TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NEW KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM (Kin-GAP) CASELOAD MOVEMENT REPORT [CA 237 KG (1/02)]

REFERENCE: ALL COUNTY LETTERS 00-09 AND 00-70

The purpose of this letter is to inform counties of a new Kin-GAP statistical report that will become effective January 1, 2002. The attached new report is called the Kinship Guardian Assistance Payment Program (Kin-GAP) Caseload Movement Report (CA 237 KG). This report will provide monthly information about caseload movement in the Kin-GAP Program. Also attached are the instructions for completing the report.

BACKGROUND

Kin-GAP is a new program that became effective on January 1, 2000. The Kin-GAP Program is available to children that exited the juvenile court dependency system on, or after, January 1, 2000, to live with a relative legal guardian. Eligibility for the program requires the child to have lived with the relative at least twelve (12) consecutive months. Additionally, the relative guardianship must be established pursuant to Welfare & Institutions Code 366.26, and the juvenile court dependency for the child must be dismissed.

PURPOSE

Since the implementation of the Kin-GAP Program, it has become apparent that a new statistical report, specific to Kin-GAP recipients, is needed for federal reporting, state budgeting, and program management decisions.
The purpose of this report is to provide an unduplicated case count for:

(1) Meeting Federal Temporary Assistance for Needy Families (TANF) reporting requirements;
(2) Budgeting, staffing, program planning, and other administrative responsibilities performed by county, state, and federal administrators;
(3) Assisting other persons and agencies that have an interest in Kin-GAP.

**County Welfare Department (CWD) Responsibilities**

The CWD is responsible for ensuring that the report is complete and accurate before it is sent to the California Department of Social Services (CDSS) on or before the 22nd calendar day of the month following the report month. The first CA 237 KG will report on the month of January 2002 and will be due on or before February 22, 2002. In counties where a portion of the data required for this report is supplied by another agency, the CWD is responsible for reviewing and verifying the data prior to including it in the report.

If you have any questions concerning the attached new statistical report, or the instructions, please contact Data Systems and Survey Design Bureau at (916) 651-8269. If you have any questions regarding the Kin-GAP Program, please contact the Foster Care Policy Bureau at (916) 445-0813.

Sincerely,

*Original Document Signed By*

*Lois VanBeers on 11/13/01*

LOIS VANBEERS  
Deputy Director  
Research and Development Division

Attachments

c: CWDA
## Kinship Guardianship Assistance Payment Program (Kin-GAP) Caseload Movement Report

**SEND ONE COPY OF THIS REPORT TO:**
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

### Part A. Applications for Kin-GAP and Requests for Restoration
1. Applications carried forward from last month (Item a plus or minus Item b)…………………………………...
   a. Applications pending from last month (Item 5 last month)……………………………………………………
   b. Adjustment to Item 1a (explain in Comments)……………………………………………………………………
2. Applications received during the month (Item a plus Item b)……………………………………………………
   a. Applications………………………………………………………………………………………………………………
   b. Requests for restoration………………………………………………………………………………………………
3. Total applications on-hand during the month (Item 1 plus Item 2)………………………………………………
4. Applications disposed of during the month (Items a, b, and c)……………………………………………………
   a. Applications approved (Item 7a plus Item 7b)………………………………………………………………………
   b. Applications denied………………………………………………………………………………………………………
   c. Other application dispositions (e.g., cancellations and withdrawals)…………………………………………
5. Applications pending at end of the month (Item 3 minus Item 4)………………………………………………

### Part B. Kin-GAP Caseload
6. Cases carried forward from last month (Item a plus or minus Item b)………………………………………………
   a. Cases pending from last month (Item 10 last month)……………………………………………………………..
   b. Adjustment to Item 6a (explain in Comments) ………………………………………………………………………
7. Cases added during the month (Items a through e)……………………………………………………………………
   a. Applications approved……………………………………………………………………………………………………
   b. Restorations granted……………………………………………………………………………………………………
   c. CalWORKs Program participant transfer to Kin-GAP……………………………………………………………..
   d. AFDC-FC Program participant transfer to Kin-GAP……………………………………………………………..
   e. Other case approvals……………………………………………………………………………………………………
8. Total cases (Item 6 plus Item 7 equals Item 8a plus Item 8b)…………………………………………………………
   a. Cases that received Kin-GAP…………………………………………………………………………………………
   b. Case adjustment (Item 8 minus Item 8a equals Item 8b)……………………………………………………………..
9. Cases discontinued during the month (Items a through c)…………………………………………………………
   a. Cases transferred to the CalWORKs Program……………………………………………………………………..
   b. Cases transferred to the AFDC-FC Program…………………………………………………………………………
   c. All other Kin-GAP discontinued cases………………………………………………………………………………
10. Cases at end of the month (Item 8 minus Item 9 equals Item 10a plus 10b)……………………………………..
    a. Kin-GAP cases with federal participation…………………………………………………………………………...
    b. Kin-GAP cases without federal participation………………………………………………………………………

