

26-234.05 DEFINITIONS (Continued) 26-234.05

CLAIMS MADE are claims filed by an applicant/recipient which state that he/she believes to have good cause for refusing to cooperate and agrees to prove the validity of the claim. The claim is made on the State Form, CA 51, Good Cause Claim and Determination Transmittal.

VALID CLAIMS are those where, based on the claim filed, evidence provided and/or investigation conducted, it was determined that good cause exists (reason is valid). The cooperation requirement is waived.

INVALID CLAIMS are those where, based on the claim filed, evidence provided and/or investigation conducted, it was determined that good cause does not exist (reason invalid). Cooperation is still required.

WITHDRAWN CLAIMS are those withdrawn, cancelled or otherwise disposed of before a final claim determination is made as to the validity of claim. This includes those claims withdrawn at the request of the applicant/recipient or those where the AFDC application is withdrawn or AFDC aid is discontinued.

CORROBORATIVE EVIDENCE See EAS Manual Section 430107.43

GOOD CAUSE CIRCUMSTANCES See EAS Manual Section 430107.41

REPORT PERIOD Is the six-months period based on the federal fiscal year. The report periods are: October 1 - March 31 and April 1 - September 30.

26-234.10 INSTRUCTIONS 26-234.10

1. Total claims made.
Enter number of claims made. Include only those claims that were finalized (disposed of) during the report period. This total must equal the sum of Items 3 + 7 + 9.

Break out from total the following specific type of claim: (Item 2)

26-234.10 INSTRUCTIONS (Continued) 26-234.10

2. Total claims made where the claim was based on physical harm without corroborative evidence.

Enter the total number of claims included in Item 1 above in which the claim was based on physical harm but no corroborative evidence was supplied.

3. Total claims found valid during report period.

Enter number of claims found valid during the report period. Include all claims found valid regardless of the original date of claim.

Breakdown total according to the following good cause circumstances:

- a. Potential physical harm to child.
- b. Potential emotional harm to child.
- c. Potential physical harm to parent or caretaker relative.
- d. Potential emotional harm to parent or caretaker relative.
- e. Conception result of incest or forcible rape.
- f. Legal adoption before court.
- g. Parent receiving preadoption services.

NOTE: Only one Good Cause circumstance per valid claim can apply for reporting purposes. The Good Cause circumstances is the one upon which the County's findings that Good Cause existed is based. If based on more than one circumstance, it must be determined which one is the most important.

4. Total claims found valid during report period where the claim was based on physical harm without corroborative evidence.

Enter number of claims found valid during the report period based on physical harm to either the child or the parent/caretaker relative, but no corroborative evidence was supplied. This total is a subset of Items 3, 3a and 3c and cannot exceed the sum of 3a + 3c.

5. Total claims found valid during report period where the claim was based solely on an examination of corroborative evidence with no investigation.

Enter number of claims found valid during the report period for any of the reasons included in Items 3a to 3g above. This total is a subset of Items 3 and 3a to 3g and cannot exceed Item 3.

NOTE: The sum of Items 4 and 5 cannot exceed Item 3.

26-234.10 INSTRUCTIONS (Continued) 26-234.10

6. Total claims found valid during report period where it was determined that enforcement may proceed without participation or parent or caretaker relative.

Enter number of claims found valid during the report period for any of the reasons included in Item 3a to 3g above. This total is a subset of Items 3 and 3a to 3g and cannot exceed Item 3.

7. Total claims found invalid during report period.

Enter number of claims found invalid during the report period. Include all claims found invalid regardless of the original date of claim.

8. Total claims found invalid during report period where the claim was made by an applicant prior to receiving AFDC but at final determination was a recipient of AFDC.

Enter number of claims included in Item 7 above in which the claimant was an applicant for, but not receiving, AFDC when the claim was made; but was receiving AFDC when the determination was made that the claim was invalid.

9. Total claims withdrawn during report period.

Enter number of claims withdrawn during report period. Include all claims withdrawn regardless of the original date of claim.

26-234.90 FORM CA 1004 26-234.90

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; do not leave any item blank. Zero reports must also be submitted to Statistical Services.

FORM CA 1004

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

Send one copy (by the 15th of the month) to:

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

**SUMMARY REPORT ON CLAIMS OF GOOD CAUSE
FOR REFUSING TO COOPERATE IN ESTABLISHING
PATERNITY AND SECURING CHILD SUPPORT**

COUNTY: _____	
REPORT PERIOD:	YEAR: _____
April 1 - September 30 _____	
October 1 - March 31 _____	

SECTION I. CLAIMS MADE

- 1. Total claims made _____
*Must equal the sum of Items 3 + 7 + 9
- 2. Total claims made where the claim was based on physical harm without corroborative evidence
(This total is included in Item 1.) _____

SECTION II. VALID CLAIMS

- 3. Total claims found valid during report period (sum of a-g) _____
 - a. Potential physical harm to child _____
 - b. Potential emotional harm to child _____
 - c. Potential physical harm to parent or caretaker relative _____
 - d. Potential emotional harm to parent or caretaker relative _____
 - e. Conception result of incest or forcible rape _____
 - f. Legal adoption before court _____
 - g. Parent receiving preadoption services _____
- 4. Total claims found valid during report period where the claim was based on physical harm without corroborative evidence. (This total is included in Items 3, 3a and 3c.) _____
- 5. Total claims found valid during report period where claim was based solely on an examination of corroborative evidence (This total is included in Items 3 and 3a through 3g.) _____
- 6. Total claims found valid during report period where it was determined that enforcement may proceed without participation of parent or caretaker relative (This total is included in Items 3 and 3a through 3g.) _____

SECTION III. INVALID CLAIMS

- 7. Total claims found invalid during report period _____
- 8. Total claims found invalid during report period where the claim was made by an applicant prior to receiving AFDC but at final determination was a recipient of AFDC (This total is included in Item 7.) _____

SECTION IV. CLAIMS WITHDRAWN

- 9. Total claims withdrawn during report period _____

PERSON TO CONTACT REGARDING THIS REPORT: _____	TELEPHONE NUMBER: _____	DATE: _____
	()	

CA 1004 (12/86)

REF: 26-234

**26-252 AID TO FAMILIES WITH DEPENDENT CHILDREN AFDC-
CHARACTERISTICS SURVEY (FORM CA 1000)** **26-252**

26-252.01 CONTENT **26-252.01**

The AFDC Survey contains questions designed to capture statistically valid data on the socio-economic characteristics of AFDC recipients.

26-252.02 PURPOSE **26-252.02**

Data collected from AFDC surveys are used to analyze and estimate the effect of court cases, and proposed legislation and regulations on the caseload; to prepare the budget and to facilitate programmatic decision-making.

26-252.03 DISTRIBUTION **26-252.03**

Data collected from AFDC surveys are compiled and presented in published tables. These publications are distributed to public libraries under the Library Distribution Act. They are also available from the Department of Social Services upon request.

26-252.04 DUE DATE **26-252.04**

AFDC characteristics surveys are usually scheduled bi-annually (April and October). The completed survey questionnaires are due approximately six weeks from the end of the study period.

Send survey questionnaires to:

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

26-252.10 INSTRUCTIONS **26-252.10**

Specific reporting instructions are developed for each survey questionnaire. The instructions are distributed with the questionnaires at the time of the survey.

26-252.90

STATISTICAL REPORTS
REPORTS - PUBLIC ASSISTANCE

Handbook

26-252.90 FORM CA 1000

26-252.90

One half of the form is standardized and covers the basic need and income information that is considered in the AFDC budget computation. The remaining half is changed periodically to meet the most pressing data needs of the Department and other users. An example is not included because of the changing nature of the form.

26-253 SPECIAL SURVEYS (A temporary form number is assigned to each special survey.) 26-253

26-253.01 CONTENT 26-253.01

Special surveys are defined as any survey other than the Aid to Families with Dependent Children (AFDC) bi-annual survey.

Special surveys contain questions designed to capture statistically valid data on the socio-economic characteristics of the recipient group being studied.

26-253.02 PURPOSE 26-253.02

Special surveys are conducted as a result of legislative mandate, as ordered by the court, or as requested by State Department of Social Services (SDSS) management. Data collected from special surveys are used in program decision making, to prepare fiscal and caseload estimates of proposed programmatic changes, regulatory changes and to assess the impact of recently implemented programmatic changes.

26-253.03 DISTRIBUTION 26-253.03

Data collected from special surveys are compiled and presented in published tables. These publications are distributed to Public Libraries under the Library Distribution Act. They are also available from the SDSS upon request.

26-253.04 DUE DATE 26-253.04

The due dates for special surveys varies dependent on the study month selected. All completed survey questionnaires should be sent to:

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

26-253.10 INSTRUCTIONS 26-253.10

Specific reporting instructions are developed for each question on the survey questionnaire. The instructions are distributed at the time of the survey.

26-253.90 SPECIAL SURVEY FORMS**26-253.90**

Special survey questionnaires are designed in response to the specific need of the particular survey. Since they are not standardized, each survey is assigned a unique temporary form number. An example is not included because of the changing nature of the form.

26-300 **REPORTS ON FOOD STAMP PROGRAM** 26-300

Summary Reports:

- 26-311 Food Stamp Program Monthly Statistical Report (Form DFA 296)
- 26-312 Food Stamp Program Expedited Service Quarterly Report
(Form DFA 296X)
- 26-313 Food Stamp Program Employment and Training Quarterly
Statistical Report (Form STAT 40)
- 26-320 Food Stamp Program Monthly Participants by Ethnic Group (Form DFA 358)
- 26-325 Monthly Report of Participation and Coupon Issuance - Food Stamp
Program (Form DFA 256)

26-311 FOOD STAMP PROGRAM MONTHLY CASELOAD MOVEMENT 26-311
STATISTICAL REPORT (FORM DFA 296)

26-311.01 CONTENT 26-311.01

This report provides data on application processing, certified caseload movement and recertifications.

26-311.02 PURPOSE 26-311.02

The purpose of this data is to provide state and federal administrators with information needed for staffing program planning and for fiscal projections.

26-311.03 DISTRIBUTION 26-311.03

Data from these reports are compiled for distribution to SDSS program and fiscal managers and other interested agencies and individuals. Data are also published in the monthly Public Welfare in California and Quarterly workload and Cost Comparisons Publications.

26-311.04 DUE DATE 26-311.04

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
744 P Street, Mail Station 19-81
Sacramento, California 95814

If the report will be either delayed or incomplete in any way, please contact Statistical Services at (916) 322-2230 or ATSS 492-2230 prior to the due date.

26-311.05 DEFINITIONS 26-311.05

Case - This term is used in all programs and the specific meaning will vary. As a general guide, however, a case can be defined as being a client of the agency for whom a record is established. Included in this definition are clients applying for service as well as those receiving service from the agency. From a practical standpoint, cases are either "opened", "active", "pending" or "closed" according to regulations.

