

**DEPARTMENT OF BENEFIT PAYMENTS**  
744 P Street, Sacramento, CA 95814  
(916) 322-2230



March 23, 1978

ALL-COUNTY LETTER NO. 78-9 (Data Mgmt.)

TO: ALL-COUNTY WELFARE DIRECTORS  
HOLDERS OF STATISTICAL REPORTS MANUAL

SUBJECT: REVISED FORMS ABD 217 AND GR 237

REFERENCE: DIVISION 26 SECTIONS 212 AND 217

The Interim Assistance to Applicants for SSI/SSP - Monthly Statistical Report (Form ABD 217) and the Caseload and Expenditures Report - General Relief and Aid to Potentially Self-Supporting Blind (Form GR 237) have been revised.

These revisions were primarily caused by a county-identified need for clarification of the reporting instructions for the Interim Assistance Program, on Forms ABD 217 and GR 237. Part A of the ABD 217 has been changed to reflect caseload movement of interim assistance cases; cases receiving interim assistance for the report month and the amount of assistance granted; and interim assistance payments not reimbursed by the Social Security Administration.

Instructions for the GR 237 (26-214.22) have been clarified to indicate that Interim Assistance Program cases, persons, and expenditures are not to be reported on this form. Interim assistance payments not reimbursed by SSA will, however, be reported in a new item on the GR 237 in order for counties to arrive at total General Relief (GR) expenditures.

The GR 237 also has been modified to provide caseload movement information on General Home Relief. Items 2b. (Restored) and 2c. (Other approvals) may not apply for some counties and NAP (not applicable) should be entered.

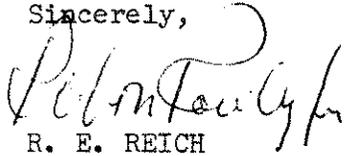
Cases and persons counts are now requested for Miscellaneous General Relief expenditures. Also, instructions for this item have been more clearly defined with respect to assistance given to applicants for GR and out-of-home care of children and adults.

The revised ABD 217 and GR 237 become effective with the April 1978 report month. However, counties who can provide data for items 1 through 5 on the

revised GR 237 form for the month of March 1978 are encouraged to do so. These data will be most useful to the Department in planning for the upcoming General Relief Characteristics Study.

Any questions regarding these reports should be directed to the Data Management and Analysis Bureau's Information Coordinator at (916) 322-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. E. Reich".

R. E. REICH  
Deputy Director

Attachments

cc: CWDA

26-214 CASELOAD AND EXPENDITURES REPORT, GENERAL RELIEF AND  
AID TO POTENTIALLY SELF-SUPPORTING BLIND (FORM GR 237)

26-214

26-214.01 CONTENT

26-214.01

This report provides monthly information on general home relief caseload movement and expenditures, miscellaneous general relief caseload and expenditures, and total expenditures in the General Relief Program. This form also provides for the reporting of persons and net expenditures in the Aid to Potentially Self-Supporting Blind Program (APSE).

26-214.02 PURPOSE

26-214.02

The report is designed to collect statewide and county data comparable to that obtained for the AFDC programs so that statistics on all public assistance programs in California will be available.

26-214.03 DISTRIBUTION

26-214.03

Data from these reports are compiled and submitted monthly, along with that collected through other reports in this series, to the Department of Health, Education and Welfare. They are also published in the monthly and annual statistical summaries, Public Welfare in California, for distribution to program managers, county welfare departments, and other interested agencies and individuals.

26-214.04 DUE DATE

26-214.04

Reports are to be received in Sacramento on or before the eighth working day of the month following the report month. Send one copy to:

Department of Benefit Payments  
Data Management and Analysis Bureau  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

26-214.20 PART I. GENERAL RELIEF

26-214.20

26-214.21 DEFINITIONS

26-214.21

The General Relief (GR) program is that program administered by the county welfare department which provides assistance to needy persons from county funds only and for which there is no reimbursement from state or federal funds.

General Home Relief (GHR) is that form of General Relief given to persons in their homes to meet one or more of the basic subsistence items of food, shelter or clothing. The definition of GHR includes both residents and nonresidents who are residing in the county. Excluded are transients since they are by definition persons who are not residing in the county. Transients are distinguished from other nonresidents because (1) they have no plans to stay in the county, (2) they do have plans to move on, and/or (3) they are staying on in the county only because circumstances not anticipated temporarily prevent their leaving the county.