### Part C. Special Information
11. Number of overdue reinvestigations at end of the month…………………………………………………………

**COMMENTS**

**CONTACT PERSON (Print)**

**TELEPHONE**

( )

**TITLE/CLASSIFICATION**

**FAX**

( )

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KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM (Kin-GAP)
CASELOAD MOVEMENT REPORT
CA 237 KG (1/02)

INSTRUCTIONS

CONTENT

The monthly CA 237 KG report contains statistical information on end of the report month net movement of cases and the number of individuals who received Kin-GAP. The County Welfare Departments (CWDs) should report the status of a case at the end of the month.

PURPOSE

The purpose of this report is to provide an unduplicated case count for meeting federal Temporary Assistance for Needy Families (TANF) reporting requirements. The report also provides county, state and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

DUE DATE AND CONTACT

The CWD is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 22nd calendar day of the month following the end of the report month. Mail or fax reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2340

FAX: (916) 657-2074

Report data and the report's form and instructions, are available on the CDSS, Research and Development Division (RADD) web site at: [http://www.dss.cahwnet.gov/research/](http://www.dss.cahwnet.gov/research/). Copies may be printed from the web site. If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the name of the county, and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter “0”. **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

DEFINITIONS

**AFDC-FC:** AFDC-FC means Aid to Families with Dependent Children Foster Care. This is aid provided on behalf of needy children in foster care who meet the eligibility requirements as specified in CDSS regulations and in applicable state and federal laws. (MPP 45-100 through 45-303)
DEFINITIONS CONTINUED

Application: A completed SAWS 1 is considered to be an application for Kin-GAP. An application is not required for an intraprogram status change (IPSC). (MPP 40-121.3)

Approvals: An application, or a request for restoration, for a Kin-GAP cash grant is considered approved when the CWD signs the appropriate documents (e.g., SAWS 1) and authorizes aid.

CalWORKs: A welfare program that gives cash aid and services to eligible California families (formerly known as AFDC/GAIN).

Cancellations: An application, or request for restoration, for a Kin-GAP cash grant is considered “cancelled” if the child for whom the application (or request for restoration) is made dies before the determination is completed.

Denial: An application, or request for restoration, for a Kin-GAP cash grant that is rejected. Denial may occur for reasons specified in regulations.

Dispositions: An action taken on an application, or a request for restoration, for a Kin-GAP cash grant (e.g., approval, denial, cancellation, or withdrawal).

Federal Participation: Participation by the federal government in sharing the cost of Kin-GAP expenditures.

Home County: A child’s home county is the county that had legal custody of the child immediately prior to the dismissal of the dependency and establishment of the legal guardianship by the court (MPP 40-189.27). The Kin-GAP case should only be counted by the home county, for purposes of this report.

Intercounty Transfer: The transfer of a case to the county of responsibility (see “Home County”). Only the Home County reports an Intercounty Transfer (ICT). For example, this situation could occur when a child is living out of county—i.e., the county of dependency is not the county in which the child is residing. In this example, the child is receiving CalWORKs and subsequently requests Kin-GAP. The appropriate way to process the Kin-GAP request would be for the county in which the child is living to do an intraprogram status change to Kin-GAP and then an intercounty transfer to the home county (MPP 40-190).

Intraprogram Status Change: A change in status from one part of the same program to another—e.g., changes between CalWORKs and Kin-GAP or between AFDC-FC and Kin-GAP (MPP 40-183.1).

Kin-GAP Program: Senate Bill 1901, Chapter 1055, Statutes of 1998 established the Kinship Guardianship Assistance Payment Program. Kin-GAP was established to serve dependent children whose dependencies are dismissed when their relative caregivers assume legal guardianship of them. The effective date of Kin-GAP was January 1, 2000.