26-311.05 DEFINITIONS (Continued) 26-311.05

For purposes of this report, the terms cases(s) and household(s) are used interchangeably.

Caseload - This term is used in the broad sense to mean a group of cases. An agency may have a FS caseload, an AFDC caseload, a GR caseload, etc.

Caseload Movement - Caseload movement statistics are required in a number of the summary statistical reports as a means of revealing changes occurring in the caseload during the report period.

Ongoing reports may be completed on the basis of actual counts of items received and disposed of, with the total and pending figures determined arithmetically. An actual count of the number pending should be obtained for each report to ensure accuracy. Where this is not possible, an actual count shall be made once every six months.

Reporting Period - The reporting period shall be either the calendar month or the fiscal month. The county has the option of which report period it uses. The term "report month" used throughout the instructions refers to the reporting period used by the County Welfare Department (CWD).

The county must identify at the top of the form the reporting period to be used. Once reporting has started, the same reporting period must be used each month. Counties must obtain prior approval from Statistical Services if they wish to change the reporting period used.

PAFS - A public assistance (PAFS) household is one in which all members are included in a federally aided AFDC grant.

NAFS - A nonassistance (NAFS) household is one in which at least one member is not included in a federally aided AFDC grant. Food stamp households where one or more members participate in the nonfederal AFDC or General Relief programs are considered nonassistance households.

Date of Application - The date a signed application for food stamps which contains the applicant's name, address and signature is received by the appropriate food stamp office.

Approval Date - The date the application is approved by county action.

Denial Date - The date the application is denied by the county action.

26-311.10 **PART A. APPLICATIONS FOR FOOD STAMPS (Continued)** 26-311.10

2. Received during the month - Enter the number of new applications received during the report month. Include applications received from transfer cases whose Form FNS 286 contained information that could not be verified or in which changes have occurred. Include applications for restored benefits to ineligible households as mandated by a court decision, e.g., **Aiken vs. Obledo** (see instructions on restored benefits, Section 26-311.20, Item 7c).

Do not include: 1) Recertifications as defined by these instructions, 2) intercounty transfers whose FNS 286 can be verified, and 3) applications for restored benefits not mandated by a court order.

3. **Total During the Month** - Enter sum of Items 1 and 2.

4. **Disposed of During the Month** - Enter sum of Items 4a, 4b, and 4c.

a. **Total Approved** - Enter the number of applications approved by county action for food stamps during the report month (see 63-301.1 and 63-301.2). Entry will equal Item 7a.

(1) In over 30 days (CWD caused) - Enter the number of applications reported in Item 4a (approvals) which were processed in over 30 days due to CWD error. Please provide information for both public assistance (PAFS) and nonassistance (NAFS) households.

b. **Denied** - Enter the number of applications denied by county action during the report month (see 63-301.3). Denials must be classified as NAFS and PAFS in accordance with the instructions below.

(1) In over 30 days (CWD caused) - Enter the number of applications reported in Item 4b (denials) which were processed in over 30 days due to CWD error. Please provide information for both PAFS and NAFS households.

If both the AFDC and food stamp determinations are made simultaneously the following reporting instructions must be followed:

AFDC Action	Food Stamp Action	DFA 296 Reporting
1) Denied	Denied	Nonassistance denial
2) Denied	Approved	Nonassistance approval; Nonassistance case certified eligible participate
3) Approved	Denied	Public Assistance denial*
4) Approved	Approved	Public Assistance approval;* PA case certified eligible to participate

26-311.10 PART A. APPLICATIONS FOR FOOD STAMPS (Continued)

26-311.10

All other denials are classified as nonassistance.

*Provided that household contains all members receiving federally assisted AFDC.

- c. **Withdrawn** - Enter the total number of applications, by assistance classification, voluntarily withdrawn by the applicant household.

A PAFS withdrawal is one in which an AFDC household, where all members are federally aided, applies for FS benefits and subsequently withdraws the FS application.

A household which applies simultaneously for AFDC and FS benefits and subsequently withdraws the joint application for AFDC and FS shall be counted as an NAFS withdrawal.

5. **Applications Pending at End of Month** - Enter the number of applications pending at the end of the month. Entry will equal the difference between total applications during the month and number disposed of, Item 3 minus Item 4.
6. **Cases Brought Forward from Last Month** - Entry will equal Item 10 of the previous month's report or be explained in a footnote. Changes in caseload resulting from actions authorized in prior months and not previously reported are shown as adjustments to Item 6 and are not to be reported in Item 7c and/or Item 9.
7. **Cases Added During Month** - Enter the sum of Items 7a through 7c.
- a. **Applications Approved** - Enter the number of applications approved for food stamps during the report month. (This item will equal Item 4a above.)
- b. **Transfer in assistance classification from PAFS or NAFS** - Enter in the appropriate column the number of certified households whose assistance classification was changed during the report month from **NAFS** to **PAFS** or vice versa and are added to the new classification caseload. These cases will not be counted in Items 2, 4a or 7a.

26-311.20 PART B. CERTIFIED CASELOAD

26-311.20

Example 1: When an ongoing case transfers from PAFS to NAFS, it is reported as follows:

Month 1 (Last month of PAFS certification)	Month 2 (First month of NAFS certification)
--	---

- | | |
|--|--|
| a) PAFS Certified Eligible
(Item 8a, Col.1) | a) NAFS Certified Eligible
(Item 8a, Col.2) |
| b) PAFS termination (Item 9, Col.1) | |
| c) NAFS transfer in assistance
Classification (Item 7b, Col. 2) | |
| d) NAFS certified for future months
(Item 8b. Col. 2) | |
- c. **Other Approvals** - Enter the number of cases approved during the report month for reasons other than Items 7a and 7b, including:
- (1) Reinstatement of benefits on appeal cases (fair hearings).
 - (2) Reinstatement of benefits for cases erroneously discontinued.
 - (3) Reinstatement of benefits for PAFS cases whose cash grant were restored because the CA 7 discontinuance was rescinded.
 - (4) Approval of benefits for cases erroneously denied.
 - (5) Reinstatement of benefits to an eligible household who was discontinued due to county failure to act in a timely manner on a recertification request submitted within allowed time frames.
 - (6) Restoration of lost benefits - Food Stamp regulations (63-802.1) allow food stamp benefits to be restored even if the household is currently ineligible. Restored benefits are those which are lost due to an error by the county and then restored due to a reversal of a fraud disqualification penalty.

With the exception described below, applications for restored benefits are not to be counted as new applications. The case is to be brought into the caseload as an "other approval", Item 7c. And then reported as certified eligible, Item 8a. The exception is those cases whose benefits are restored due to a court decision, e.g., **Aiken v. Obledo** (but not a court reversal of a fraud disqualification). These cases are considered new applications.

26-311.20 PART B. CERTIFIED CASELOAD (Continued)

26-311.20

- (7) Intercounty transfers - if the FNS 286 (Certification of Transfer of Household Benefits) procedure is utilized to transfer a household from one county to another, it is not considered a new application if, in accordance with food stamp regulations (63-504.363b):
- a) There has been no change in household membership from that recorded on the FNS 286;
 - b) The household is living in the county and no member of the household resides in a boarding house or institution;
 - c) The 60-day continuation of the certification period has not expired, and
 - d) No household member is an SSI recipient (as long as SSI recipients remain ineligible due to the cash-out status of California).

If the FNS 286 procedure is not utilized in transferring the case or the information on the FNS 286 contains information that cannot be verified, the case is reported as a new application and, if approved, reported in Items 4a, 7a and 8a, certified eligible to participate.

When a public assistance food stamps case is transferred to another county and is approved for food stamps pending the AFDC determination in the gaining county, it is to be reported as a public assistance case. If AFDC is subsequently denied, then a transfer in assistance classification is reported in Item 7b. See instructions for Item 7b. Do not count as a NAFS application approved.

- (8) A reopened case that was originally denied due to the household's failure to take action within 30 days.

Changes in caseload resulting from actions authorized in prior months and not previously reported are not to be reported in this item. They are to be shown as an adjustment to Item 6 only and explained in a footnote. (See instructions for Item 6.)

26-311.20 PART B. CERTIFIED CASELOAD (Continued) 26-311.20

8. **Total Cases Open During Month** - Enter number of cases active during the report month; that is, those cases which are certified for current or future months. Sum of Item 6 plus Item 7; also sum of 8a and 8b.

a. **Certified Eligible to Participate During the Report Month** - Enter number of households eligible to participate during the report month in each classification. A household eligible for any part of a report month is considered eligible for the entire month. Eligible food stamp households will be certified effective for the month of application with the exception of those cases reported in Item 8b. This will be true even if the household's eligibility is not determined until a subsequent month. This could result in various certification and reporting situations in which the eligibility determination is made in the month after the month in which the application is filed. The following examples apply to both PAFS and NAFS.

- 1) The county might determine that the applicant was eligible in both the month of application and the month in which the eligibility determination was made.

Month 1	Month 2
<u>Eligible</u> application received	<u>Eligible</u> eligibility determination made

A household in this situation would receive two months' worth of benefits in Month 2.

For DFA 296 purposes, this will be reported as follows:

Month 1	Month 2
a) Application received (Item 2)	a) Application approved (Item 4a; Item 7a)
b) Application pending (Items 5)	b) Case certified eligible to participate (one count) (Item 8a)

26-311.20 PART B. CERTIFIED CASELOAD (Continued)

26-311.20

- 2) The county might find that the applicant was **eligible** for the month in which the application was filed, but **ineligible** in the following month.

Month 1	Month 2
<u>Eligible</u> application received	<u>Ineligible</u> eligibility determination made

This household would receive the benefits it was entitled to receive for Month 1 in Month 2.

For DFA 296 purposes, this situation will be reported as follows:

Month 1	Month 2
a) Application received (Item 2)	a) Application approved (Item 4a and Item 7a)
b) Application pending (Items 5)	b) Case certified eligible to participate (Item 8a)
	c) Case terminated during the report month (Item 9)

There shall not be a separate denial count recorded for the determination of ineligibility in Month 2.

- 3) It could be determined that the household was **ineligible** for the month in which the application was filed, but **eligible** for the following month in which its certification was completed.

Month 1	Month 2
<u>Ineligible</u> application received	<u>Eligible</u> eligibility determination made

26-311.20 PART B. CERTIFIED CASELOAD (Continued) 26-311.20

This household would only receive benefits for Month 2. This situation will be reported on the DFA 296 as follows:

- | Month 1 | Month 2 |
|-------------------------------------|--|
| a) Application received
(Item 2) | a) Application approved
(Items 4a and 7a) |
| b) Application pending
(Item 5) | b) Case certified eligible
to participate (Item 8a) |

There shall not be a separate denial count recorded for the determination that the household was ineligible in Month 1.

