DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 10, 1981

ALL-COUNTY INFORMATION NOTICE I-28-81

TO: ALL COUNTY WELFARE DIRECTORS

ALL FOOD STAMP PROGRAM STATISTICAL REPORTING UNITS

SUBJECT: DFA 358, FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP

REFERENCE:

This is to provide you with instructions on the DFA 358, Food Stamp Program Participants by Ethnic Group. This form has been revised to reflect the changes made by the Department of Agriculture, Food and Nutrition Services (FNS). As transmitted in All County Information Notice I-108-80, dated September 30, 1980, FNS has revised the requirement for a semi-annual report reflecting the number of persons participating in the Food Stamp Program by ethnic origin to an annual report reflecting the number of households participating in the Food Stamp Program by ethnic origin. This revised form will be required annually for the April report month and is to be implemented in April 1981.

A copy of the revised form and instructions for the DFA 358 are attached. A preliminary supply of ten forms will be forwarded to each county by the beginning of April. In the future, these forms may be ordered through normal DSS Warehouse ordering procedures. If you have any questions, please contact Heidi Lasich of the Statistical Services Branch at (916) 323-2331 or ATSS 473-2331.

Sincerely,

CLAUDE E. FINN

Deputy Director

Administration Division

Attachments

cc: CWDA

FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP (DFA 358)

CONTENT

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

PURPOSE

This 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 Nutrition Services.

DISTRIBUTION

This report is distributed to the Department of Social Services and the United States Department of Agriculture, Food and Nutrition Services.

DUE DATE

The original and two copies of the completed form are to be received in Sacramento as soon as possible after the last day of the report month of April but no later than 45 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. Send reports to:

Department of Social Services Statistical Services Branch 744 P Street, Mail Station 12-81 Sacramento, California 95814

INSTRUCTIONS

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 or Non-assistance 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 April. 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 FNS 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 FNS 256, explain in the "Remarks" section any variance of plus or minus two percent.

Sign and date the report.

ETHNIC ORIGIN IDENTIFICATION

Self-identification is the established method for identifying race. A single identifier is to be used for each 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 applicants ethnic origin. The applicants 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.

ETHNIC ORIGIN 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 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 of 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.

REVISIONS

Revisions to the number of 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.

State of California - Health and Wendle Agency

Send two copies to: Statistical Services Branch 744 P Street, Mail Station 12-81 Sacramento, CA 95814

FOOD STAMP PROGRAM

Partici	ipants by Ethnic Group		_				
				County:	· .		-
				For the month of: April		Year:	1
	ber of households participating in the tance status:	Food Stan	np Program (during the month of	f April by e	ethnic gr	oup and
	Number of households						_
	Ethnic group	Code	Assistance	Nonassistar N	nce	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)		·			
		direction of the state of the s					
	TOTAL						
Signa	Signature of Person to contact regarding this report: Telephone number:					Date:	

Remarks

Instructions for Completing Report

Send original and two copies of the completed form to the Statistical Services Branch, as soon as possible after the April 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 FNS 256, Monthly Report of Participation and Coupon Issuance.

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 April.

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 FNS 256, Monthly Report of Participation and Coupon Issuance. 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.

(Over)

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