

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5475



October 28, 1982

ALL-COUNTY LETTER NO. 82-110

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP FORM

REFERENCE:

This letter transmits the revised Food Stamp form DFA 303, Replacement Affidavit/ Authorization, revised form instructions and modification criteria. Revision of the form was required by changes in Food Stamp Program regulations now in process which limit the number and type of replacements that are allowed. Contingent upon the final filing of the revised regulations, which is anticipated by October 1982, the revised form is to be implemented as prescribed in this letter. Counties will be notified immediately if these implementation instructions change.

The revised form and instructions were developed with the assistance of the CWDA Subcommittee on Food Stamp Forms. In addition, comments from other counties were considered. The Food Stamp Program Management Branch (FSPMB) appreciates the contribution of all those counties which participated in this effort.

The instructions for the DFA 303 were developed primarily as a training tool to assist counties. The form, its instructions, and modification criteria will be incorporated into the Food Stamp Program Forms Handbook, Chapter 63-1200, in the next few months.

Description of Form

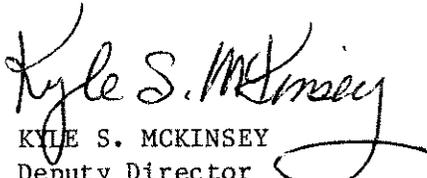
The DFA 303 is used to (1) initiate a request for a replacement ATP/food coupon books, (2) verify that the replacement is appropriate, and (3) acknowledge receipt of a replacement ATP/food coupon book(s). This form has been designated as "Required - Substitutes Permitted."

The form must be implemented by all counties with the implementation of the revised regulations (anticipated to be January 1, 1983), unless a form modification request is approved in accordance with the policy prescribed in Section 63-1250 of the Food Stamp Program Forms Handbook. Upon implementation of the 1/83 version of the DFA 303, all remaining supplies of the 6/81 version of the DFA 303 should be destroyed.

Form Supplies

It is anticipated that supplies of the revised DFA 303 will be available in the DSS Warehouse by February 1, 1983. As a result, master copies of the English and Spanish versions of the revised forms are attached so that counties can print interim supplies. As soon as the forms are available for ordering from the warehouse a GEN 127 will be sent to all counties. When ordering the DFA 303, counties should use the GEN 727B, County Forms Order, and specify the 1/83 revision date on the order form. The DFA 303 will be printed on carbonized pads and the cost will be the same as listed in the 1982 edition of the DSS County Forms Catalog.

Should you have any questions, please contact your Food Stamp Program Consultant at (916) 322-5475.


KYLE S. MCKINSEY
Deputy Director
Welfare Program Operations

cc: CWDA

SUGGESTED NOTICE FOR CHANGES TO THE STANDARD UTILITY ALLOWANCE (SUA)

Effective January 1, 1983, your Food Stamp allotment will reflect a cost-of-living adjustment to the Standard Utility Allowance (SUA). The SUA increased to \$97.00 for the calendar year 1983, and your food stamp benefit amount may be increased. The implementation of this action is authorized by Manual of Policies and Procedures, Section 63-504.341(b)) and is based on instructions from the United States Department of Agriculture. If you believe your food stamp benefit amount has been improperly computed, you have the right to request a state hearing. Your request may be written or oral, but it must state that you want a hearing and why you are dissatisfied. The request for a hearing must be received by the Office of the Chief Referee, Department of Social Services, 744 "P" Street, Sacramento, California 95814, or through phoning (800) 952-5253 within 90 days of the date of the action with which you are dissatisfied.

You may request a state hearing on your own, or you may ask your eligibility worker for assistance. At a state hearing you have the right to be represented by an attorney or any other person of your choice. You can get help in locating free legal assistance by calling (800) 952-5253.

COUNTY USE ONLY

REPLACEMENT AFFIDAVIT/AUTHORIZATION

CASE NAME	
CASE NUMBER	WORKER
TYPE OF LOSS <input type="checkbox"/> ATP <input type="checkbox"/> Food Coupon Book(s) <input type="checkbox"/> Food	

PART A - HOUSEHOLD AFFIDAVIT

I, _____, the undersigned, living at _____ (STREET ADDRESS)
 _____ (CITY), California, declare that the household named above:

- Did not receive in the mail the ATP/Food Coupon Book(s) at _____ (STREET ADDRESS)
 _____ (CITY) California, for the period of _____
- Received an ATP for the period of _____, however it was:
 - Stolen: Date stolen _____
 - Destroyed: How? _____ Date destroyed _____
- Received Food Coupon Book(s) for the period of _____, however, they were destroyed.
 How? _____ Date destroyed _____ Amount \$ _____
- Purchased food with Food Coupon Book(s), but the food was destroyed.
 How? _____ Date destroyed _____ Amount \$ _____

I further declare that if at any time I receive the above described ATP/Food Coupon Book(s), it will be returned to:

I declare that the foregoing is true and correct to the best of my knowledge. I also understand that if I intentionally withhold information or give false information I may be denied participation in the Food Stamp Program; fined imprisoned or both.