- 4) The household may be determined to be **ineligible for both** the month of application and the following month in which the determination of eligibility was made.

- | Month 1 | Month 2 |
|-----------------------------------|--|
| <u>Ineligible
application</u> | <u>Ineligible
eligibility
made</u> |

DFA 296 reporting for his situation would be as follows:

- | Month 1 | Month 2 |
|-------------------------------------|------------------------------------|
| a) Application received
(Item 2) | a) Application denied
(Item 4b) |
| b) Application pending
(Items 5) | |

There shall not be a separate denial count for the determination of ineligibility for Month 1.

- b. **Cases certified for future months only** - Enter the number of cases approved during the month which will receive food stamp benefits in future months only.

26-311.20 PART B. CERTIFIED CASELOAD (Continued)

26-311.20

When a food stamp case is disposed of in the month of application and is determined ineligible for the month of application and eligible for future months only, it is to be reported as follows:

Month of Application	Future Month(s)
a) Application received (Item 2)	a) Certified eligible to participate (Item 8a)
b) Application approved (Items 4a and 7a)	
c) Case certified for future months (Item 8b)	

There shall not be a separate denial count recorded for the determination of ineligibility in Month 1.

Changes in program classification during the report month shall be reported in this item; see example under instructions for Item 7b.

9. **Cases terminated during the report month** - Enter the number of cases terminated or removed from certification during the report month in the appropriate classifications. A case is reported in this item when it ceases to be an active case in the program or transfers in assistance classification during the report month; that is, any move out of either column on the DFA 296 report. See Section 26-311.50 and Item 7b for example.

Changes in caseload resulting from actions authorized in prior months and not previously reported are not to be reported in Item 9 but are shown as adjustments to Item 6. (See Item 6 instructions.)

10. **Cases Carried Forward to Next Month** - Enter the number of cases carried forward to the next month. Entry will equal the difference between Item 8 minus Item 9.

26-311.30 PART C. RECERTIFICATIONS

26-311.30

Any case which comes in for recertification no later than the end of the last month of the certification period is to be counted as a recertification and shall not be counted as a new application.

Example:

Month 1

(May)

-Last month of certification

-Household has been provided with a timely notice of expiration. If the household reapplies during this month, it is reported as a recertification.

-If an application for recertification is not received in this month, the case is terminated.

Month 2

(June)

-Month following the last month of certification

-Any household applying for continuing benefits during this month is reported as a new application.

- a. If in the example above, an application for recertification is filed in Month 1 (the last month of certification) and is approved for continuing eligibility, it is reported in Items 11a and 8a only. If not approved for continuing eligibility, report in Items 11b and 9.

If an application for recertification is not filed in Month 1, the case is terminated in Item 9.

- b. If, in the example above, the application for recertification is filed in Month 2 (June), it shall be reported as a new application in Item 2. If approved, it is reported in Items 4a, 7a and 8a. If denied, report in Item 4b.

26-311.30 PART C. RECERTIFICATIONS (Continued) **26-311.30**

Any case which has been certified for one month only and subsequently comes in to apply for continuing benefits by the end of the month of certification, shall be counted as a recertification.

Example:

Month 1 (May)	Month 2 (June)
-Applicant files for food stamps and is certified for one month only.	-Household reapplying for continuing benefits during this month is reported as a new application.
-A notice of expiration is provided at the time of certification. If household reapplies during this month, it is reported as a recertification.	
-If the household does not reapply, the case is terminated.	

a. If, in the example above, an application for recertification is filed in Month 1 (the last month of certification) and is approved for continuing eligibility, it is reported in Items 11a and 8a only. If not approved for continuing eligibility, report in Items 11b and 9.

If an application for recertification is not filed in Month 1, the case is terminated, in Item 9.

b. If, in the example above, the application for recertification is filed in Month 2, it shall be reported as a new application in Item 2. If approved, it is reported in Items 4a, 7a and 8a. If denied, report in Item 4b.

26-311.30 PART C. RECERTIFICATIONS (Continued) **26-311.30**

11. Number of recertifications disposed of during the report month - Enter the sum of Items 11a and 11b.

a. **Determined continuing eligible** -Enter the number of households which were determined to be eligible for continued participation during the report month in the appropriate classification.

b. **Determined ineligible** - Enter the number of households determined to be ineligible for continued participation during the report month.

12. Overdue recertifications (CWD caused) - Enter the number of households reported in Items 11a and 11b which reapplied prior to the end of their current recertification period, but were not processed within required timeframes due to CWD error. Provide information for both PAFS and NAFS households.

26-311.40 PART D. OTHER **26-311.40**

This section is reserved for additional information which may be required temporarily or permanently due to a court decision or a change in legislation or regulation. In order to avoid a revision to this form, this section is provided for any unforeseen reporting needs or requirements. If any items are added under this section, you will be notified by All-County Letter and given time for implementation.

26-311.50 REPORTING SITUATIONS AND EXAMPLES **26-311.50**

Following are specific areas that require reporting in several data items on the DFA 296:

1. Delay in processing an application

If the county is unable to complete the processing of an application within the prescribed 30-day period due to the fault of the household, the regulations (63-301.421) provide that the county has the option of sending the household either a Notice of Denial or a Notice of Pending Status (option must apply to all households in the county). However, if a Notice of Denial is sent and the household takes the required action within 60 days of the date the application was filed, the application shall be reopened. If the county chooses the option of sending a Notice of Pending Status, it would be reported as follows:

26-311.50 REPORTING SITUATIONS AND EXAMPLES (Continued)

26-311.50

Example:

Pending Option

Month 1	Month 2	Month 3
Application received	Household has taken no action -loses entitlement to benefits for month of application. Pending notice sent.	a) Household takes necessary action by the end of the second 30-day period - application is reopened or b) HH takes no action: No action by agency.

Report on the DFA 296 as follows:

Month 1	Month 2	Month 3
Application received (Item 2). Pending 1 to 30 days (Item 5)	Pending notice sent Pending over 30 days (Item 5).	a) Application is approved (Items 4a and 7a) and certified eligible (Item 8a) or b) Application is denied (Item 4b)

Denial Option

Month 1	Month 2	Month 3
Application received (Item 2).	Household has taken no action -loses entitlement to benefits for month of application as: Denial notice sent. (Item 4b)	Application reopened (do not count in Item 2) and counted as: a) An "other approval" (Item c) and certified eligible (Item 8a) or b) Denied-no denial count to be reported as would duplicate denial count in prior month.

26-311.50 REPORTING SITUATIONS AND EXAMPLES (Continued)

26-311.50

Inform Statistical Services via a footnote on the July 1981 report whether the county follows the option to pend the application or deny the application on the 30th day from the day of application. Counties may not utilize both options. If the county changes the option used, Statistical Services must be notified.

2. Termination of AFDC Benefits

In situations where a PA food stamp case has had a change in circumstances resulting in its public assistance benefits being discontinued but there is insufficient information to determine the effect on food stamps, the regulations (63-504.355) require that a Notice of Expiration be sent to the household stating that its food stamp certification period will expire at the end of the month following the month in which the notice is sent. On the DFA 296, these cases are transferred to NAFS in the month in which the notice is sent and certified eligible, NAFS in the month following the month in which the notice is sent. If an application is submitted for continuing benefits, it is reported as a recertification if the recertification time frames are met (see Part C instructions).

Example:**Month 1**

AFDC benefits are terminated

Month 2

FS benefits are continued
This is the last month of
certification.
Classified as NAFS.

If the household does not
apply for continuing
benefits, the case is
terminated.

26-311.50 REPORTING SITUATIONS AND EXAMPLES (Continued) 26-311.50

Report as follows:

- | Month 1 | Month 2 |
|--|--|
| a) PAFS Certified Eligible
(Item 8a, Col. 1). | a) NAFS Certified Eligible
(Item 8a, Col. 2). |
| b) PAFS Termination
(Item 9, Col. 1). | b) If household does not
reapply for continuing
benefits terminate in
Item 9, Col. 2. |
| c) Transfer in assistance
classification to NAFS
(Item 7b, Col. 2) | or
c) If household reapplies
for continuing
benefits and is
determined:
1) ineligible, report
in Item 11b and Item
9, Col 2, or 2)
eligible report in
Item 11a. |
| d) NAFS case certified
for future months
(Item 8b. Col. 2). | |

If the household applies for continuing benefits subsequent to the last month of certification, it is considered a new application.

3. Multiple Dispositions

When a household applies for FS and will be evaluated for expedited services and for ongoing eligibility, this shall be reported as only one application.

The application for expedited services is counted as a new application for NAFS. If the household applies for continuing FS benefits and AFDC benefits, the application is counted as a transfer in assistance classification at such time as the AFDC benefits are approved. If the household does not apply or is ineligible for AFDC but is eligible to receive FS benefits, report as an approved recertification, Item 11a, Column 2.

26-311.50 REPORTING SITUATIONS AND EXAMPLES (Continued)**26-311.50****Month 2**

- 1) Certified eligible (Item 8a, Col. 1)
- b. When the AFDC determination is made in the month following the food stamp determination:

The first month if classified as a nonassistance food stamp case, unless the AFDC grant for a household in which all members are federally aided is anticipated in accordance with MPP 63-503.221 and used to determine the food stamp benefits. In the second month, if the AFDC determination has not been made and food stamps are issued without the AFDC grant for a federally aided case being used to compute food stamp benefits, then it is classified as NAFS. When the AFDC determination is made, it is counted a transfer in assistance classification in that month. Report as follows on the DFA 296:

Month 1

- 1) Application received (Item 2)
- 2) Application approved (Items 4a and 7a, Col. 2)
- 3) Certified eligible (Item 8a, Col. 2)

Month 2

If the AFDC determination has not been made when food stamps are issued in Month 2 without anticipating the AFDC grant, but AFDC is granted later in the month, report as below:

NOTE: This does not apply for expedited services cases certified for one month only. These cases are treated as a recertification in Month 2 and as a transfer in assistance classification when PA is approved.

- 1) Certified eligible (Item 8a, Col. 2)
- 2) Case terminated (Item 9, Col. 2)
- 3) Transfer in assistance classification (Item 7b, Col. 1)
- 4) Certified for future months (Item 8b, Col. 1)

Month 3

Certified eligible (Item 8a, Col. 1)

26-311.90 FORM DFA 296**26-311.90**

Fill in the top of the form indicating: 1) whether you are reporting on a fiscal or calendar report month, including the cut-off date if you report on a fiscal month, 2) the county name, 3) the county code, and 4) the report month. At the bottom of the form, indicate the person who is responsible for the report, their telephone number and the date the form was completed. If there is nothing to report in an item, enter "0"; do not leave any lines blank.