Miscellaneous General Relief, is that form of General Relief authorized by the county welfare department (irrespective of the designation of the fund) to meet needs excluded from other items on the form, e.g., transient care, out-of-home care of children and adults not eligible for AFDC-BHI or SSI/SSP, transportation costs, meals and lodging, burials, etc.

## 26-214.22 EXCLUSIONS FROM STATISTICAL REPORTING

26-214.22

The following are not to be reported on this form:

Interim Assistance Program cases, which are aged, blind and disabled applicants for SSI/SSP, granted county funds as interim assistance until SSA acts upon their application. These cases and expenditures are to be reported on the Interim Assistance to Applicants for SSI/SSP-Monthly Statistical Report, Form AED 217.

Social Service Only cases for which financial need is not a problem to be met from county indigent or other public assistance funds.

Aid to Families with Dependent Children cases which receive supplemental aid from county funds. These expenditures are to be reported on the AFDC Caseload and Expenditures Reports, Form CA 237 FG/U and CA 237 BHI.

Cases which receive only food stamps.

Loans made from county funds such as emergency loans to Veterans Administration recipients, emergency loans to SSI/SSP recipients, etc.

Special Allowance Money.

Administrative costs.

## 26-214.23 INSTRUCTIONS

26-214.23

## 26-214.24 SECTION A. GENERAL HOME RELIEF CASELOAD MOVEMENT AND EXPENDITURES

26-214.24

1. Cases brought forward from last month - Entry will equal Item 5 of the previous month's report or be explained in a footnote.
2. Cases added during month - Enter the sum of 2a, 2b, and 2c.
  - a. New or Reapplication - Enter the number of applications approved during the report month, for cases which had not received GHR in the county for at least a year.
  - b. Restored - Enter the number of applications approved during the report month, for cases which had received GHR from the county within the last year.
  - c. Other approvals - Enter the number of cases approved during the report month for reasons other than 2a or 2b, e.g., applications erroneously denied or cases erroneously discontinued, etc.

3. Total during the month - Enter the number of cases active during the report month; that is, those cases where an official authorization for aid was in effect during the report month. Sum of Items 1 and 2; also sum of 3a and 3b.
  - a. Received GHR - Enter the number of cases for which GHR obligations were incurred during the report month. This entry will equal Item 6, Column (A) Total.
  - b. Did not receive GHR - Enter the number of cases for which no GHR obligations were incurred during the report month.
4. Cases discontinued during month - Enter the number of cases which were terminated from GHR during the report month.
5. Cases carried forward to next month - Enter the number of cases carried forward to the next month, Item 3 minus Item 4.
6. Total GHR Expenditures - Enter the total number of cases, persons and expenditures or obligations incurred during the report month. Item 6 is the sum of (1) plus (2) and a. plus b.

Consider a GHR case as receiving aid if any one or more of the following occurred during the month:

Cash, or a county warrant, was issued to the recipient or family.

A vendor order was authorized and issued, irrespective of the month covered by the order or the month in which the vendor will be paid.

Food, clothing and/or other commodity available through the GHR program was issued to the recipient or family from a county-operated commissary or store.

The amount of assistance issued through vendor orders is that shown on the order, or if an amount does not appear on the order, the estimated amount which the agency expects the vendor to claim in a subsequent month.

Since actual claims may differ from the amount authorized or estimated, counties may for purposes of this report, either (1) disregard the difference, or (2) adjust their report in a later month to show the net cost to the county. If the report is adjusted, care must be taken to insure that sub-items will add up to the total shown on the report.

Goods and services available to needy persons through the general relief program and not subject to prior authorization by the reporting agency, such as for medical care, are reported as expenditures in the month the claim for reimbursement is accepted.

- (1) Cash - Enter the amount of expenditures made in the form of direct payments, including county warrants, to the recipient.

- (2) Kind - Enter the amount of obligation incurred by the county in meeting all other subsistence needs of GHR recipients.

Aid in Kind includes:

Commodities issued by the county commissary.

The amounts appearing on grocery orders and vouchers for clothing.

Other commodities supplied by vendors who will later bill the county for reimbursement.

Payments made to landlords on behalf of GHR recipients.

- a. Family Cases - Enter the cases, persons, and expenditures, for which the needs of two or more persons living together in the same household are considered and included in a single assistance budget.
- b. One-person Cases - Enter the cases, persons, and expenditures, for which the need of one person only is considered and included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GHR.

Although the number of persons in any given number of "one-person" cases is, of course, identical with the number of cases, it is requested that the number reported in Column A, be repeated in Column B, to simplify editing.

Persons who receive both GHR and Miscellaneous GR are reported in both categories.