Other Approvals: Cases approved for reasons other than new applications, restorations, transfers from other counties, or transfers from the CalWORKs or AFDC Foster Care Programs. Include the following: approval of aid on appeal cases and approval of aid to cases erroneously denied or discontinued. Also, the county that had legal custody of the child immediately prior to the dismissal of the dependency, should include Kin-GAP applications approved for children living in other counties. (See MPP 40-189.27)

Other Dispositions: An action taken on an application, or a request for restoration, for Kin-GAP that results in a cancellation or withdrawal. This also includes applications denied because the applicant moved or could not be located. (See definitions for Cancellations and Withdrawals.)

Restorations: The term “restoration” applies to an applicant who was a recipient of the same category of aid in the same county when his/her grant has been discontinued for 12 months, or less, at the time of the current application.
**DEFINITIONS CONTINUED**

**Withdrawals:** An application or request for restoration that is withdrawn only upon the voluntary initiative of the applicant, or person applying on the applicant’s behalf.

**ITEM INSTRUCTIONS**

**Part A. Applications for Kin-GAP and Requests for Restoration**

This part of the report summarizes intake activity during the report month, with respect to applications and requests for restoration.

1. **Applications carried forward from last month (Item a plus or minus Item b):** Enter the difference, or sum, resulting from subtracting, or adding, Item 1b (Cell 3) from/to Item 1a (Cell 2). [Cell 1]
   a. **Applications pending from last month (Item 5 last month):** Enter the number of applications pending from the previous month. This must be the same number as in Item 5 (Cell 12) from the previous month’s report. [Cell 2]
   b. **Adjustment to Item 1a (explain in Comments):** Enter any changes, plus (+) or minus (-), in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months that were not previously reported. Whenever an adjustment is reported the CWD must explain in Comments, why an adjustment was made. If there is no change, enter “0.” “Adjustment to Item 1a ” is used to reconcile the beginning balance of the current report period (Item 1) to the ending balance of the prior report period (Item 5 of the prior month). For example, an adjustment might be used when a prior month’s application was cancelled or an aid code was changed. [Cell 3]

2. **Applications received during the month (Item a plus Item b):** Enter the sum of Item 2a and Item 2b. [Cell 4]
   a. **Applications:** Enter the total number of applications received. For reporting purposes, a request for aid is considered an application when it has been received and recorded by the CWD on the SAWS 1 (APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP). (MPP 40-121) [Cell 5]
   b. **Requests for restoration:** Enter the total number of requests for restoration. An application for aid is considered a request for restoration when the applicant has been a recipient of the same category of aid in the same county within the last 12 months. [Cell 6]

3. **Total applications on-hand during the month (Item 1 plus Item 2):** Enter the sum of Items 1 and 2 (Cells 1 and 4). [Cell 7]

4. **Applications disposed of during the month (Items a, b, and c):** Enter the sum of Items 4a through 4c (Cells 9, 10, and 11). [Cell 8]
   a. **Applications approved (Item 7a plus Item 7b):** Enter the sum of Item 7a (Applications approved, Cell 17) plus Item 7b (Restorations granted, Cell 18). [Cell 9]
   b. **Applications denied:** Enter the number of applications and requests for restoration denied. [Cell 10]
   c. **Other application dispositions (e.g., cancellations and withdrawals):** Enter the number of applications and requests for restoration cancelled or withdrawn. This item also includes applications denied because the applicant moved or could not be located. [Cell 11]
**ITEM INSTRUCTIONS CONTINUED**

5. **Applications pending at end of the month (Item 3 minus Item 4):** Enter the number of applications and requests for restoration. This entry must equal Item 3, “Total applications on-hand during the month” (Cell 7) minus Item 4, “Applications disposed of during the month” (Cell 8). [Cell 12]

<table>
<thead>
<tr>
<th>Part B. Kin-GAP Caseload</th>
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6. **Cases carried forward from last month (Item a plus or minus Item b):** Enter the difference, or sum, resulting from subtracting, or adding, Item 6b (Cell 15) from/to Item 6a (Cell 14). [Cell 13]

   a. **Cases pending from last month (Item 10 last month):** Enter the number of cases pending from the previous month. This must be the same number as that shown in Item 10 (Cell 29) from the prior month’s report. (Cell 14)

   b. **Adjustment to 6a (explain in Comments):** Enter any changes, plus (+) or minus (-), in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported. Whenever an adjustment is reported, the CWD must explain in Comments, why an adjustment was made. If there is no change enter “0.” [Cell 15]