FORM DFA 296

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Send One Copy To:

FOOD STAMP PROGRAM
MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORT

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES
744 P STREET, MAIL STATION 19-81
SACRAMENTO, CALIFORNIA 95814

- Fiscal Report Month - Cut Off Date _____
- Calendar Report Month

COUNTY	COUNTY CODE	STATE USE ONLY	
FOR THE MONTH OF		MONTH	YEAR
19			

PART A. APPLICATIONS FOR FOOD STAMPS

1. Pending from last month (Item 5 last month, or explain).....		01
2. Received during the month		02
3. Total during the month (Sum of 1 and 2).....		03
4. Disposed of during month (Sum of a, b, and c below)		04
a. Total approved (Same as Part B, 7a).....		07
(1) In over 30 days (CWD caused) PAFS <input type="text"/> NAFS <input type="text"/>		
b. Denied		
(1) In over 30 days (CWD caused) PAFS <input type="text"/> NAFS <input type="text"/>		
c. Withdrawn.....		
5. Applications pending at end of month (3 minus 4 above)		14

PART B. CERTIFIED CASELOAD MOVEMENT

	PAFS	NAFS
6. Cases brought forward from last month (Item 10 last month or explain)	15	16
7. Cases added during month (Sum of a through c, below).....	17	18
a. Applications approved	19	20
b. Transfer in assistance classification from PAFS or NAFS	21	22
c. Other approvals	23	24
8. Total cases open during month (Sum of 6 and 7, above; also a plus b, below)	25	26
a. Certified eligible to participate during the report month	27	28
b. Cases certified for future months only	29	30
9. Cases terminated during the report month.....	31	32
10. Cases carried forward to next month (8 minus 9)	33	34

PART C. RECERTIFICATIONS

	PAFS	NAFS
11. Number of recertifications disposed of during the report month (Sum of a and b, below)	35	36
a. Determined continuing eligible.....	37	38
b. Determined ineligible	39	40
12. Overdue Recertifications (CWD caused)	41	42

PART D. TO BE USED ONLY ON INSTRUCTIONS FROM SDSS

13.	43	44
14.	45	46
15.	47	48
REPORT PREPARED BY:	TELEPHONE:	DATE:
	()	

**26-312 FOOD STAMP PROGRAM EXPEDITED SERVICE 26-312
QUARTERLY STATISTICAL REPORT (FORM DFA 296X)****26-312.01 CONTENT 26-312.01**

This quarterly report provides information regarding the processing of requests for expedited food stamp service. It also provides information regarding the number of food stamp cases which were discontinued after issuance of the expedited food stamps in the first month due to the recipients failure to complete the application process for ongoing food stamp benefits.

26-312.02 PURPOSE 26-312.02

This report will provide the State Department of Social Services (SDSS) with Food Stamp Program Expedited Service (ES) data required by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS). This report is also necessary to implement Assembly Bill 2384, Chapter 1293 (Statutes of 1987), Welfare and Institutions Code Section 18913.

26-312.03 DISTRIBUTION 26-312.03

Data from this report will be compiled and incorporated into California's Program Activity Statement, FORM FNS-366B, which is submitted annually to the USDA FNS. This report will be distributed to SDSS program and fiscal managers and other interested agencies and individuals. First year data from this report will also serve as the basis for a one-time report to the Legislature as required by Welfare and Institutions Code Section 18913.

26-312.04 DUE DATE 26-312.04

All counties are required to submit a completed quarterly report to SDSS. Quarterly reports must be received in Sacramento on or before the 20th calendar day of the month following the end of the report quarter. Send reports to:

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

If the report will be either delayed or incomplete in any way, please contact Statistical Services at (916) 322-2230 or ATSS 492-2230 prior to the due date.

26-312.10 PART A. REQUESTS FOR EXPEDITED SERVICE 26-312.10

Part A summarizes activity during the report quarter with respect to processing requests for expedited food stamp service.

1. **Pending from prior quarter** - Enter the number of requests pending a determination as of the last day of the prior quarter. This item will be equal to Item 5 of last quarter or an explanation must be provided.
2. **Received during the quarter** - Enter the total number of requests received during the report quarter.
3. **Total on hand for the quarter** - Enter the total number of requests available for processing during the report quarter. This item will equal the sum of Items 1 and 2.
4. **Total disposed of during the quarter** - Enter the total number of requests processed during the report quarter. This item will equal the sum of Items 4a and 4b.

Note: Item 4a will include households who were entitled to ES but due to proration of benefits received zero benefits in the initial month.

- a. **Total entitled to expedited service** - Enter the total number of requests in which it was determined that the case was entitled to expedited service during the report quarter. This item will equal the sum of Items 4a(1), 4a(2), and 4a(3).

- (1) **Benefits issued in 1-3 days** - Enter the number of applications approved for ES and where benefits were issued within 3 days following the date of application. Provide PAFS and NAFS values.

Note: The following items, 4a(2) and 4a(3), can only be the result of a County Welfare Department caused delay. Applicant caused delays (beyond 3 days) will be treated as non-entitlement to ES and reported on line Item 4b.

- (2) **Benefits issued in 4-5 days** - Enter the number of applications approved for ES and where benefits were issued on the fourth or fifth day following the date of application. Provide PAFS and NAFS values.

26-312.10 PART A. REQUESTS FOR EXPEDITED SERVICE (Continued) 26-312.10

- (3) **Benefits issued in over 5 days** - Enter the number of applications approved for ES and where benefits were issued beyond five days following the date of application. Provide PAFS and NAFS values.
- b. **Total not entitled to expedited service** - Indicate the number of requests in which it was determined that the case was not entitled to ES. This item will equal the sum of Items 4b(1) and 4b(2).
- (1) **PAFS** - Enter the number of requests in which it was determined that the public assistance case was not entitled to ES.
- (2) **NAFS** - Enter the number of requests in which it was determined that the nonassistance case was not entitled to ES.
5. **Pending at ending of quarter** - Enter the number of requests pending at the end of the report quarter. This item will equal the difference of Items 3 and 4.

26-312.20 PART B. APPLICATION COMPLIANCE INFORMATION 26-312.20

Part B provides information regarding the number of food stamp cases discontinued after issuance of the expedited food stamps in the first month due to the recipients' failure to complete the application process for ongoing food stamp benefits.

6. **Number of households discontinued due to recipients' failure to complete application process for ongoing benefits during the report quarter** - Enter the number of cases discontinued due to the recipients failure to complete the application process for ongoing benefits. For example, when an applicant fails to provide requested information and/or postponed verification, failure of a one-person household to provide or apply for SSN, etc. This item will equal the sum of 6a and 6b.
- a. **PAFS** - Enter the number of public assistance cases discontinued due to the recipients' failure to complete the application process for ongoing benefits.
- b. **NAFS** - Enter the number of nonassistance cases discontinued due to the recipients' failure to complete the application process for ongoing benefits.

26-312.30 PART C. OTHER 26-312.30

Part C is reserved for additional information which may be required temporarily or permanently due to court decision or a change in legislation or regulation. In order to avoid a revision to this form, this section is provided for any unforeseen reporting needs or requirements. If any items are to be added under this section, you will be notified by All-County Letter and given time for implementation.

26-312.90 FORM DFA 296X 26-312.90

Fill in the information requested at the top and bottom of the report form and show figures required for each item. If there is nothing to report in an item, report "0"; do not leave any lines blank. If a line item is not available, please note and include explanation near the bottom or on the back of this report.

FORM DFA 296X

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

SEND ONE COPY TO:

FOOD STAMP PROGRAM
EXPEDITED SERVICE
QUARTERLY STATISTICAL REPORT

Department of Social Services
Statistical Services
744 P Street, M.S. 19-21
Sacramento, CA 95814

COUNTY	COUNTY CODE	STATE USE ONLY
QUARTER ENDING (Month, Day, Year)		

PART A. REQUESTS FOR EXPEDITED SERVICE

1. Pending from prior quarter (Item 5 of last quarter or explain)		1
2. Received during quarter		2
3. Total on hand for the quarter [Sum of 1 and 2]		3
4. Total disposed of during the quarter [Sum of 4a and 4b below]		4
a. Total entitled to expedited service [Sum of 4a(1) thru 4a(3) below]		5
Benefits issued:		
	PAFS	NAFS
(1) In 1-3 days	6	7
(2) In 4-5 days	8	9
(3) In over 5 days	10	11
b. Total not entitled to expedited service [Sum of 4b(1) and 4b(2) below]		12
(1) PAFS	13	
(2) NAFS	14	
5. Pending at end of quarter [Difference of 3 and 4 above]		15

PART B. APPLICATION COMPLIANCE INFORMATION

6. Number of households discontinued due to recipient's failure to complete application process for on-going benefits during the report quarter [Sum of 6a and 6b below]		16
a. PAFS	17	
b. NAFS	18	

PART C. TO BE USED ONLY UPON INSTRUCTIONS FROM SDSS

REPORT PREPARED BY:	TELEPHONE:	DATE:
	()	

DFA 296 X (12/85)

REF 26-312

26-313 FOOD STAMP EMPLOYMENT AND TRAINING (FSET) 26-313
QUARTERLY STATISTICAL REPORT (FORM STAT 40)

26-313.01 CONTENT 26-313.01

This quarterly report provides information concerning Food Stamp Program applicants and recipients who are involved in the Food Stamp Employment and Training Program.

26-313.02 PURPOSE 26-313.02

Data collected through this report is used by the United States Department of Agriculture, Food and Nutrition Service to monitor service levels of the Food Stamp Employment and Training Program.

26-313.03 DISTRIBUTION 26-313.03

This report is distributed to departmental program managers, the United States Department of Agriculture, Food and Nutrition Service, and other interested agencies and individuals.

26-313.04 DUE DATE 26-313.04

Each County shall submit a report by the 15th working day of the month following the report quarter. Send report to:

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

If the report will be either delayed or incomplete in any way, please contact Statistical Services at (916) 322-2230 or ATSS 492-2230 prior to the due date.

26-313.05 DEFINITIONS

26-313.05

Work Registrant: An individual who is required to work register pursuant to Manual of Policies and Procedures (MPP) Section 63-407.1.

Mandatory Participant: A work registrant who is not deferred from FSET participation.

Substitute Program: A program as described in MPP 63-407.23 that has participation requirements which exceed those contained in the FSET Program. Persons who participate in such programs are counted as work registered.

Deferred Registrant: A work registered individual whose circumstances prevent him/her from participating in the FSET activities (See MPP 63-407.811). Work registrants who are participating in substitute programs that have standards exceeding those for FSET also may be deferred.

Geographic Exclusion: A County or part of a County that, due to compelling reasons, is approved by the Food and Nutrition Service (FNS) to be geographically excluded from operating FSET.