This part of the report collects information on expenditures or obligations incurred which were authorized by the county welfare department from county funds (irrespective of the designation of the fund) to meet needs other than General Home Relief.

7. Miscellaneous General Relief - Enter the number of cases, persons, and cost to the county for:

Aid to Applicants for General Relief - Report costs to the county of temporary aid given to applicants for General Relief pending determination of eligibility. Such aid would include, but not be limited to, the following: lodging in hotels, motels and like facilities; meals or grocery orders; clothing; transportation to and from the county welfare department; etc.

Transient Care - Report subsistence aid given nonresidents "passing through" the county. Transients are distinguished from other nonresidents because (1) they have no plans to stay in the county, (2) they do have plans to move on, and/or (3) they

are staying on in the county only because circumstances not anticipated temporarily prevent their leaving the county. Report hospitalization, medical, and dental care given transients.

Return of Nonresidents - Report costs to the county of returning needy nonresidents, including transients, to their place of residence under an agreement with the public authority responsible for their care. "All costs" include both the cost of transportation and subsistence while enroute to place of residence.

Out-of-Home Care of Children and Adults Not Eligible for AFDC BHI or SSI/SSP - Report children and adults living in boarding homes and institutions (including nursing homes) for whom the governmental cost of such care is authorized by the county welfare department and all costs are paid from county funds.

Exclude the amount of subsidies paid operators of public receiving homes and like facilities in excess of the charge for care actually given during the report month.

Burials - Report expenditures from county funds for burials. Report also the cost of cemetery care.

All Other GR - Report all other amounts of general relief authorized by the county welfare department for needs not identified in Parts A. or B. of the form. Explain unusual expenditures in a footnote to the form.

3. Nonreimbursed Interim Assistance Program Expenditures - Enter the total amount of non-reimbursed Interim Assistance Program expenditures which were identified as such during the report month. This entry will be the same as the sum of Items 4b. and 4c. expenditures reported on Form ABD 217, Interim Assistance To Applicants For SSI/SSP - Monthly Statistical Report, for the same report month.

26-214.26 TOTAL GENERAL RELIEF EXPENDITURES 26-214.26

Enter the total amount of expenditures during the report month, which is the sum of Items 6, 7 and 8.

26-214.30 PART II. APSB RECIPIENTS AND EXPENDITURES 26-214.30

26-214.31 DEFINITION 26-214.31

The Aid to Potentially Self-Supporting Blind (APSB) program provides a plan under which the blind residents of the state may be encouraged to take advantage of and to enlarge their economic opportunities in order to become entirely self-supporting.

The program allows retention of resources and income beyond necessities of bare decency and subsistence in order to permit the carrying out of the self-support plan. It is a state-county funded program. (See Sections 13001-13102 W&I Code.)

26-214.32 INSTRUCTIONS

26-214.32

1. Persons Receiving a Cash Grant - Enter the number of persons receiving APSB cash grants for the current month. Do not include persons receiving payments for prior periods.
2. Total Net Expenditures - Enter the total net APSB expenditures during the month for current and/or prior periods.

26-214.90 FORM (GR 237)

26-214.90

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item enter "0"; do not leave any items blank.

SEND ONE COPY TO:

Department of Benefit Payments  
 Data Management and Analysis Bureau  
 744 P Street, Mail Station 12-81  
 Sacramento, California 95814

CASELOAD AND EXPENDITURES REPORT

General Relief and Aid to Potentially Supporting Blind

COUNTY		
FOR MONTH ENDING (MONTH	DAY	YEAR)

PART I. GENERAL RELIEF

SECTION A. GENERAL HOME RELIEF (GHR) CASELOAD MOVEMENT AND EXPENDITURES

1. Cases brought forward from last month (Item 5 last month, or explain) . . . . .	_____
2. Cases added during month (Sum of a, b, & c, below) . . . . .	_____
a. New or Reapplication . . . . .	_____
b. Restored . . . . .	_____
c. Other approvals . . . . .	_____
3. Total during the month (Sum of 1 & 2; also a plus b, below) . . . . .	_____
a. Received GHR (Same as Item 6, Column (A) Total) . . . . .	_____
b. Did not receive GHR . . . . .	_____
4. Cases discontinued during month . . . . .	_____
5. Cases carried forward to next month (3 minus 4) . . . . .	_____

	CASES (A)	PERSONS (B)	AMOUNT (C)
6. Total General Home Relief (1) + (2); also a + b . . . . .	_____	_____	\$ _____
(1) Amount in Cash . . . . .	XXX	XXX	( _____ )
(2) Amount in Kind . . . . .	XXX	XXX	( _____ )
a. Family Cases . . . . .	_____	_____	_____
b. One-person Cases . . . . .	_____	_____	_____

