

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



May 18, 1992

ALL-COUNTY LETTER NO. 92-48

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

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

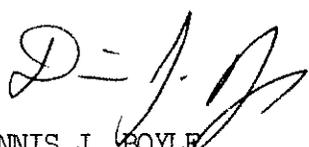
SUBJECT: REPORTING ON AFDC IMMEDIATE NEED REQUEST

REFERENCE: ALL COUNTY LETTER NO. 90-103 (ATTACHMENT 7)

This letter is to transmit a revised copy of the Immediate Need Monthly Statistical Report (Temp 1750), with instructions, which includes a number of changes made to better monitor the processing of immediate need requests in the counties.

The effective date for use of this revised form is July 1, 1992. The July report month, due September 15, 1992, will be the first submittal of the revised form.

If you have any questions on the program content of the report or instructions, please call Mr. Henry Puga at (916) 654-1068. Any statistical questions should be directed to Mr. Levy St. Mary at (916) 445-2135.


 DENNIS J. BOYLE
 Acting Deputy Director
 Administration

Enclosure

cc: CWDA

Send this copy to:
 DEPARTMENT OF SOCIAL SERVICES (SDSS)
 Statistical Services Bureau
 744 P Street, M.S. 19-81
 Sacramento, CA 95814

**AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
 Immediate Need Monthly Statistical Report**

STATE USE ONLY	COUNTY
MONTH ENDING (MONTH, DAY, YEAR)	

PART A. IMMEDIATE NEED REQUEST INFORMATION

	(A)	(B)
	STATE USE ONLY	
1. Total number of Immediate Need requests received (sum of 1a. through 1c. below).....	%	
a. Number received at time of initial AFDC application.....	%	
b. Number of initial requests received while AFDC application is pending.....	%	
c. Number of subsequent requests received while the AFDC application is pending.....	%	
2. Total number of Immediate Need requests approved..... (# of requests approved within the Immediate Need timeframe.....)	%	
3. Number of Immediate Need approvals where AFDC eligibility is verified within 15 working days or less.....	%	
4. Total number of Immediate Need requests denied (sum of 4a. through 4g. below).....	%	
DENIED DUE TO:		
a. Immediate Need met by Homeless Assistance.....	%	
b. Immediate Need applicant referred to a community resource.....	%	
c. Client chose an Expedited Determination of Eligibility (E.D.E.) (Sum of c1. through c3. below)....	%	
1. Total number of clients who received E.D.E. benefit in 3 days.....	%	
2. Total number of clients who received E.D.E. Benefits in over 3 days.....	%	
3. For those who did not receive E.D.E. benefits in 3 days, how many received an Immediate Need payment.....	%	
4. How many clients received the Immediate Need payment within 3 days.....	%	
d. Immediate Need met by issuance of regular cash aid payment.....	%	
e. Immediate Need met by issuance of Food Stamps.....	%	
f. Client failed/refused to cooperate or withdrew request.....	%	
g. Other (Explain in a footnote).....	%	
5. Number of Immediate Need requests denied (because of referral or Homeless Assistance) where AFDC eligibility has been verified within 15 working days or less.....	%	

PART B. TO BE USED UPON INSTRUCTION FROM SDSS

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Report prepared by:	Date prepared / /	Telephone No. ()
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**AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
Immediate Need Monthly Statistical Report (TEMP 1750B)**

CONTENT

This monthly report form is designed to provide statistical data associated with the Immediate Need segment of the AFDC program. This data will be used to assist in evaluating the statewide uniformity in the administration of Immediate Need. This report is mandated under the WRL v. McMahon court order.

DUE DATE

Reports are to be received in Sacramento on or before the 45th calendar day following the end of the report month.

Send report to: State Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 19-81
Sacramento, California 95814

When data is unavailable, or has not been reconciled, transmit a report by the due date containing all available data. Attach a note indicating when the Department can expect to receive the missing data. Please forward missing figures as soon as possible.

