item 1 – Enter name of county.

Item 2 – A. Enter name of Certification Office (One office per each DFA 298.1).
B. Address of Certification Office.

Item 3 – Enter hours in which certifications (either new or subsequent) are being made and applications taken beside the appropriate day.

Item 4 – Indicate whether certification site issues Immediate Need ATP's, immediate need coupons, or provides for applicants' immediate food needs through county funds or other sources.

Item 5 – Indicate whether certification site issues replacement ATP's for ATP's reported lost, stolen, or undelivered in the mail; replacement allotments for coupons reported undelivered in the mail; or both.

**INFORMATION STATEMENT COVERING DESIGNATED PROJECT AREA
ISSUANCE OFFICE/AGENT**

Initial Submission Change

1. NAME OF COUNTY _____

2.A. NAME OF ISSUANCE OFFICE/AGENT _____

REPORTING POINT CODE (NINE DIGIT CODE) _____

B. ADDRESS _____

3.A. DATE COUPON INVENTORY ESTABLISHED _____

B. DATE ISSUANCE STARTED _____

4. SHIPPING POINT: NAME AND ADDRESS _____

SHIPPING CODE (TWELVE DIGIT CODE) _____

NAME AND ADDRESS OF STORAGE POINT IF DIFFERENT THAN SHIPPING POINT _____

5. Person(s) Authorized to Receipt for Coupons

NAME

SIGNATURE

TITLE

TELEPHONE NUMBER

6. **ISSUING ADDRESS(ES)** _____

ISSUANCE DAYS _____

HOURS OPEN FOR ISSUANCE _____

7. Method of Issuance: OTC Mail PAW

8. Last Issuance Day of Month: _____

9. Other Project Areas to Which Service is Given by Agent _____

10. Transaction fee for OTC \$ _____

Mail \$ _____

PAW \$ _____

11. Date issuance terminated for all sites _____

DATE PREPARED _____

PREPARED BY (TYPED NAME AND TITLE) _____

SIGNATURE _____

DFA 298.2 Issuance Office

(To be prepared by CWD for each reporting point including CWD if CWD issues coupons. To be submitted initially and whenever a change, addition or deletion of an issuance office happens. Only pages which are affected by changes need to be resubmitted.)

- Item 1**— Name of county served.
- Item 2**— A. Sales Agent's name and nine digit reporting point code (one code per page).
B. Address of Sales Agent's main office.
- Item 3**— Enter date reporting point first established coupon inventory; enter date issuance started.
- Item 4**— Enter name and address of place to where coupon supplies are shipped and 12 digit shipping code. Enter name and address of storage point **ONLY** if different than shipping point.
- Item 5**— Typed name, signature, title, and telephone number of person(s) authorized to receive coupon shipments.
- Item 6**— Enter names and addresses of Issuance Offices operated by Issuance Agent or county.
- Item 7**— Enter method(s) of issuance the agent/office provides.
- Item 8**— Enter last day coupons are sold.
- Item 9**— To be completed if Sales Agent operates coupon sales outlets for more than one county — enter name of county other than that mentioned in Item 1 of this form.
- Item 10**— (For contracted issuance only) Enter fee charged for each purchase transaction for each type of issuance performed by agent. (N/A for those types of issuance not performed by agent.)
- Item 11**— To be completed only when issuance agent terminates its sales activities at all outlets. Enter last day coupon sales will be made at any issuance site operated by the agent.

**INFORMATION STATEMENT COVERING DESIGNATED PROJECT AREA
BULK STORAGE POINT (NO ISSUANCE)**

Initial Submission Change

1. NAME OF COUNTY

2.A. NAME OF BULK STORAGE POINT AND CODE

B. ADDRESS

3. HOURS OPEN TO RECEIVE SHIPMENTS

4. Issuance Agents Serviced (include address and project code)

5. Person(s) Authorized to Receipt for Coupons (typed name(s) and signature(s))

NAME

SIGNATURE

TITLE

TELEPHONE NUMBER

6. Other Counties to Which Service Given and Names of Issuance Agents Serviced:

COUNTY

AGENT - NAME AND ADDRESS

DATE PREPARED

PREPARED BY (TYPED NAME AND TITLE)

SIGNATURE

DFA 298.3 – Bulk Storage Point (No Issuance)
(To be prepared by CWD)

DFA 298.3 will be necessary for bulk storage points which prepare an FNS-250-1 report.
(To be submitted initially and whenever a change, addition, or deletion of a consolidated storage point happens.)

- Item 1–** Name of county.
- Item 2–** A. Name of storage point and code *(twelve digit if also shipping point, nine digit if not also a shipping point).*
B. Address
- Item 3–** Hours open to receive shipments from FNS if also a shipping point.
- Item 4–** List names and addresses of Coupon Issuance Agents to which coupons are transferred from this point *(list only those agents that serve county entered in Item 1).*
- Item 5–** Typed name, signature, title, and telephone number of those person(s) authorized to receive or transfer Food Coupon supplies.
- Item 6–** To be completed when storage point stores coupons for more than one county. Enter the name(s) and address(es) of those counties other than the one noted in Item 1 of this form.