NOTE: Food Stamp Program applicants and recipients who reside in geographically excluded areas must be work registered unless exempt from work registration per MPP 63-407.21.

Individual Deferral Criteria: Criteria for deferring an individual for personal reasons, such as lack of child care, lack of transportation, etc. (See MPP 63-407.811[c].)

Certified: An individual who is approved to receive food stamps.

Component: A job club/job search, work or training assignment designed to help food stamp participants to move promptly into unsubsidized employment.

Placement: A "placement" occurs when a Food Stamp Program applicant/recipient: 1) commences a FSET component, or 2) fails to comply with FSET requirements and is either denied Food Stamp Program certification/recertification or is sent a Notice of Adverse Action (NOAA). Note only NOAA for violating FSET requirements may count as placements. NOAA sent to persons who either voluntarily quit a job or fail to comply with one or more of the work registration requirements described in Sections 63-407.42, .43, and .44 may not be considered placements.

26-313.10 GENERAL INSTRUCTIONS FOR COMPLETING FORM STAT 40**26-313.10**

When completing this report it is important to remember that individuals will affect the registrant and deferral counts only once during a Federal fiscal report year (October through September). Also, it is important to remember a single person may influence the count of work registrants, deferrals, volunteers, and if a change in status occurs, of mandatory participants and NOAAs. In general, if an individual's status does change, that individual would never be subtracted from one count to be added to another. The only exception to this policy would be if the change of the status is because the County is correcting an earlier County assessment or counting error.

26-313.20 PART A. PROGRAM REGISTRANTS**26-313.20**

Part A provides the monthly counts and quarter totals of those food stamp applicants/recipients who were newly work registered during the report quarter. It also provides monthly counts and quarter totals of: 1) those work registrants (new and ongoing) who were either deferred from FSET participation or placed in a FSET component, 2) those work registrants who were deferred from FSET participation but voluntarily were placed in a component, and 3) Food Stamp Program recipients who were exempt from work registration but who were voluntarily placed into a FSET component.

Column Instructions:

Columns 1-4 Enter the monthly counts and provide quarter totals on every report.

Item Instructions:

1. **Total new work registrants** - Enter the monthly count of all food stamp applicants who do not qualify for the work registration exemptions listed in MPP Sections 63-407.21(a) through (h) plus the monthly count of food stamp recipients who have lost their work registration exemption status during the quarter. A County does not need to count any individual as work registered more than once during a Federal fiscal report year. Note that all persons who do not qualify for work registration exemption must be work registered. This count excludes work registered applicants who were placed in a Job Search or other component at the time of Food Stamp application but later either denied eligibility for reasons other than noncompliance with FSET requirements or certified but exempt from work registration. Work registered food stamp recipients who later become exempt from registration should not be subtracted from this count.

26-313.20 PART A. PROGRAM REGISTRANTS (Continued)

26-313.20

2. **Number of work registrants deferred from FSET participation** - Enter the monthly count of work registrants who were deferred from FSET participation during the report quarter. Remember to include ongoing work registered food stamp recipients who become deferred from FSET participation during the quarter. Do not include individuals whose deferral status carried over from a previous quarter. Do not double count individuals who change from one deferral to another during the Federal fiscal year. Do not double count individuals who have had their deferral status reviewed and reaffirmed unless they have been reworked registered.
3. **Volunteers who are placed in an FSET component** - Enter the monthly count of all Food Stamp Program participants who volunteer to be placed in a component. The volunteer should be counted only after he or she commences a specific component. Note that this count may include individuals who are exempt from work registration or deferred from FSET participation. Individuals who are part of the FSET mandatory population and have not been selected by the County for FSET participation, but volunteer to do so, should be counted as volunteers. This count also includes individuals who have completed a component, or are participating in a component, who then volunteer to begin a different component. Count volunteers each time they are referred to a component. Volunteers must be food stamp recipients, but they are not subject to noncompliance with FSET requirements.
4. **Mandatory participants who are placed in an FSET component** - Enter the monthly count of individuals in the FSET mandatory population who have been selected to participate in an FSET component and who are placed in that component (include applicant placements when applicable). Note that simply referring an individual to the FSET unit for an assessment interview would not be counted as a placement; the individual must commence (begin) a particular FSET component. Individuals who are placed in a component but do not complete the component's requirements should be included in this count. Individuals who are placed in a component, but later are deferred from participation, should also be included in this count, unless this change in status is due to a County error. When individuals are selected to participate in multiple components, they should be counted once for each component to which they are placed.

Column Instructions:

- Column 1 Complete the "Oct. 1" column only on each first quarter report (October through December) of each new Federal fiscal report year.
- Columns 2-5 Enter the monthly counts and provide the quarter totals on every report.

Item Instructions:

6. **Total number of deferrals** - In column 1, enter the count of deferred work registrants reported in Part D, Item 9. In columns 2-5, enter the monthly count and quarter total of the deferred work registrants reported in Part A, Item 2, columns 1-4. The counts reported in Item 6 will equal the sum of Items 6a, 6b and 6c.

Enter the count of work registrants who received a deferral from FSET participation due to the reason indicated.

- a. **Geographical** - An entire County or part(s) of a County may be granted a geographic deferral. Deferrals reported here must have received prior approval from the FNS.
- b. **Substitute Program(s)** - This count will include those work registrants who participate in either a General Assistance Work Program, or a Non-WIN Public Assistance Program (non-GAIN), or a Refugee Resettlement Program which has participation requirements that exceed those in the FSET Program.
- c. **Individual** - Enter the sum of Items 6c(1) through 6c(6).

(1) **Physical or mental problems** - A deferral may be granted if the injury or illness is serious enough to temporarily prevent employment.

(2) **Lack of child care** - Lack of child care may be determined if child care cost plus other costs of participation exceed the amount reimbursable under FSET or in situations where there is a lack of adequate child care arrangements available for the registrants' children who have reached the age of six but are under the age of twelve (see MPP 63-408.41[j]).

26-313.30 PART B. DEFERRALS SECTION (Continued)

26-313.30

- (3) **Lack of transportation to/or distance from FSET program site** - Lack of transportation may be determined if transportation costs plus other costs of participation exceed the amount reimbursable under FSET or when private or public transportation is not available at reasonable times on a regular basis. An unreasonable distance is defined as a round trip to and from the FSET site exceeding two hours.
- (4) **Family difficulties** - Family difficulties may be determined if a situation arises where an immediate family/household member temporarily requires the presence of the registrant. For example, when an incapacitated/ill family member temporarily requires the presence of the registrant or when the presence of the registrant is necessary because of the death of an immediate family/household member.
- (5) **Legal difficulties** - Legal difficulties may be determined if a court mandated appearance precludes participation.
- (6) **Temporary unemployment - expected to return to work within 60 days** - This may be determined if a registrant is temporarily laid off from a job but is expected to return to work within 60 days.

26-313.40 PART C. COMPONENT PLACEMENTS

26-313.40

Part C lists all Federally-approved FSET components offered by the State and provides the monthly counts and quarter totals of all those food stamp applicants/recipients who were placed in each component during the course of the report quarter.

Individuals may be selected to participate in more than one component and should be counted once for each component in which they are placed.

Columns 1-6 Complete columns 1-6 on every quarterly report. In columns 1-5 a placement count will be recorded for each component in which an individual was placed during the report quarter. In column 6 provide the quarter totals.

Column 1 Workfare - Workfare consists of a nonsalaried assignment with a public or private nonprofit agency that provides the registrant an opportunity to develop basic work habits or to practice existing skills.

26-313.40 **PART C. COMPONENT PLACEMENTS (Continued)** 26-313.40

- Column 2 Job Search - Supervised job search consists of an organized method of seeking work such as access to phone banks job orders and direct referrals to employers. Unsupervised job search consists of independent efforts by a registrant to look for employment and follow-up interviews by staff to determine the adequacy of the job search.

- Column 3 Job Club - Job Club consists of group training sessions in job finding skills such as: job interviewing, understanding employer expectations and requirements, and in enhancing self-esteem, self-image and confidence.

- Column 4 Vocational Training - Vocational training consists of a project, program or experiment, such as a supported work program, or a Job Training Partnership Act Program (JTPA), or State or local program aimed at accomplishing the purpose of the FSET Program.

- Column 5 OJT - OJT/Work Experience consists of an assignment which will provide work experience or training or both and enable participants to move promptly into regular public or private employment.

Item Instructions:

- 7. **Total FSET participants placed in each component** - This item is equal to the sum of Items 7a and 7b.
 - a. **Mandatory Participants** - Enter the count of mandatory participants who were placed in each component during the report quarter.
 - b. **Voluntary Participants** - Enter the count of volunteer participants who were placed in each component during the report quarter.

THE FOLLOWING COUNTS, ITEMS 8 THROUGH 10, ARE REPORTED ONLY ON EACH FIRST QUARTER REPORT (OCTOBER THROUGH DECEMBER) OF EVERY NEW FEDERAL FISCAL REPORT YEAR.

223

26-313.50 PART D. OCTOBER 1 WORK REGISTRATION STATUS**26-313.50**

Part D provides the count of all those ongoing Food Stamp Program recipients who were work registered on October 1. It also provides the October 1 count of ongoing food stamp recipients who are work registered and either deferred from FSET participation or available for participation in an FSET component. Counts in this part are of ongoing food stamp recipients and do not include new registrant counts.

Column Instructions:

Complete the "Oct 1" column only on each first quarter report (October through December) of each new Federal fiscal report year.

Item Instructions:

8. **Total number of work registrants on October 1** - Enter the total number of all work registrants in the County on October 1. This count includes individuals who end their work registration period during the month of October but does not include October new work registrants as they are already recorded in Item 1.
9. **Total number of work registrants who held a deferral status on October 1** - Enter the number of all those work registrants in the County who held a deferral status on October 1. This count does not include October new work registrants granted a deferral from FSET participation (they are already recorded in Item 1) but does include individuals who hold a deferral on October 1 but lose their deferral status during the month of October. Persons who lose their deferred status in September should not be included in this count. Note that this figure is a subcount of Item 8, since all individuals who are deferred from FSET are work registered.
10. **Total number of mandatory participants on October 1** - Enter the difference of Items 8 and 9. This number represents the number of ongoing food stamp work registrants who are available for placement into a FSET component on October 1.

26-313.60 PART E. OTHER 26-313.60

This section is reserved for additional information which may be required temporarily or permanently due to a court decision or a change in legislation or regulation. In order to avoid a revision to this form, this section is provided for any unforeseen reporting needs or requirements. If any items are added under this section, you will be notified by All-County Letter and given time for implementation.

26-313.90 FORM STAT 40 26-313.90

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; do not leave any item blank.