SECTION B. OTHER GENERAL RELIEF

7. Miscellaneous General Relief . . . . .	_____	\$ _____
8. Nonreimbursed Interim Assistance Program Expenditures . . . . .	_____	\$ _____
TOTAL GENERAL RELIEF EXPENDITURES (Sum of 6 + 7 + 8) . . . . .	_____	\$ _____

PART II. APSB

1. Persons receiving cash grant . . . . .	_____
2. Total net expenditures . . . . .	\$ _____

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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26-217 INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP - MONTHLY STATISTICAL REPORT (FORM ABD 217) 26-217

26-217.01 CONTENT 26-217.01

This report collects caseload and expenditure data on the Interim Assistance program, under which aged, blind and disabled applicants for SSI/SSP may be granted county funds as interim assistance until SSA acts upon their application. The case movement, promptness of county payments to approved SSI/SSP applicants, number and amounts of SSA checks disposed of during the month, and county and recipient shares of SSA checks distributed are items for which data are to be reported.

26-217.02 PURPOSE 26-217.02

These data are needed by the Adult Program Management Branch, and by individual counties, to monitor (1) county compliance with federal regulations requiring prompt payment to interim assistance recipients approved for SSI/SSP benefits (2) caseload and expenditure developments and trends in the Interim Assistance program.

26-217.03 DISTRIBUTION 26-217.03

Data in these reports are compiled and transmitted in required reports to the Social Security Administration. They are also published monthly and distributed to county welfare departments and other interested agencies and individuals in the statistical summary, "Public Welfare in California."

26-217.04 DUE DATE 26-217.04

One copy of this report is to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

Data Management and Analysis Bureau  
Department of Benefit Payments  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

When all data are not available, transmit a report by the due date containing all information that is available at that time. Attach an explanation for the delay and indicate when the Department can expect to receive the completed report. Transmit the missing data as soon as they are available.

26-217.10 INSTRUCTIONS 26-217.10

26-217.20 PART A. INTERIM ASSISTANCE CASELOAD MOVEMENT AND EXPENDITURES 26-217.20

1. Cases brought forward from last month - Entry will equal Item 5 of previous month's report or be explained in a footnote.
2. Cases added during month - Enter the number of cases opened for interim assistance during the report month, whether or not I.A. was actually granted during the month.

26-217.20 PART A. INTERIM ASSISTANCE CASELOAD MOVEMENT AND EXPENDITURES (Continued) 26-217.20

3. Total open during month - Enter the number of cases active during the report month. Entry will equal the sum of Item 1 plus Item 2; also, sum of 3a and 3b.
  - a. Cases receiving interim assistance - Enter the number of cases which received interim assistance for the report month and the amount of I.A. expenditures.
  - b. Did not receive interim assistance - Enter the number of cases which did not receive interim assistance during the report month.
4. Cases closed during month - Enter the number of interim assistance cases closed during the report month, which is the sum of a, b, and c, below.
  - a. CWD mailed county warrant to recipient - Enter the number of I.A. cases in which a county warrant was issued the recipient during the month as a result of receiving an SSA check by the county welfare department for the recipient's SSI/SSP grant. In Sub-items (1), (2), and (3), classify such disbursements by the number of working days between (a) receipt by the county of the SSA check signaling acceptance of the I.A. case by SSA and (b) the exact date of mailing of the county warrant to the recipient.
  - b. CWD received denial notice from SSA - Enter the number of cases closed during the report month, and the total amount of interim assistance which had been granted to these cases, because the county welfare department received a notice (Form SSA 8030) from SSA, that the I.A. recipient had been denied SSI/SSP.
  - c. Other reason for closing - Enter the number of cases closed during the report month, and the total amount of interim assistance which had been granted to the cases, for reasons other than (a) or (b) above. (Income in excess of need, death, removal from county, etc.)
5. Cases carried forward to next month - Enter the number of interim assistance cases remaining open pending SSA action, at the end of the report month, and carried forward to next month. Entry will equal the difference between total cases open during the month and cases closed, Item 3 less Item 4.

26-217.30 PART B. SSA CHECKS PROCESSING

26-217.30

Note: Round expenditure figures (Amount column) to the nearest dollar.

