

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 25, 1987

ALL-COUNTY LETTER NO. 87-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL REFUGEE ASSISTANCE BY NATIONALITY REPORT

REFERENCE:

This is a reminder that all counties are required to submit the Refugee Assistance by Nationality Report, Form RS 238. The form and instructions for completion and submittal are attached.

As in the past, counties should report the country of origin for all time-eligible refugees by the type of aid they receive as of June 30, 1987. The report is to be forwarded to the Department of Social Services' Statistical Services Section by July 15, 1987.

If you have any questions pertaining to this report or need additional copies of the form, please have your staff contact Ms. Carole Sharkey, Statistical Services Section, at (916) 920-7376.

*Jane R. Owens*  
JANE R. OWENS  
Acting Deputy Director  
Management Systems and  
Evaluation Division

Attachment

cc: CWDA

REFUGEE ASSISTANCE-BY-NATIONALITY  
ANNUAL REPORT

CONTENT:

This report provides for the collection and reporting of yearly statistical information by county welfare departments who administer the refugee program under the supervision of the California Department of Social Services. Information is to be collected on time-eligible refugees participating in the following programs: Aid to Families with Dependent Children, Refugee Demonstration Project, Refugee Cash Assistance, General Assistance and Medi-Cal Only.

PURPOSE:

The statistical information collected on this report is used by the Office of Refugee Services to meet federal requirements for data collection and to refine the estimates of refugee populations.

Additionally, this report provides legislators, administrators and other interested persons with information regarding the refugee programs.

DISTRIBUTION:

Information in this report is compiled and distributed yearly to the Federal Department of Health and Human Services, state program managers, county welfare departments and other interested agencies and individuals.

REPORT PERIOD:

The report date is June 30 of each year. The information should identify only the ending caseload (by persons - not cases) for the month of June.

DUE DATE:

The reports are to be received in Sacramento by the fifteenth calendar day of July following the June reporting month. Mail the report to:

Department of Social Services  
Statistical Services Section  
744 P Street, M.S. 19-84  
Sacramento, CA 95814

COLUMN DEFINITIONS:

Country of Origin: The country of origin means the country of citizenship, not necessarily the country from which the refugee arrived. The countries listed in this column are those with the largest number of refugee arrivals in the United States in the recent past.

Cash Assistance: Self-explanatory. Under the Cash Assistance column, information is collected on refugees receiving four types of aid: Aid to Families with Dependent Children (AFDC), Refugee Demonstration Project (RDP), Refugee Cash Assistance (RCA) and General Assistance (GA).

Medi-Cal Only: Number of persons eligible only for medical assistance.

LINE ITEM DEFINITIONS:

These are self-explanatory, with the following clarifications:

Line Item 3: For the purposes of this report, the Laos nationality grouping will include Hmong.

Line Item 7: Other Eastern European countries will include all other Eastern European countries not listed on the report form. These will include Romania, Hungary, Bulgaria, and Czechoslovakia.

Line Item 8: The entry under Cuba is not to include Cuban-Haitians.

Line Items 13 and 14: The blank and "other" line items are explained in the Column Instructions Section of these instructions.

COLUMN INSTRUCTIONS:

Line Items 12 and 13: Identify the country(ies) of origin not listed in Line Items 2 through 11 from which 5 percent or more of your county's refugee welfare recipients came. If a particular nationality is less than 5 percent of the total refugee welfare population, include those counts in Line Item 14.

Cash Assistance: Enter for each country listed, the number of time-eligible refugees (persons, not cases) within your caseload who are receiving public assistance under the AFDC, RDP, RCA or GA programs for whom ORR reimbursement is being claimed. U.S. born babies within a refugee filing unit should be included in all categories.

Medi-Cal Only: Enter for each country listed the number of persons eligible only for Medi-Cal Assistance. Do not include those persons receiving a combination of cash assistance and Medi-Cal, because these persons should be counted under the cash assistance column only.

**REFUGEE ASSISTANCE BY NATIONALITY  
ANNUAL REPORT**

SEND ONE COPY TO:

Department of Social Services  
Statistical Services Section  
744 P Street, M. S. 12-81  
Sacramento, CA 95814

COUNTY
REPORT YEAR

COUNTRY OF ORIGIN	CASH ASSISTANCE				MEDI-CAL ONLY
	AFDC	RDP	RCA	GA	
1. TOTAL					
2. CAMBODIA					
3. LAOS (INCLUDING HMONG)					
4. VIETNAM					
5. SOVIET UNION (U.S.S.R.)					
6. POLAND					
7. OTHER EASTERN EUROPEAN COUNTRIES					
8. CUBA					
9. AFGHANISTAN					
10. IRAQ					
11. ETHIOPIA					
12. OTHER					

COMMENTS

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE
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