STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

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

July 28, 1983

ALL-COUNTY LETTER NO. 83-71

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: MBSAC, MAP, 150% OF MBSAC AND IN-KIND INCOME (IKI) TABLES
1983-84 COST-OF-LIVING ADJUSTMENT (COLA) FOR AFDC

REFERENCE:

Attached are the AFDC Standards of Assistance (MBSAC, MAP, 150% of MBSAC and IKI table amounts) effective July 1, 1983 as provided in the state law.

You are required to issue adjustments to AFDC, RCA and ECA recipients for all affected months back to July as soon as practicable, but no later than September 30, 1983.

You will be receiving updated draft manual pages for each table in early August. It is expected final manual pages will be distributed in early September.

If you have any questions please contact your AFDC Management Consultant at (916) 445-4458.

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

Attachment

cc: CWDA

AFDC STANDARDS OF ASSISTANCE

EFFECTIVE JULY 1, 1983

Number in Family Budget Unit	Minimum Basis Standard for Adequate Care (MBSAC)	Maximum Aid Payment	150% of MBSAC	EVALUATION OF INCOME IN-KIND/AFDC			
				Housing	Utilities	Food	Clothing
1	$ 258	$ 258	$ 387	$115	$26	$ 64	$ 21
2	$ 424	$ 424	$ 636	$156	$27	$138	$ 38
3	$ 526	$ 526	$ 789	$170	$29	$176	$ 58
4	$ 625	$ 625	$ 938	$180	$30	$217	$ 77
5	$ 713	$ 713	$1,070	$180	$30	$262	$ 96
6	$ 802	$ 802	$1,203	$180	$30	$305	$114
7	$ 880	$ 880	$1,320	$180	$30	$340	$134
8	$ 959	$ 959	$1,439	$180	$30	$372	$150
9	$1,040	$1,036	$1,560	$180	$30	$407	$172
10	$1,130	$1,114	$1,695	$180	$30	$441	$188
More than 10	$9 for each additional person	$1,114		$180	$30	$441	$188
Reference	44-207.112	44-315.411	44-207.113	44-115.8 →			