SIGNATURE OF CLAIMANT	DATE
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PART B - VERIFICATION

DATE ATP/COUPONS ISSUED	ATP SERIAL #	VALUE OF ATP/FOOD COUPON ALLOTMENT	DATE REPLACEMENT REQUESTED
		\$	

Type of household disaster: _____ Source of verification: _____
 Has household received any replacements during the last five months? Yes No If Yes, how many?
 Type of replacement(s): 1. _____ 2. _____ 3. _____ 4. _____

PART C - REPLACEMENT AUTHORIZATION

Request: Approved Denied Reason for denial _____

AMOUNT TO BE REPLACED	NAME OF PERSON AUTHORIZING/DENYING REQUEST	REVIEWED BY	DATE
\$			

PART D - HOUSEHOLD ACKNOWLEDGEMENT OF RECEIPT

I acknowledge the receipt of a replacement: (Check appropriate box)

ATP Food Coupon Book(s)
 Serial Number In the amount of \$ _____

REPLACEMENT RECEIVED BY (CLAIMANT'S SIGNATURE)	DATE
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DECLARACIÓN JURADA/AUTORIZACIÓN DE REPOSICIÓN

CASE NAME	
CASE NUMBER	WORKER
TYPE OF LOSS <input type="checkbox"/> ATP <input type="checkbox"/> Food Coupon Book(s) <input type="checkbox"/> Food	

PART A - DECLARACIÓN JURADA DEL HOGAR

Yo, _____, el suscrito(a), con domicilio en _____ (DIRECCIÓN) _____, California, declaro que el hogar mencionadó arriba: (CITY/STATE)

- No recibió por correo la Autorización para Participar (ATP)/Libro(s) de cupones de estampillas para comida enviados a _____ (DIRECCIÓN) _____ (CITY/STATE) California, correspondientes al período de _____
- Recibió una ATP para el periodo correspondiente a _____, pero fue:
 - Robada: Fecha en que se robó _____
 - Destruída: ¿Cómo? _____ Fecha en que se destruyó _____
- Recibió libros de cupones de estampillas para comida correspondientes al período de _____ pero fueron destruidos. ¿Cómo? _____ Fecha en que se destruyeron _____ Cantidad \$ _____
- Compró comida con los libros de cupones de estampillas para comida, pero la comida fue destruida. ¿Cómo? _____ Fecha en que se destruyó _____ Cantidad \$ _____

Además declaro que si en alguna ocasión recibo la ATP/Libro(s) de cupones para estampillas para comida que se describen arriba, los devolveré a:

Declaro que las declaraciones que preceden son verdaderas y correctas según mi saber y entender. También comprendo que si intencionalmente retengo información o doy información falsa se me puede negar la participación en el Programa de Estampillas para Comida, puedo ser multado, encarcelado, o ambas cosas.

FIRMA DEL(A) RECLAMANTE	FECHA
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PART B - VERIFICATION

DATE ATP COUPONS ISSUED	ATP SERIAL #	VALUE OF ATP FOOD COUPON ALLOTMENT	DATE REPLACEMENT REQUESTED
		\$	

Type of household disaster: _____ Source of verification: _____

Has household received any replacements during the last five months? Yes No If Yes, how many? _____

Type of replacement(s): 1. _____ 2. _____ 3. _____ 4. _____

PART C - REPLACEMENT AUTHORIZATION

Request: Approved Denied Reason for denial _____

AMOUNT TO BE REPLACED	NAME OF PERSON AUTHORIZING/DENYING REQUEST	REVIEWED BY	DATE
\$			

PART D - ACUSE DE RECIBO DEL HOGAR

Acuso recibo de la reposición de: (Marque la casilla apropiada)

ATP Número de serie _____

Libro(s) de cupones de estampillas para comida por la cantidad de \$ _____

REEMPLAZO RECIBIDO POR (FIRMA DEL(A) RECLAMANTE)	FECHA
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FORM INSTRUCTIONS
(FOR CWD)Replacement Affidavit/Authorization

Purpose:

The DFA 303 is a form completed by the household or an authorized representative and the county. This form is used to (1) initiate a request for a replacement ATP/food coupon book(s), (2) verify that replacement of an ATP/food coupon book(s) is appropriate, and (3) acknowledge receipt of a replacement ATP/food coupon book(s).