FORM STAT 40

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES			
<p>FOOD STAMP EMPLOYMENT AND TRAINING (FSET) PROGRAM QUARTERLY STATISTICAL REPORT</p>		<p>SEND ONE COPY TO: Department of Social Services Statistical Services 744 P Street, M.S. 19-81 Sacramento, CA 95814 (916) 322-2230</p>			
		COUNTY	QUARTER ENDING (FFY)		
STATE USE ONLY					
PART A. PROGRAM REGISTRANTS		(1) MONTH 1	(2) MONTH 2	(3) MONTH 3	(4) QUARTER TOTAL
1. Total new work registrants	1	2	3	4	5
2. Number of work registrants deferred from FSET participation (Quarter Total equals Item 6 Quarter Total)	6	7	8	9	10
3. Volunteers who are placed in an FSET component (Quarter Total equals Item 7b Quarter Total)	11	12	13	14	15
4. Mandatory participants who are placed in an FSET component (if applicable, include applicant placements; Quarter Total equals Item 7a Quarter Total)	16	17	18	19	20
5. Work registrants sent notice of adverse action and if appropriate applicants denied certification for failure to comply with FSET requirements	21	22	23	24	25
PART B. DEFERRALS	(1) OCT. ^{a/} 1	(2) MONTH 1	(3) MONTH 2	(4) MONTH 3	(5) QUARTER TOTAL
6. Total number of deferrals [Sum of 6a, 6b and 6c]	26	27	28	29	30
a. Geographic	31	32	33	34	35
b. Substitute Program(s)	36	37	38	39	40
c. Individual [Sum of 6c(1) thru 6c(6)]	41	42	43	44	45
(1) Physical or mental problems	46	47	48	49	50
(2) Lack of childcare	51	52	53	54	55
(3) Lack of transportation to/or distance from FSET program site	56	57	58	59	60
(4) Family difficulties	61	62	63	64	65
(5) Legal difficulties	66	67	68	69	70
(6) Temporarily unemployed expected to return to work within 60 days	71	72	73	74	75

a/ Complete this column only on each first quarter (Oct.-Dec.) report of each new Federal fiscal year.

STAT 40 (12/88) REF. 26-313
Page 1 of 2

STATISTICAL REPORTS

26-313.90 (Cont.)

REPORTS - FOOD STAMP PROGRAM

Handbook

26-313.90 FORM STAT 40 (Continued)

26-313.90

REVERSE OF FORM STAT 40

PART C. COMPONENT PLACEMENTS	(1) WORK-FARE	(2) JOB SEARCH	(3) JOB CLUB	(4) VOC. TRAIN.	(5) OJT	(6) QUARTER TOTAL
7. Total FSET participants placed in each component [Sum of 7a and 7b]	71	72	73	74	75	76
a. Mandatory participants	77	78	79	80	81	82
b. Voluntary participants	83	84	85	86	87	88
PART D. OCTOBER 1 WORK REGISTRATION STATUS (COMPLETE FIRST QUARTER ONLY [OCT.-DEC.])						OCT. 1
8. Total number of work registrants on October 1						89
9. Total number of work registrants who held a deferral status on October 1						90
10. Total number of FSET mandatory participants on October 1 [Difference of 8 and 9]						91
PART E. TO BE USED ONLY ON INSTRUCTIONS FROM THE DEPARTMENT OF SOCIAL SERVICES						
11.						
12.						
13.						
14.						
REPORT PREPARED BY:				TELEPHONE:		DATE:
				()		
STAT 40 (12/88)						
REF. 26-313 Page 2 of 2						

26-320 **FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP** **26-320**
(FORM DFA 358)

26-320.01 **CONTENT** **26-320.01**

This annual report provides information concerning the ethnic origin of households in the Food Stamp Program.

26-320.02 **PURPOSE** **26-320.02**

The report is part of a system of collecting household participation data by ethnic origin in the Food Stamp Program required by the United States Department of Agriculture, Food and *Consumer* Services.

26-320.03 **DISTRIBUTION** **26-320.03**

The report is distributed to departmental program managers, and the United States Department of Agriculture, Food and *Consumer* Services.

26-320.04 **DUE DATE** **26-320.04**

The report is to be received in Sacramento as soon as possible after the last day of the report month of July but no later than 20 days following the report month. The submittal of this report is to correspond to the submittal of the "Monthly Report of Participation and Coupon Issuance", Form FNS 256 for the same report month. Send reports to:

California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

26-320.05 INSTRUCTIONS

26-320.05

Complete all items on Form DFA 358, being sure to identify your county.

Report the number of households participating (those who received coupons) during the report month for each ethnic origin under the applicable Assistance and Nonassistance column. Mixed households are to be reported in the Nonassistance column. Report only once those households that participated more than once in the month of July. Report each household in only one ethnic group. Zero entries need not be made.

The number of households reported on the DFA 358 should be the same as the corresponding number of households on Form *DFA 256*, "Monthly Report of Participation and Coupon Issuance," for the same report month. If the number of households on the DFA 358 does not agree with the *DFA 256*, explain in the "Remarks" section any variance of plus or minus two percent.

Sign and date the report.

26-320.06 ETHNIC ORIGIN IDENTIFICATION

26-320.06

Self-identification is the established method of identifying race. A single identifier is to be used for the household even if the household members are of more than one race. If an applicant does not consent to the self-identification method, the case worker will, through visual observation, determine the applicant's ethnic origin. The applicant's race will represent the race of the entire household in these cases. If an application is mailed or a phone interview conducted, the caseworker may ask the applicant to identify his racial/ethnic origin over the phone.

26-320.07 ETHNIC ORIGIN DEFINITIONS **26-320.07**

Black (not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander - All persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos, will be reported separately under the ethnic category, "Filipino".

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Filipino - All persons having origins in the original people of the Philippine Islands.

26-320.11 REVISIONS **26-320.11**

Revisions to total households on either the DFA 358 or the FNS 256 will necessitate a corresponding revision to the other report. In either instance, a revised typed report must be submitted to all agencies concerned with the proper number of copies.

26-320.90 FORM DFA 358 **26-320.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

FORM DFA 358

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM
Participants by Ethnic Group

Send three copies to:
Statistical Services
744 T Street, Mail Station 19-81
Sacramento, CA 95814

COUNTY:	
FOR THE MONTH OF: JULY	YEAR:

Number of households participating in the Food Stamp Program during the month of July by ethnic group and assistance status:

ETHNIC GROUP	CODE	NUMBER OF HOUSEHOLDS		
		ASSISTANCE	NONASSISTANCE	TOTAL
Black (not of Hispanic Origin)	(3)			
Hispanic	(2)			
Asian or Pacific Islander	(4)			
American Indian or Alaskan Native	(5)			
White (not of Hispanic Origin)	(1)			
Filipino	(7)			
TOTAL				

SIGNATURE OF PERSON TO CONTACT REGARDING THIS REPORT:	TELEPHONE NUMBER:	DATE:
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Remarks

Instructions for Completing Report

Send original and two copies of the completed form to Statistical Services as soon as possible after the July report month but no later than 45 days after the report month. The submittal of this report should correspond to the submittal of the Form DFA 256, Participation and Coupon Issuance Report.

Report the number of households participating for the report month for each ethnic group under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

The ethnic group classification is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received. The number of households should be the same as the corresponding number of households on Form DFA 256, Participation and Coupon Issuance Report. Any variance between these reports in the number of households reported of plus or minus two percent is to be explained in the "Remarks" Section.

Sign and date the report.

DFA 358 (10/88)

Ethnic Group Definitions

Black—(Not of Hispanic Origin)—All persons having origins in any of the Black racial groups of Africa.

Hispanic—All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander—All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the ethnic category, "Filipino."

American Indian or Alaskan Native—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

White—(Not of Hispanic Origin)—All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Filipino—All persons whose ancestry or ethnic origin is the Philippine Islands.

26-325	PARTICIPATION AND COUPON ISSUANCE REPORT - FOOD STAMP PROGRAM (FORM DFA 256)	26-325
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26-325.01	CONTENT	26-325.01
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This report provides monthly Food Stamp Program participation information on assistance and nonassistance persons and households. The report also provides the number of actual issuances of food coupons to participating households and the total value of coupons issued.

26-325.02	PURPOSE	26-325.02
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This report is required by *the United States Department of Agriculture, Food and Consumer Services* to collect statistical data on the Food Stamp Program.

26-325.03	DISTRIBUTION	26-325.03
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This report is distributed to departmental program managers and the United States Department of Agriculture, Food and Consumer Services.

26-325.04	DUE DATE	26-325.04
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The report is to be received in Sacramento as soon as possible after the last day of the report month, but no later than 20 days following the last day of the report month. The submittal of this report is to correspond to the submittal of the "Monthly Report of Participation and Coupon Issuance," Form DFA 256 for the report month of July. Send reports to:

*California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814*

26-325.10 INSTRUCTIONS

26-325.10

Data to be used in preparing this report must come from ATP cards transacted by households in the reporting county, HIR cards used by the county to provide issuance during the month, or mail issuance data if direct mail issuance is employed. Cashier errors shall not be reported. In counties using ATP issuance systems, the following procedures shall be used to determine how transacted ATPs shall be counted.

1. Altered, counterfeit, duplicate, expired or stolen ATPs shall be included.
2. Duplicate ATPs, supplementals, retroactive benefits, etc., shall count as one transaction; however, the value of all coupons issued as a result of these card transactions shall be included in item 3.
3. Transacted, out-of-state ATP cards shall be counted as participation in the county agency and the value of coupons issued included in Item 3.
4. ATPs issued after the 25th of the month shall be counted in the month transacted.
5. Out-of-county ATP cards shall be counted in the county where it is transacted.
6. Disaster issuances shall be counted.

Complete the form as follows:

1. Check if the report is an original submission or enter the number if it is a revision.
2. Enter the name of the county.
3. Enter the 2-digit county code.
4. Enter the 9-digit project code number assigned to the county.
5. Enter the report month and year.
6. Enter the number of households and persons that participated during the report month by assistance classification in Item 1. Report the household and persons only once. This is to be an unduplicated count.

NOTE: If a household applies for Food Stamp benefits in June, is determined eligible for benefits in July for both June and July, the household is counted only once on the DFA 256 in July. The total coupon value, however, is counted in July.

26-325.10 INSTRUCTIONS (Continued)**26-325.10**

7. In Item 2 enter the number of actual issuances of food coupons to participating households. Report these issuances according to whether the coupons (rather than the authorizing documents, i.e., the ATPs) were issued by mail, by contracted over-the-counter agents (agents outside of state/local government, e.g., banks, post offices, private entities) or by other over-the-counter agents (state/local government agents, including those using HIR systems). Regular, duplicate, supplemental and retroactive issuances should be counted separately unless they are authorized by the same document or unless they are included in the same issuance when no authorizing document is used.
8. Enter the value of documented coupon issuances in Item 3. Round all dollar amounts to the nearest whole dollar.
9. In the remarks section:
 - a. Explain month-to-month participation changes in Item 1, Col. A and B, of plus or minus 5 percent.
 - b. Explain month-to-month changes of \$2 or more per person unless caused by changes in Basis of Issuance Tables.

