STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

May 5, 1994

ALL-COUNTY LETTER NO. 94-34

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

SUBJECT: PROVIDING NOTICE OF COST-OF-LIVING ADJUSTMENT INCREASE IN AFDC, REFUGEE CASH ASSISTANCE, ENTRANT CASH ASSISTANCE AND POSSIBLE DECREASE IN FOOD STAMPS

REFERENCES: ACL 93-34, dated May 26, 1993
ACL 92-52, dated June 4, 1992

This is to inform you that current law (W&I Code Sections 11452 and 11453) provides for an AFDC Cost-of-Living Adjustment (COLA) for Fiscal Year 1994/1995. The COLA affects only the Minimum Basic Standard of Adequate Care (MBSAC) and the derivative tables (In-Kind Income and 185 percent of MBSAC).

Unless there is independent action in the current session of the Legislature to override the provisions of W&I Code Sections 11452 and 11453, the MBSAC values will be increased by 1.18 percent effective July 1, 1994. Attachment I provides the AFDC Payment Standard tables to assist you in implementing the changes.

Food Stamps

The following describes how to treat the AFDC COLA supplemental payment received by Food Stamp households:

- For monthly reporting households subject to retrospective budgeting, if the CWD sends a COLA supplemental payment in the month of July for the month of July, but did not have time to prospectively budget the supplemental payment, the CWD must ~~retrospectively budget the July supplement in September.~~ [M.S. 63-503.232(c)(5)(A)]

- However, if the July supplement is not sent until August, it is considered a non-recurring lump sum payment for Food Stamp Program purposes, and counted as a resource in the month of August [M.S. 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

Notice of Action (NOA) Language

Attachments IIA and IIB are the NOAs in English and Spanish informing AFDC recipients whose cash aid changes due to the increase of the MBSAC level. Copies of the NOA in Cambodian, Chinese, Lao and Vietnamese will be sent to the county Forms Coordinators under separate cover by the Language Services Bureau.

Food Stamp Mass Change Notice Language

Attachment III is the mass change notice (TEMP NA 2) language which counties are to use to inform households that food stamps may be reduced due to the AFDC increase. Mass change requirements should be implemented to effect the July 1, 1994 change. The TEMP NA 2 may be used for the purpose of informing clients of a possible change in food stamps. A reproducible copy of the TEMP NA 2 containing English, Spanish, Cambodian, Chinese, Hmong, Lao and Vietnamese is attached. To request a camera-ready copy of the TEMP NA 2 containing all of the above mentioned languages, please contact Shirley Lu Kung at (916) 654-1277, or CALNET 464-1277.

State Budget

As you know, current State law does not provide for either an increase or a decrease to the Maximum Aid Payment (MAP) levels this fiscal year. However, the Administration's proposed budget does include a decrease to the MAP levels.

Assistance Payment Demonstration Project (APDP)
California Work Pays Demonstration Project (CWPD)
Research Counties (Los Angeles, San Bernardino, Alameda, San Joaquin)

Cases assigned to experimental status **will** be subject to the MBSAC COLA increase. Cases in control status **will not** be subject to the MBSAC COLA increase. It is recommended that the TEMP NA 2 **not** be sent to cases in control status. However, if this is not possible, the county may add the following language to the notice: "If you are a member of the control group of the Assistance Payments Demonstration Project (now called the California Work Pays Demonstration Project), these changes don't apply to you".

Contacts

If you have any questions, please contact the following staff:
AFDC Program: Alison Garcia (916) 654-0989 or CALNET 464-0989.
Food Stamp Program: Suzanne McNamee (916) 657-3815 or CALNET 437-3815.
APDP/CWPD: Leslie Raderman (916) 657-2357 or CALNET 437-2357.

Sincerely,

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

AFDC PAYMENT STANDARDS
EFFECTIVE JULY 1, 1994

Assistance Unit Size	Maximum Aid Payment	MBSAC	185% of MBSAC	IN-KIND INCOME				80% of MAP
				Housing	Utilities	Food	Clothing	
1	299	355	656*	160	34	89	27	239
2	490	583	1,078*	215	39	189	52	392
3	607	723	1,337*	235	42	242	78	485*
4	723	858	1,587	246	44	298	104	578
5	824	979	1,811	246	44	360	132	659
6	926	1,101	2,036*	246	44	418	156	740*
7	1,017	1,209	2,236*	246	44	466	185	813*
8	1,108	1,317	2,436	246	44	510	207	886
9	1,197	1,428	2,641*	246	44	560	237	957*
10	1,286	1,551	2,869	246	44	606	259	1,028*
More than 10	1,286	Add $14 for each extra person						

Reference 44-315.311 44-207.113 44-115.311----------44-402.1
44-211.531

*Rounded down to the next lower whole dollar to stay within the 185% and 80% limits.

State of California
Department of Social Services

Manual Msg. No.: M44-315temp94
Action : Change
Issue: Law Change
Title: Increase MBSAC
Form No. : NA 200
Effective Date : 07/01/94
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : ACL
Regulation Cite: 44-315.3

MESSAGE:

As of July 1, 1994, the County is changing your monthly cash aid from $ _____ to $ _____.

Here's why:

As of July 1, State Law makes the Basic Need standard go up by 1.18 percent. See Section B, Line 1 on this page for your new Basic Need amount.

Your new cash aid amount is figured on this page.

INSTRUCTIONS

This message is to be sent to all clients whose cash aid is changing on July 1, 1994 because of the 1.18% increase in MBSAC on that date required by State law.

o Fill in the old and new aid amounts.

file: wpjhone/l.m.docs/m44315temp94 94.04.05

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
Nombre del caso : _____
Número : _____
Nombre del trabajador(a) : _____
Número : _____
Teléfono : _____
Dirección : _____

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado. Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del 1º de julio de 1994, el condado cambiará su asistencia monetaria mensual de $ _____ a $ _____.