6. SSA Checks Carried Over from the Preceding Month - Enter the number of SSA checks which (1) had been received by the county welfare department in prior months on behalf of persons accepted for SSI/SSP benefits but (2) had not been processed by the end of the previous month. This might occur because the SSA check was received too late in the month for processing or because there was some problem in processing it promptly.
7. SSA Checks Received During the Month - Enter the number of SSA checks (on behalf of persons accepted for SSI/SSP benefits) received by the county welfare department during the report month.

8. Total SSA Checks on Hand During the Month - Enter the sum of the entries in Item 6 and Item 7. These entries present the welfare department's total accountability for SSA checks during the report month.
9. SSA Checks Disposed of During the Month - Enter the number and amounts of SSA checks disposed of during the report month by distribution between the county and the recipients or by other means.
- a. Original SSA Checks (Before CWD Deductions and Mailing of County Warrants to Recipients) - Enter the number and amounts of those SSA checks from which, during the report month, the county deducted its proper shares of I.A. advanced to the recipient and remitted the balances to the recipients. In Items 9a(1) and 9a(2), enter respectively, (1) the number and amounts of the warrants sent as the recipients' shares and (2) the number and amounts of deductions retained as the county's share.
- b. Other Dispositions - Enter the numbers and amounts of those SSA checks which the county disposed of during the month by means other than distributing their proceeds between the recipients and the county. Explain in footnote.
10. SSA Checks on Hand at End of Month - Enter the number of SSA checks on hand in possession of the county welfare department at the end of the month. These will represent SSA checks for which processing is incomplete. The entry for this item should equal the difference between the NUMBER entries in Item 8 and Item 9.

Person to contact - Enter name of person preparing report, as well as telephone number and date.

County Welfare Director Certification - County Auditor/Controller Certification - Appropriate signatures of these officials or their officially designated representatives. These certifications are needed for budget purposes and will obviate the need for additional control reports.

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

DEPARTMENT OF BENEFIT PAYMENTS  
DATA MANAGEMENT AND ANALYSIS BUREAU  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

**INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP -  
MONTHLY STATISTICAL REPORT**

COUNTY \_\_\_\_\_  
FOR MONTH ENDING (MONTH, DAY, YEAR) \_\_\_\_\_, 19\_\_

PART A. INTERIM ASSISTANCE CASELOAD MOVEMENT AND EXPENDITURES	NUMBER OF CASES	
1. Cases brought forward from last month (Item 5 last month or explain) . . . . .	_____	_____
2. Cases added during month . . . . .	_____	_____
3. Total open during the month (Sum of 1 & 2 ; also a plus b, below) . . . . .	_____	_____
a. Cases receiving interim assistance . . . . .	_____	(\$ _____)
b. Did not receive interim assistance . . . . .	_____	_____
4. Cases closed during month (a + b + c, below) . . . . .	_____	_____
a. CWD mailed county warrant to recipient . . . . .	_____	_____
Warrant mailed within:		
(1) 1-5 working days of receipt from SSA . . . . .	_____	_____
(2) 6-10 working days of receipt from SSA . . . . .	_____	_____
(3) Over 10 working days of receipt from SSA . . . . .	_____	_____
b. CWD received denial notice from SSA . . . . .	_____	(\$ _____)
c. Other reasons for closing (Explain in footnote) . . . . .	_____	(\$ _____)
5. Cases carried forward to next month (3 minus 4, above) . . . . .	_____	_____

PART B. SSA CHECKS PROCESSING	NUMBER	AMOUNT
6. SSA checks carried over from preceding month . . . . .	_____	XXX
7. SSA checks received during the month . . . . .	_____	XXX
8. Total SSA checks on hand during the month (6 +7, above) . . . . .	_____	XXX
9. SSA checks disposed of during the month . . . . .	_____	_____
a. Original SSA checks (before CWD deductions, and mailing of county warrant to recipient) (1) +(2) below . . . . .	_____	_____
(1) County warrant (recipient's share) . . . . .	_____	_____
(2) CWD deduction (county's share) . . . . .	_____	_____
b. Other dispositions (Explain in footnote). . . . .	_____	_____
10. SSA checks on hand at end of month (processing incomplete) (8 - 9, above) . . . . .	_____	XXX

PERSON TO CONTACT REGARDING THIS REPORT \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

*I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the interim Assistance Program in aid for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Benefit Payments.*

*I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code, that the amounts claimed herein are in accordance with authorizations for Interim Assistance made by the county; that said amounts correctly reflect county shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Benefit Payments.*

SIGNATURE OF COUNTY WELFARE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF COUNTY AUDITOR OR CONTROLLER \_\_\_\_\_ DATE \_\_\_\_\_