INSTRUCTIONS

PART A: IMMEDIATE NEED REQUEST INFORMATION

1. **Total number of Immediate Need requests received (sum of 1a. through 1c. below)** - Enter the total number of Immediate Need requests received by the County at any time during the AFDC application process.
 - 1a. **Number received at time of initial AFDC application** - Enter the number of SAWS 1's or equivalent received at the time the applicant first applies for AFDC.
 - 1b. **Number received while AFDC application is pending** - Enter the number of CA 4's or equivalent received after the initial AFDC application is received.
 - 1c. **Number of subsequent requests received while the AFDC application is pending** - Enter the number of subsequent CA 4's or equivalent received while the AFDC application is pending. This will be requests received from the same applicants who have already requested Immediate Need once during the time the application has been pending.
2. **Total number of Immediate Need requests approved** - Enter the total number of Immediate Need requests approved during the report month.

(Number of requests approved within the Immediate Need timeframe _____) - Enter in this Item the number of requests for Immediate Need which were approved by the end of the CWD workday following the date the CWD received the request for Immediate Need.
3. **Number of Immediate Need approvals where AFDC eligibility is verified within 15 working days or less** - Enter the number of applications for which Immediate Need was approved and eligibility or ineligibility for AFDC was determined within 15 working days from the date the CWD received the request for Immediate Need.
4. **Total number of Immediate Need requests denied (sum of 4a. through 4g. below)** - Enter the total number of Immediate Need requests which were denied during the report month.

DENIED DUE TO:

- 4a. **Immediate Need met by Homeless Assistance** - Enter the number of requests which were denied because the applicant's emergency situation was a lack of shelter, and that need was met by providing Homeless Assistance.
- 4b. **Immediate Need applicant referred to a community resource** - Enter the number of requests that were denied because of referral to a community resource.

- 4c. **Client chose an Expedited Determination of Eligibility (E.D.E.)** (Sum of c1. through c3. below) - Enter the number of Immediate Need requests which were denied because the client was being evicted and chose an E. D. E.
- 4c1. **Total number of clients who received E.D.E. benefits within 3 days** - Enter the total number of clients who CHOSE an E.D.E. , was approved, and RECEIVED benefits within 3 days.
- 4c2. **Total number of clients who received E.D.E. benefits in over 3 days** - Enter the total number of clients who CHOSE an E.D.E., was approved, and RECEIVED benefits in over 3 days.
- 4c3. **For those who did not receive E.D.E. benefits in 3 days, how many clients received an Immediate Need Payment** - Enter the total number of clients who chose an E.D.E., did not receive a timely E.D.E. , but did receive an Immediate Need payment.
- 4c4. **How many clients received the Immediate Need Payment within 3 days** - Of the number of clients entered in Item number 4c3. , enter the number of those who received an Immediate Need payment within 3 days.
- 4d. **Immediate Need met by issuance of regular cash aid payment** - Enter the number of Immediate Need requests which were denied because AFDC was approved and paid by the end of the CWD workday following the date the CWD received the request for Immediate Need.
- 4e. **Immediate Need met by issuance of Food Stamps** - Enter the number of requests which were denied because the applicant's emergency situation was a lack of food, and that need was met by the issuance of Food Stamp benefits.
- 4f. **Client failed/refused to cooperate or withdrew request** - Enter the number of clients who either failed to or refused to cooperate with the AFDC application intake process.
- 4g **Other (Explain in a footnote)** - Enter the number of requests denied for a reason other than those listed in Items 4a. through 4f
5. **Number of Immediate Need requests denied (because of referral or Homeless Assistance) where AFDC eligibility has been verified within 15 working days or less** - Enter the number of applications for which Immediate Need was denied due to referral to a community resource or payment of Homeless Assistance and eligibility or ineligibility for AFDC was determined within 15 working days from the date the CWD received the request for Immediate Need.

PLEASE NOTE:

- A. If Immediate Need is denied because of referral to a community resource, the notice of action shall state this as the reason for denial. Also, the notice of action shall contain a message which instructs the applicant to return to the CWD for further processing of the Immediate Need request if the need is not met by the community resource, because in such a case the applicant will be entitled to an immediate need payment of up to \$200.00, if still eligible. The notice of action shall be provided to the applicant before the referral is made.
- B. The 15 working day timeframe shall apply to an Immediate Need request that was denied because the need was met by another public resource.
- C. The 15 working day timeframe shall apply to an Immediate Need payment request that was denied because the emergency situation was a lack of housing and the need was met by the issuance of a Homeless Assistance payment.

PART B. TO BE USED UPON INSTRUCTION FROM SDSS

This part will only be completed when authorized to do so by SDSS. In the event this part is to be used, Counties will be informed through either an All-County Letter or All-County Information Notice.