La razón es la siguiente:

A partir del 1º de julio de 1994, las leyes estatales aumentarán el Criterio de Necesidades Básicas un 1.18 por ciento. Vea la Sección B, renglón 1 a la derecha para enterarse de su cantidad para necesidades básicas.

En esta página, se calcula su nueva cantidad de asistencia monetaria.

Cantidad de la asistencia monetaria mensual

Sección A. Ingresos contables en el mes de _____

Total de ingresos ganados	$	_____
Deducción por gastos de trabajo	-	_____
Deducción de $30 y 1/3	-	_____
Deducción por cuidado de personas a su cargo	-	_____
Otros ingresos contables (enumere las fuentes)		
_____	+	_____
_____	+	_____
Mantenimiento pagado ordenado por la corte	-	_____
Ingresos contables netos	=	_____

Sección B. Su asist. monetaria en el mes de _____

1. Necesidades básicas, _____ personas	$	_____
2. Necesidades especiales	+	_____
3. Ingresos contables netos de la Sección A	-	
4. Subtotal de necesidades básicas	=	[ ]
5. Asistencia máxima, _____ personas	$	_____
6. Necesidades especiales	+	
7. Subtotal de asistencia máxima	=	[ ]
8. **Subtotal de asist. del mes completo** (Cant. menor en el renglón 4, 7, o 14)	=	_____
9. Renglón 8 prorrateado para parte del mes	=	_____
10. Ajuste para cobrar el pago excesivo	-	_____
11. **Cant. de la asistencia monetaria mensual** (Renglón 8 o 9 menos el renglón 10)	=	_____
12. MAP del estado anterior, _____ personas.	$	_____
13. Necesidades especiales (California)	+	
14. Subtotal del estado anterior	=	[ ]

Ordenamientos. Las siguientes reglas, las cuales puede revisar en su oficina de bienestar, son pertinentes: MPP 44-315.3

FOOD STAMP CHANGE

As of July 1, 1994, the Minimum Basic Standard of Adequate Care for AFDC is increased by 1.18 percent. If your cash aid goes up, this change may lower your food stamps.

CAMBIO EN LAS ESTAMPILLAS PARA COMIDA

A partir del 1 de julio de 1994, ha aumentado el Criterio Mínimo Básico de Cuidado Adecuado para AFDC un 1.18 por ciento. Si su asistencia monetaria aumenta, este cambio pudiera reducir sus estampillas para comida.

ការផ្ទាស់ប្តូរនៃបណ្ណទិញម្ហូប

ចាប់ពីថ្ងៃទី១ ខែកក្កដា ឆ្នាំ១៩៩៤ ចំនួនកំរិតគិតបំផុតសំរាប់ការចិញ្ចឹមថែរក្សាឱ្យបានគ្រប់គ្រាន់ (Minimum Basic Standard of Adequate Care) នៃជំនួយAFDC ត្រូវបានតម្លើងចំនួន១,១៨ភាគរយ(1.18%) ។ បើសិនជាប្រាក់ជំនួយរបស់លោកអ្នកបានកើនឡើង ការផ្ទាស់ប្តូរនេះអាចបន្ថយបណ្ណទិញម្ហូបរបស់លោកអ្នក ។

Cambodian

SỰ THAY ĐỔI VỀ TRỢ CẤP PHIẾU THỰC PHẨM

Kể từ ngày 1 tháng 7 năm 1994, Mức Tiêu Chuẩn Căn Bản Về Lợi Tức Đủ Để Sinh Sống (Minimum Basic Standard of Adequate Care) của Trợ Cấp Cho Các Gia Đình Có Con Em Nhỏ (AFDC) được tăng lên 1.18 phần trăm. Nếu trợ cấp tiền mặt của quý vị tăng lên thì trợ cấp phiếu thực phẩm của quý vị có thể bị giảm xuống.

Vietnamese

ການປ່ຽນແປງຢູ່ໃນໂຄງການບັດຊື້ອາຫານ

ເລີ່ມວັນທີ 1 ເດືອນກໍລະກະດາ 1994 ນີ້ເປັນຕົ້ນໄປ ລາຍໄດ້ພື້ນຖານຂີດຕ່ຳສຸດສຳລັບການຄອງຊີບ (Minimum Basic Standard of Adequate Care) ຢູ່ໃນໂຄງການເງິນຊ່ວຍເຫລືອ AFDC ໄດ້ເພີ່ມຂຶ້ນໃນຈຳນວນ 1.18 ເປີເซັນ. ຖ້າຫາກว่า ເງິນຊ່ວຍເຫລືອຂອງທ່ານ ເພີ່ມຂຶ້ນ ການປ່ຽນແປງດັ່ງກ່າວ ອາດເຮັດໃຫ້ບັດຊື້ອາຫານຂອງທ່ານຫລຸດລົງ.

Lao

糧食券更改

自1994年7月1日起，貧困子女家庭補助(AFDC)項目下，適當照顧的最低基本標準增加百分之一點一八。假如你的現金補助增多的話，這一改變就會減少你的糧食券。

Chinese

NYIAJ MUAS NOJ HLOOV

Txij hnub tim 1 lub xya hli ntuj 1994 mus, cov nyiaj yuav tsum muaj siv rau kev nyob noj (Minimum Basic Standard of Adequate Care) hauv kev pab nyiaj ntsuab AFDC tau nce tuaj 1.18%. Yog hais tias koj cov nyiaj ntsuab nce tuaj, qhov no yuav ua rau koj cov nyiaj muas noj tsawg tuaj.

Hmong