This only applies to counties with a total household participation of 500 or more.
10. The report should be signed by the designated official responsible for the accuracy of the data.

26-325.11 REVISIONS**26-325.11**

For revisions made to date initially reported, a typed revised report must be sent to the agency identified in Section 26-325.03.

26-325.90 FORM DFA 256**26-325.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

FORM DFA 256

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**PARTICIPATION AND COUPON ISSUANCE REPORT —
FOOD STAMP PROGRAM**
(See Instructions on Reverse)

ROUTING INSTRUCTIONS:
Original : State Department of Social Services
Yellow : County Welfare Department

This report is: Original submission
or
_____ Revision
(NUMBER)

	COUNTY	COUNTY CODE	PROJECT CODE
	REPORT MONTH AND YEAR		STATE USE ONLY
1. TOTAL PARTICIPATION	A. PUBLIC ASSISTANCE	B. NON-PUBLIC ASSISTANCE	C. TOTAL (A + B)
a. Number of Households			
b. Number of Persons			
2. TOTAL ISSUANCES	A. MAIL	B. CONTRACTED OVER THE COUNTER	C. OTHER OVER THE COUNTER
			D. TOTAL (A + B + C)
3. VALUE OF DOCUMENTED COUPON ISSUANCES			
<small>ROUND TO NEAREST WHOLE DOLLAR. DO NOT SHOW CENTS</small>			
\$			

REMARKS: (a) Explain month to month participation changes in Item 1, Columns A and B, of plus or minus 5 percent.
EXAMPLE: Strikes, disasters, plant shut downs, migrant influx, etc. (Counties of 500 or more households only).
(b) Explain month to month changes of \$2 or more per person (Item 3 divided by Item 1b, Column C).

STATE USE ONLY

4. _____

NAME OF AUTHORIZED OFFICIAL	TITLE	TELEPHONE NUMBER	DATE

DFA 256 (3/86) REF 26-325

26-325	PARTICIPATION AND COUPON ISSUANCE REPORT - FOOD STAMP PROGRAM (FORM DFA 256)	26-325
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26-325.01	CONTENT	26-325.01
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This report provides monthly Food Stamp Program participation information on assistance and nonassistance persons and households. The report also provides the number of actual issuances of food coupons to participating households and the total value of coupons issued.

26-325.02	PURPOSE	26-325.02
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This report is required by *the United States Department of Agriculture, Food and Consumer Services* to collect statistical data on the Food Stamp Program.

26-325.03	DISTRIBUTION	26-325.03
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This report is distributed to departmental program managers and the United States Department of Agriculture, Food and Consumer Services.

26-325.04	DUE DATE	26-325.04
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The report is to be received in Sacramento as soon as possible after the last day of the report month, but no later than 20 days following the last day of the report month. The submittal of this report is to correspond to the submittal of the "Monthly Report of Participation and Coupon Issuance," Form DFA 256 for the report month of July. Send reports to:

*California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814*

26-325.10 INSTRUCTIONS

26-325.10

Data to be used in preparing this report must come from ATP cards transacted by households in the reporting county, HIR cards used by the county to provide issuance during the month, or mail issuance data if direct mail issuance is employed. Cashier errors shall not be reported. In counties using ATP issuance systems, the following procedures shall be used to determine how transacted ATPs shall be counted.

1. Altered, counterfeit, duplicate, expired or stolen ATPs shall be included.
2. Duplicate ATPs, supplementals, retroactive benefits, etc., shall count as one transaction; however, the value of all coupons issued as a result of these card transactions shall be included in item 3.
3. Transacted, out-of-state ATP cards shall be counted as participation in the county agency and the value of coupons issued included in Item 3.
4. ATPs issued after the 25th of the month shall be counted in the month transacted.
5. Out-of-county ATP cards shall be counted in the county where it is transacted.
6. Disaster issuances shall be counted.

Complete the form as follows:

1. Check if the report is an original submission or enter the number if it is a revision.
2. Enter the name of the county.
3. Enter the 2-digit county code.
4. Enter the 9-digit project code number assigned to the county.
5. Enter the report month and year.
6. Enter the number of households and persons that participated during the report month by assistance classification in Item 1. Report the household and persons only once. This is to be an unduplicated count.

NOTE: If a household applies for Food Stamp benefits in June, is determined eligible for benefits in July for both June and July, the household is counted only once on the DFA 256 in July. The total coupon value, however, is counted in July.

26-325.10 INSTRUCTIONS (Continued)**26-325.10**

7. In Item 2 enter the number of actual issuances of food coupons to participating households. Report these issuances according to whether the coupons (rather than the authorizing documents, i.e., the ATPs) were issued by mail, by contracted over-the-counter agents (agents outside of state/local government, e.g., banks, post offices, private entities) or by other over-the-counter agents (state/local government agents, including those using HIR systems). Regular, duplicate, supplemental and retroactive issuances should be counted separately unless they are authorized by the same document or unless they are included in the same issuance when no authorizing document is used.
8. Enter the value of documented coupon issuances in Item 3. Round all dollar amounts to the nearest whole dollar.
9. In the remarks section:
 - a. Explain month-to-month participation changes in Item 1, Col. A and B, of plus or minus 5 percent.
 - b. Explain month-to-month changes of \$2 or more per person unless caused by changes in Basis of Issuance Tables.

This only applies to counties with a total household participation of 500 or more.
10. The report should be signed by the designated official responsible for the accuracy of the data.

26-325.11 REVISIONS**26-325.11**

For revisions made to date initially reported, a typed revised report must be sent to the agency identified in Section 26-325.03.

26-325.90 FORM DFA 256**26-325.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

FORM DFA 256

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**PARTICIPATION AND COUPON ISSUANCE REPORT —
FOOD STAMP PROGRAM**
(See Instructions on Reverse)

ROUTING INSTRUCTIONS:
Original : State Department of Social Services
Yellow : County Welfare Department

This report is: Original submission
or
_____ Revision
(NUMBER)

	COUNTY	COUNTY CODE	PROJECT CODE
	REPORT MONTH AND YEAR		STATE USE ONLY
	A. PUBLIC ASSISTANCE	B. NON-PUBLIC ASSISTANCE	C. TOTAL (A + B)
	A. MAIL	B. CONTRACTED OVER THE COUNTER	C. OTHER OVER THE COUNTER
			D. TOTAL (A + B + C)

1. TOTAL PARTICIPATION

a. Number of Households

b. Number of Persons

2. TOTAL ISSUANCES

3. VALUE OF DOCUMENTED COUPON ISSUANCES

ROUND TO NEAREST WHOLE DOLLAR. DO NOT SHOW CENTS
\$

REMARKS: (a) Explain month to month participation changes in Item 1, Columns A and B, of plus or minus 5 percent.
EXAMPLE: Strikes, disasters, plant shut downs, migrant influx, etc. (Counties of 500 or more households only).
(b) Explain month to month changes of \$2 or more per person (Item 3 divided by Item 1b, Column C).

STATE USE ONLY

4. _____

NAME OF AUTHORIZED OFFICIAL	TITLE	TELEPHONE NUMBER	DATE
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DFA 256 (3/86) REF 26-325

26-514 COUNTY SERVICES BLOCK GRANT PROGRAMS MONTHLY STATISTICAL REPORTS (FORM SOC 242) 26-514

26-514.01 CONTENT 26-514.01

The County Services Block Grant (CSBG) Programs Monthly Statistical Report, Form SOC 242 (1/89), records information from County Welfare Departments (CWDs) in the following areas: Information and Referral (I and R), Out-of-Home Care Adults (OHC-A), Adult Protective Services (APS) which consists of Emergency Response (ER) and Non-Emergency Response (Non-ER) services, and Optional Services.

26-514.02 PURPOSE 26-514.02

The general purpose of this report is to collect information on the current status and trends in the CSBG Programs to provide a factual basis to County, State, and Federal administrators for budgeting, program planning, and other administrative decisions concerning social services in California. The specific purpose of this report is to collect caseload information and level of activities in each of the CSBG Programs.

26-514.03 DISTRIBUTION 26-514.03

The information is distributed monthly within the State Department of Social Services for program administration. Summaries of this information will be made available to CWDs and other interested agencies and individuals upon request.

26-514.04 IMPLEMENTATION DATE 26-514.04

The implementation date for the revised form SOC 242 (1/89) is February 1, 1989. The February 1989 report will be the first report due on the revised form.

26-514.05 DUE DATE 26-514.05

The SOC 242 is due in Sacramento on or before the last working day of the month following the end of the report month. For example, the February 1989 report is due no later than March 31, 1989. If the report will be either delayed or incomplete in any way, please contact Statistical Services by telephone at (916) 322-2230.

Send one copy of the report to:

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

26-514.10 **PART A. INSTRUCTIONS FOR COMPLETING FORM SOC 242 (1/89)** 26-514.10
INFORMATION AND REFERRAL

Item 1. **Number of responses to requests for Information and Referral**

Report the number of times I and R was provided by the CWD during the month. I and R refers to the provision of information on human services resources (adult, family, and children) and a brief assessment of the request, but not diagnosis and evaluation, solely for the purpose of facilitating an appropriate referral to available public and private resources which provide such services. See MPP Section 30-050.

26-514.20 **PART B: OUT-OF-HOME ADULTS (OHC-A)** 26-514.20

When the CWD receives an application for adult out-of home care services, it is considered a case. A case must have distinguishable and retrievable "case status" within the CWD's central index/registry (i.e., case folder and number), and a case record or case file as required by regulation. See MPP Section 30-600.

NOTE: Requests for certification of out-of-home care by Social Security Administration are to be reported on the Form ABD 216, not on the SOC 242.

Item 2. **Cases brought forward from last month (same as Item 6 on prior month report)**

Report the number of cases receiving OHC-A services on the first day of the report month. This must be the same number as stated in Item 6 (cases carried forward to next month) on the prior month report.

Item 3. **Cases opened during the month**

Report the number of OHC-A cases opened during the month.

Item 4. **Total number of active cases during month (sum of Items 2 and 3)**

Enter the sum of Items 2 and 3 above.

Item 5. **Cases closed during the month**

Report the number of OHC-A cases closed during the month.

Item 6. **Cases carried forward to next month (Item 4 minus Item 5)**

Enter the remainder of Item 4 minus Item 5.

