

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 28, 1992

ALL-COUNTY LETTER NO. 92-117

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

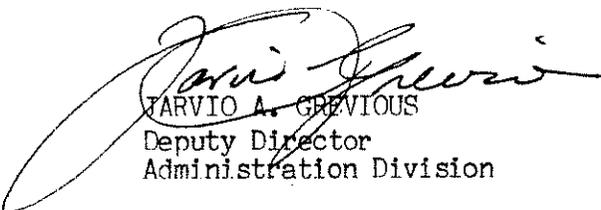
- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by SDSS

SUBJECT: REPORTING ON ADULT PROGRAMS MONTHLY STATISTICAL REPORT -
FORM APD 216

This letter is to transmit a revised copy of the Adult Programs Monthly Statistical Report (APD 216), with instructions. The report was revised to eliminate data collection for the Special Circumstances Program. This change is the result of State law (Chapter 722/92, SB 485), which suspends this program from September 1, 1992 through June 30, 1996.

The December report, due January 20, 1993, will be the first submittal using the revised form.

If you have any questions regarding this report or the instructions, please call Ms. Mary Putera at (916) 323-5585.



FARVIO A. GREVIOUS
Deputy Director
Administration Division

Enclosure

cc: CWDA

**ADULT PROGRAMS - MONTHLY STATISTICAL REPORT
FORM ABD 216**

CONTENT

This report provides information on Out-of-Home Care certifications.

PURPOSE

Data collected through this report is needed by the SDSS to monitor changes in the magnitude of the Certification of Out-of Home Care.

DISTRIBUTION

Data from these reports are compiled and published in the monthly statistical summary, Public Welfare in California, for distribution to program managers, county welfare departments and other interested agencies and individuals.

DUE DATE

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services
Statistical Services Section
744 P Street, Mail Section 19-81
Sacramento, CA 95814

When data is unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data as soon as available.

INSTRUCTIONS

1. **Pending from preceding month** - Enter the number of requests for certification to SSA as to non-medical out-of home care which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. **Received during the month** - Enter the number of requests for certification to SSA received during the report month.
3. **Total on hand during the month** - Enter the total of requests for certification on hand during the report month.
4. **Disposed of during the month** - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in 4a, 4b, and 4c below.
 - 4a. **Allowed, certified to SSA** - Enter the number of requests for certification which were allowed during the month and certified by completion and return of Form SSP 22 to the Social Security Administration (SSA).

- 4b. **Denied** - Enter the number of requests for certification for which the County Welfare Department (CWD) determined the applicant could not be certified for special living arrangements, completed Form SSP 22, and returned it to the SSA.
- 4c. **Withdrawn or cancelled** - Enter the number of requests for certification which were withdrawn by the applicant or cancelled due to death of applicant during the month.
5. **Pending, end of month** - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).
6. **Length of time to dispose of requests reported in Item 4** - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a and 6b.

SEND ONE COPY TO:

*Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 19-81
Sacramento, CA 95814*

ADULT PROGRAM MONTHLY STATISTICAL REPORT

COUNTY	MONTH ENDING
1	2

PART A. REQUEST FOR CERTIFICATIONS - OUT-OF-HOME CARE

	REQUESTS	
1. Pending from preceding month.....		3
2. Received during the month.....		4
3. Total on hand during the month (1 + 2).....		5
4. Disposed of during the month (a + b + c).....		6
a. Allowed, certified to Social Security Administration.....	7	
b. Denied.....	8	
c. Withdrawn or cancelled.....	9	
5. Pending, end of month (3 minus 4).....		10
6. Length of time to dispose of requests reported in Item 4.....		11
a. 13 working days or less.....	12	
b. Over 13 working days.....	13	

PART B. TO BE USED UPON INSTRUCTIONS FROM DEPARTMENT OF SOCIAL SERVICES

CONTACT PERSON	TELEPHONE NUMBER ()	DATE REPORT PREPARED
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