Part A is completed by the household or an authorized representative and is the household's affidavit indicating the reason for the replacement.

Part B is completed by the county and is used to verify that the request for replacement is appropriate. This section also provides identifying information relating to the original ATP/food coupon book(s) that was issued.

Part C is completed by the county and is used to authorize the replacement and the amount to be replaced, or to deny the replacement.

Part D is completed in part by the county and signed by the claimant to acknowledge receipt of the replacement ATP/food coupon book(s) issued to the household.

Preparation:

The household must come into the county office to sign the affidavit, in most instances. However, the affidavit must be mailed to the household if the household is unable to come into the office because of age, handicap or distance from the office and is unable to appoint an authorized representative.

Complete an original and one copy if the individual is requesting the replacement in person. Complete a second copy for pending if the form will be mailed for completion. (Additional copies may be required by the county's internal system.) Enter the following identifying information in the county-use section.

- Case Name
- Case Number
- Worker

Check the applicable box for the type of loss being reported.

Part A - Household Affidavit

Before the household or an authorized representative completes this section, enter the address where the household should return the original ATP/food coupon book(s) should they receive it.

When signed, review this section for completeness, paying particular attention to the following items:

- When a claimant indicates the reason for replacement is a stolen or destroyed ATP or destroyed food coupon book(s) or food, be sure the claimant also indicates the date stolen or destroyed, how destroyed and the amount destroyed.
- Be sure that the claimant signs and dates the affidavit.

NOTE: A request for replacement must be acted upon within ten days of the household's request, either by issuing a replacement, or denying the request.

Part B - Verification

Enter the following information as applicable for the type of request:

- Date the original ATP/food coupon book(s) was issued.
- Serial number of the original ATP.
- Amount of the original ATP/food coupon allotment.
- Date replacement is requested.

NOTE: If the request for replacement is for a destroyed ATP, food coupon book(s) or food, enter the type of household disaster and the source of verification.

As appropriate for each type of replacement be certain to verify that:

- a. The ATP/food coupon book(s) to be replaced was actually issued.
- b. The ATP/food coupon book(s) to be replaced was not returned as undeliverable.
- c. The request for replacement was reported within the time frames provided by regulation.
- d. The disaster occurred and meets the definition of a household disaster.
- e. The household has not already received the allowable number of replacements during the most recent six-month period, which includes the current month. There are no limitations on the number of replacements for food destroyed in a household disaster.
- f. The replacement is otherwise appropriate as defined by regulation.

Part C - Replacement Authorization

- Check the applicable box to indicate the disposition of the request.
- If the request is denied, give the reason for denial.

NOTE: If the household's request for replacement is being denied, the household must be provided with a DFA 377.1.

- Enter total amount of ATP/food coupons to be replaced.
- Enter signature of person authorizing or denying request.
- Enter signature of individual reviewing request, if any.
- Enter date request is approved or denied.

Part D - Household Acknowledgement of Receipt

Before this section is signed by the claimant, enter one of the following as applicable to the replacement: (1) the serial number of the replacement ATP, or (2) the amount of the replacement food coupon book(s).

The claimant must check the appropriate box for an ATP or food coupon book(s) and sign and date this section when the replacement is issued. If, however, the claimant refuses to sign this section, the replacement cannot be denied.

If the ATP or food coupon book(s) is to be mailed, the original DFA 303 and one copy should be enclosed with the ATP/food coupon book(s) and a self-addressed envelope for returning after it is signed by the household. The county must retain a copy of the DFA 303 pending the return of the original. The county must establish a system of follow-up to ensure that the original is returned.

Be sure this section is signed and dated, and the appropriate box is checked.

Distribution:

The original is filed in the case file, and one copy is provided to the household.

Form-Specific Modification Criteria

Replacement Affidavit/Authorization

Required Form - Substitutes Permitted

Placement - No modification permitted.

Language - No modification permitted except that non-ATP counties may delete all language concerning ATPs.

Data Elements - No modification permitted except that non-ATP counties may delete all data elements concerning ATPs.