7. **Cases added during the month (Items a through e):** Enter the sum of Items 7a through 7e (Cells 17 – 21). [Cell 16]

   a. **Applications approved:** Enter the number of applications approved to receive a Kin-GAP cash grant. [Cell 17]

   b. **Restorations granted:** Enter the number of requests for restoration approved. Restoration applies to an applicant who was a recipient of Kin-GAP in the same county, when his/her cash grant has been discontinued for 12 months, or less, at the time of the current application. [Cell 18]

   c. **CalWORKs Program participant transfer to Kin-GAP:** Enter the number of cases transferring to Kin-GAP from CalWORKs. [Cell 19]

   d. **AFDC-FC Program participant transfer to Kin-GAP:** Enter the number of cases transferring to Kin-GAP from AFDC Foster Care. [Cell 20]

   e. **Other case approvals:** Enter the number of cases approved for reasons other than Items 7a through 7d (Cells 17– 20). Include intercounty transfers. For example, this situation could occur when a child is living out of county – i.e., the county of dependency is not the county in which the child is residing. In this example, the child is receiving CalWORKs and subsequently requests Kin-GAP. The appropriate way to process the Kin-GAP request would be for the county in which the child is living to do an intraprogram status change to Kin-GAP and then an intercounty transfer to the home county. (MPP 40-189.27) [Cell 21]

8. **Total cases (Item 6 plus Item 7 equals Item 8a plus Item 8b):** Enter the sum of Item 6 and Item 7 (Cells 13 and 16). This is the total number of cases active during the report month—i.e., those cases where an official authorization for aid was in effect at some time during the month. This total must equal the sum of Items 8a and 8b (Cells 23 and 24). [Cell 22]

   a. **Cases that received Kin-GAP:** Enter the number of children reported in Item 8 (Cell 22) who received Kin-GAP during the report month. When the child’s basis of eligibility changes in either direction between CalWORKs and Kin-GAP or between Foster Care and Kin-GAP, the persons count will be shown in all programs, as specified in the CDSS Fiscal Manual Section 25-502.422 [Cell 23]
ITEM INSTRUCTIONS CONTINUED

b. **Case adjustment (Item 8 minus Item 8a equals Item 8b):** Enter the number of children reported in Item 8 (Cell 22) that did not receive Kin-GAP during the month. Do **NOT** include cases that have been transferred via Intraprogram Status Change (i.e., from CalWORKs or Foster Care). **Do** include the following: cases approved for aid during the report month that will receive an initial warrant dated the following month; cases with an authorization to receive aid that were discontinued during the report month, and the warrant was cancelled or not written; cases in which the authorization for the report month was a zero grant to adjust for an overpayment. [Cell 24]

9. **Cases discontinued during the month (Items a through c):** Enter the sum of Items 9a through 9c (Cells 26, 27, and 28). This is the number of Kin-GAP cases that are discontinued as of the end of the month, either due to ineligibility to continue to receive benefits, or due to a change in program status. [Cell 25]
   a. **Cases transferred to the CalWORKs Program:** Enter the number of children moved out of Kin-GAP to CalWORKs. [Cell 26]
   b. **Cases transferred to the AFDC-FC Program:** Enter the number of children moved out of Kin-GAP to the AFDC Foster Care Program. [Cell 27]
   c. **All other Kin-GAP discontinued cases:** Enter the number of all other Kin-GAP discontinuances that have not already been reported in Items 9a or 9b (Cells 26 and 27). [Cell 28]

10. **Cases at end of the month (Item 8 minus Item 9 equals Item 10a plus Item 10b):** Enter the difference resulting from subtracting Item 9 from Item 8 (Cell 22 minus Cell 25). This number is carried forward to Item 6, “Cases carried forward from last month” (Cell 13) of the next report month. [Cell 29]
   a. **Kin-GAP cases with federal participation:** Enter the number of Kin-GAP cases with federal financial participation. [Cell 30]
   b. **Kin-GAP cases without federal participation:** Enter the number of Kin-GAP cases that do **NOT** have federal financial participation (this would be aliens permanently residing in the U.S. under color of law (PRUCOL)). [Cell 31]

### Part C. Special Information

11. **Number of overdue reinvestigations at end of the month:** Enter the number of Kin-GAP cases in which a reinvestigation is overdue as of the end of the report month. Reinvestigation is a re-examination of all circumstances of the recipient that are subject to change. A reinvestigation is to be completed at least once every 12 months; if it is not completed within the 12-month period, it is overdue. (MPP 40-181.1(c)(2)) [Cell 32]

**COMMENTS**

Use the Comments section to:
- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.