26-514.30 PART C. ADULT PROTECTIVE SERVICES (APS)

26-514.30

Item 7. Number of APS reports/referrals/requests received during the month

Enter the number of APS reports/referrals/requests received during the month, including new reports on existing APS cases. Reports include all reports of abuse to the APS cases. Reports include all reports of abuse to the APS population as defined by regulations. (See MPP Section 30-800.) If a report comes in as an I and R, the CWD would count this in both Items 1 and 7 on this form. Referrals/requests include all referrals requests made to the CWD specifically for services to prevent or remedy danger to adults.

Please note that this line item represents a duplicative person count. Two reports made to the CWD by two different individuals on the same incident would be counted as two reports received.

Emergency Response (ER) Cases

NOTE: This definition of an APS Emergency Response (ER) case is provided to facilitate uniform statistical reporting.

A report of abuse, referral, request for APS is reported an Emergency Response case when all the following conditions are met:

- (1) At the point of intake, CWD staff has determined that initial evaluation of available information indicates that the situation is of a serious nature which warrants/mandates that an IMMEDIATE investigation to establish the facts be initiated;
- (2) The person is a dependent adult/elder. A dependent adult/elder is defined as any person 18 years of age or older who has physical or mental limitations which restrict his/her ability to carry out normal activities, to protect his/her own resources, including persons who are functionally impaired due to physical, mental, or developmental disabilities or whose physical or mental abilities have diminished because of age;
- (3) The person is a victim of physical abuse or is in circumstances or conditions likely to produce great bodily harm or death; and
- (4) The CWD staff responds within five calendar days.

Item 8. Cases brought forward from last month (same as Item 12 on prior month report)

NOTE: Requests for certification of out-of-home care by Social Security Administration are to be reported on the Form ABD 216, not on the SOC 242.

26-514.30 PART C. ADULT PROTECTIVE SERVICES (APS) (Continued)

26-514.30

Emergency Response (ER) Cases

NOTE: This definition of an APS Emergency Response (ER) case is provided to facilitate uniform statistical reporting.

A report of abuse, referral, or request for APS is reported as an Emergency Response case when all the following conditions are met:

- (1) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is of a serious nature which warrants/mandates that an immediate investigation to establish the facts be initiated;
- (2) The person is a dependent adult/elder. A dependent adult/elder is defined as any person 18 years of age or older who has physical or mental limitations which restrict his/her ability to carry out normal activities, to protect his/her own resources; including persons who are functionally impaired due to physical, mental, or developmental disabilities or whose physical or mental abilities have diminished because of age;
- (3) The person is a victim of physical abuse or is in circumstances or conditions likely to produce great bodily harm or death; and
- (4) The CWD staff responds within five calendar days.

Item 8. **Cases brought forward from last month (same as Item 12 on prior month report)**

Report the number of ER cases receiving services on the first day of the report month. This must be the same number as stated in Item 12 (cases carried forward to next month) on the prior month report.

Item 9. **Cases opened during the month**

Report the number of ER cases opened during the month.

Do not report the number of emergency responses provided on non-ER cases in this line item. An emergency response on an open non-ER case cannot be counted as a new ER case. This emergency response is to be reported in Case Activities, Item 19 of this form.

Item 10. **Total number of active cases during month (sum of Items 8 and 9)**

Enter the sum of Item 8 plus Item 9.

26-514.30 PART C. ADULT PROTECTIVE SERVICES (APS) (Continued) 26-514.30

Item 11. Cases closed during the month (sum of Items 11a and 11b)

Report the total number of ER cases closed during the month.

Item 11a. Closed, no further activity

Of the total number of closed ER cases reported in Item 11 above, enter the number of cases for which there were no further APS activities.

Item 11b. Transferred to Non-Emergency Response (same as Item 14b below)

Of the total number of closed ER cases reported in Item 11 above, enter the number of cases that were transferred to non-ER.

An ER case is reclassified as a non-ER case when the CWD staff has determined that:

- The emergency situation no longer exists when the emergency services have been provided;
- Based on a follow-up assessment, the client is no longer in jeopardy, his/her situation has been stabilized, and no further emergency protective services are required; and
- There is a need for non-ER services.

Item 12. Cases carried forward to next month (Item 10 minus Item 11)

Enter the remainder of Item 10 minus Item 11.

Non-Emergency Response (Non-ER) Cases

NOTE: This definition of an APS non-ER case is provided to facilitate uniform statistical reporting. It is not intended to define what any eventual ER Program will be.

A report of abuse, referral, or request for APS is reported as a non-ER case when all the following conditions are met:

26-514.30 PART C. ADULT PROTECTIVE SERVICES (APS) (Continued)

26-514.30

- (1) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is not of a serious nature which warrants/mandates that an immediate investigation to establish the facts be initiated;
- (2) The person is a dependent adult/elder. A dependent adult/elder is defined as any person 18 years of age or older who has physical or mental limitations which restrict his/her ability to carry out normal activities, to protect his/her own resources; including persons who are functionally impaired due to physical, mental, or developmental disabilities or whose physical or mental abilities have diminished because of age; and
- (3) The person is not in circumstances or conditions likely to produce great bodily harm or death.

Item 13. Cases brought forward from last month (same as Item 17 on prior month report)

Report the number of non-ER cases receiving services on the first day of the report month. This must be the same number as stated in Item 17 (cases carried forward to next month) on the prior month report.

Item 14. Cases opened during the month (sum of Items 14a and 14b)

Report the total number of non-ER cases opened during the month.

Item 14a. From Intake

Of the total number of non-ER cases reported in Item 14 above, enter the number of cases opened from Intake. These cases should be a direct result of a report/referral/request received by the CWD and not transferred from ER.

Item 14b. From Emergency Response (Same as Item 11b above)

Of the total number of cases reported in Item 14 above, enter the number of cases that were reclassified as non-ER from ER status.

Item 15. Total number of active cases during month (sum of Items 13 and 14)

Enter the sum of Item 13 plus Item 14.

Item 16. Cases closed during the month

Enter the number of non-ER cases closed during the month.

**STATISTICAL REPORTS
REPORTS - SOCIAL SERVICES**

26-514.30 (Cont.)

Handbook

26-514.30 PART C. ADULT PROTECTIVE SERVICES (APS) (Continued)

26-514.30

Item 17. Cases carried forward to next month (Item 15 minus Item 16)

Enter the remainder of Item 15 minus Item 16.

Case Activities

Items 18 and 19 represent the number of the number of times a reassessment and emergency response were provided by the CWD staff during the month. Report one count for each time a reassessment or emergency response is provided. The activities of reassessment and providing emergency response could occur at the same time. In this situation, one count would be made in Item 18 and one count in Item 19. This is an activity count and not a case count.

Item 18. Total number of Reassessments

Enter the total number of reassessments performed by CWD staff during the month. A reassessment performed by CWD staff during the month. A reassessment is the activity which reviews all past assessments and examines the current condition of the client and his/her family that results in written documentation in the case record or case file. The activity must be documented in the case record/case file for a reassessment to occur. The reassessment is used to evaluate the effectiveness of the current service plan and to review the progress that has been made towards achieving the objectives identified in the services plan. See MPP Section 30-002(w).

Item 19. Total number of Emergency Responses

Enter the total number of emergency responses made by CWD staff during the month. An emergency response is to be reported each time the social worker is required to respond to circumstances defined as an ER case on page 3 of these form instructions.

26-514.40 PART D. OPTIONAL SERVICES

26-514.40

Optional Services are social services programs which are not mandated by Federal or State law.

Examples of Optional Services Programs include: Special Care for Children in Their Own Homes; Home Management and Other Functional Educational Services; Employment/Education Training; Services for Children with Special Problems; Services to Alleviate or Prevent Family Problems; Sustenance; Housing Referral Services; Legal Referral Services; Diagnostic Treatment Services for Children; Special Services for the Blind; Special Services for Adults; Services for Disabled Individuals; and Services to County Jail Inmates.

26-514.40 PART D. OPTIONAL SERVICES (Continued) 26-514.40

Item 20. Number of cases receiving optional services during the month

Enter the total number of active cases receiving optional services during the month. An application for optional services becomes a case when received by the CWD. A case must have distinguishable and retrievable "case status" within the county's central index/registry (i.e., case folder and number), and a case record as required by regulation. If an individual meets the definition of a case in more than one optional service program, the individual should be counted for all programs in which he/she is participating. For example, a person receiving services from two programs shall represent a count of two cases in Item 20.

**STATISTICAL REPORTS
REPORTS - SOCIAL SERVICES**

26-514.90

Handbook

26-514.90 FORM SOC 242

26-514.90

FORM SOC 242

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES	
COUNTY SERVICES BLOCK GRANT PROGRAMS MONTHLY STATISTICAL REPORT		SEND ONE COPY TO: Department of Social Services Statistical Services 744 P Street, MS 19-81 Sacramento, CA 95814	
	COUNTY	CODE	
	MONTH ENDING	MONTH /	YEAR /
PART A: INFORMATION AND REFERRAL		Responses	
1. Number of responses to requests for Information and Referral	1		
PART B: OUT-OF-HOME CARE ADULTS (OHC-A)		Cases	
2. Cases brought forward from last month (same as Item 6 on prior month report)	2		
3. Cases opened during the month	3		
4. Total number of active cases during month (sum of Items 2 and 3)	4		
5. Cases closed during the month	5		
6. Cases carried forward to next month (Item 4 minus Item 5)	6		
PART C: ADULT PROTECTIVE SERVICES (APS)		Contacts	
7. Number of APS reports/referrals/requests received during the month	7		
Emergency Response (ER) Cases		Cases	
8. Cases brought forward from last month (same as Item 12 on prior month report)	8		
9. Cases opened during the month	9		
10. Total number of active cases during month (sum of Items 8 and 9)	10		
11. Cases closed during the month (sum of Items 11a and 11b)	11		
a. Closed, no further activity	11a		
b. Transferred to non-ER (same as Item 14b below)	11b		
12. Cases carried forward to next month (Item 10 minus Item 11)	12		
Non-Emergency Response (Non-ER) Cases		Cases	
13. Cases brought forward from last month (same as Item 17 on prior month report)	13		
14. Cases opened during the month (sum of Items 14a and 14b)	14		
a. From Intake	14a		
b. From Emergency Response (same as Item 11b above)	14b		
15. Total number of active cases during month (sum of Items 13 and 14)	15		
16. Cases closed during the month	16		
17. Cases carried forward to next month (Item 15 minus Item 16)	17		
Case Activities		Activities	
18. Total number of reassessments	18		
19. Total number of Emergency Responses	19		
PART D: OPTIONAL SERVICES		Cases	
20. Number of cases receiving optional services during the month	20		
PERSON TO CONTACT	TELEPHONE NUMBER	DATE	

Ref. Div. 26-514

SOC 242 (1/88)

CALIFORNIA-SDSS-MANUAL-SR

MANUAL LETTER NO. SR-89-01

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Issue 246

246