

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 26, 1979

ALL-COUNTY INFORMATION NOTICE I-11-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL SURVEY OF FAMILY PLANNING PROCEDURES OF COUNTY WELFARE DEPARTMENTS

REFERENCE:

Section 10053.3 of the Welfare and Institutions Code requires county welfare departments (CWD) to periodically report on the procedures used to inform persons of their eligibility for and the availability of family planning services.

In the past, each county welfare department has completed an annual questionnaire describing its family planning procedures for the Department of Social Services. The information on these questionnaires was then compiled and a report was prepared and distributed to CWD and others. The last such report was for January 1978 ("Family Planning Procedures Report, January 1978", Report Register Number 0586-901).

Since over the years few changes have been reported by the CWD's in their family planning programs, we have made an effort to ease the workload for this reporting requirement by modifying the reporting procedures this year.

Thus on the attached questionnaire, each CWD should (1) indicate whether changes have occurred in its family planning program since January 1978 and, if so, describe them, and (2) provide the name of its coordinator of family planning services.

The questionnaire is to be completed by the person in the county welfare department designated to be generally knowledgeable in the area of family planning and to be responsible for the coordination of family planning services program activities within the county welfare department and with family planning resources outside the department (Regulations Manual, Section 30-411.1).

Please return the attached questionnaire by Wednesday, February 28, 1979. If you have questions, please contact David Webber, Data Management and Analysis Bureau, (916) 445-3649.

Sincerely



R. E. REICH
Deputy Director

cc: CWDA

Attachment

GEN 654a (7/78)

FAMILY PLANNING PROGRAMS

Annual Questionnaire on Family Planning (FP) Services Procedures of County Welfare Departments

January 1979

This questionnaire serves two purposes:

1. to collect information on the status of family planning service programs of county welfare departments as of January 1979; specifically, to determine in which counties there have been changes in the program since January 1978.
2. to update our list of family planning coordinators for each county welfare department. Family planning coordinator is defined as "the person in the county welfare department designated to be generally knowledgeable in the area of family planning and to be responsible for the coordination of family planning services program activities within the county welfare department and with family planning resources outside the department. (Social Services Regulations Manual, Section 30-411.1)

This questionnaire is to be completed by the person in the county welfare department responsible for coordinating family planning services, as described above.

Please complete this questionnaire by February 28, 1979, and return to:

Data Management and Analysis Bureau
 Department of Social Services
 744 P Street, Mail Station 12-81
 Sacramento, CA 95814

FOR JANUARY 1979:

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has there been a change(s) in the family planning services program in your county since January 1978? (Refer to "Family Planning Procedures Report, January 1978", Report Register No. 0586-901, if you have questions about the reported status of your family planning services program for that month.) | <input type="checkbox"/> | <input type="checkbox"/> |

2. If "Yes" is checked, briefly describe the change(s).

3. Questionnaire completed by:

Name _____ Title _____

County _____

Address _____

Telephone number (___) _____ Date _____