

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 29, 2003

ALL COUNTY LETTER 03-49

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM PARTICIPATION AND BENEFIT ISSUANCE REPORT [DFA 256 (11/03)]

REFERENCE: ALL COUNTY LETTER (ACL) 98-13, DATED MARCH 3, 1998
ACL 97-77, DATED DECEMBER 11, 1997

The purpose of this letter is to provide the revised Food Stamp Program Participation and Benefit Issuance Report (DFA 256) form and instructions for use by County Welfare Departments beginning with the November 2003 report month.

The DFA 256 has been revised as follows:

- Simplified reporting of the value of food stamp benefit issuances. Counties are required to report all issuances into only federal and state categories; issuances to combined households need no longer be separately reported.
- Added a line item for reporting Electronic Benefit Transfer (EBT) issuances (Item 15, Cell 25). A separate EBT DFA 256 is no longer necessary.
- Added a line item for EBT counties to report the EBT amounts converted to coupons (Item 17, Cell 27).
- Conformed the appearance and format to Data Systems and Survey Design Bureau standards.

Counties must continue to report the actual federal and actual state benefit amounts issued to households composed of federal and state persons.

ALL COUNTY WELFARE DIRECTORS
Page Two

Enclosed are copies of the revised DFA 256 form and instructions. Additionally, the form and instructions are available on the California Department of Social Services (CDSS), Research and Development Division web site located at: <http://www.dss.cahwnet.gov/research/>.

This report is due 20 calendar days after the report month. Therefore, the first revised report (November 2003 report month) is due on or before December 20, 2003. Copies of the report should be mailed or faxed 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

An electronic submission option for this report which will include automatic calculation of some cell amounts is being developed and counties will be notified by an All-County Information Notice when the automated form is available for use.

As in the past, your county's data will be key-entered by CDSS and the information will be posted to the department's internet site.

If you have any questions regarding reporting requirements, please contact Sharon Shinpaugh of the Data Systems and Survey Design Bureau at (916) 651-8269. Program related questions should be directed to the Food Stamp Program at (916) 654-1896.

Sincerely,

***Original Document Signed By
Lois VanBeers on 9/29/03***

LOIS VANBEERS
Deputy Director
Research and Development Division

Enclosures

Food Stamp Program Participation and Benefit Issuance 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

COUNTY NAME	<input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REVISION NO.	REPORT MONTH AND YEAR
-------------	--	--------------	-----------------------

PART A. PARTICIPATION DURING THE MONTH^{a/}						
	Public Assistance (A)			Non-Public Assistance (B)		
	Federal	Federal/State	State	Federal	Federal/State	State
1. Number of households.....	1	2	3	4	5	6
2. Number of persons in federal-only households.....	7			8		
3. Number of federal and state persons in federal/state households.....	9		10	11		12
4. Number of persons in state-only households.....			13			14
5. Total number of federal-only households (Cell 1 plus Cell 4).....						15
6. Total number of federal/state households (Cell 2 plus Cell 5).....						16
7. Total number of state-only households (Cell 3 plus Cell 6).....						17
8. Total number of persons in federal-only households (Cell 7 plus Cell 8).....						18
9. Total number of federal persons in federal/state households (Cell 9 plus Cell 11).....						19
10. Total number of state persons in federal/state households (Cell 10 plus Cell 12).....						20
11. Total number of persons in state-only households (Cell 13 plus Cell 14).....						21

PART B. ISSUANCES DURING THE MONTH	
12. Coupons issued by mail.....	22
13. Contracted over the counter agents (outside of state/local governments).....	23
14. Other over the counter agents (state/local governments, including HIR systems).....	24
15. EBT issuances.....	25
16. Total (Cells 22 through 25).....	26
17. EBT converted to coupons.....	27

PART C. VALUE OF BENEFIT ISSUANCES DURING THE MONTH^{b/}		Round to nearest dollar--do not use cents.
18. Value of federal benefit issuances.....	28	\$
19. Value of state benefit issuances.....	29	\$
20. Total (Cell 28 plus Cell 29).....	30	\$

REMARKS

a/ Explain month-to-month participation changes of plus or minus five percent (5%) in Part A, Items 1-4, Columns A and B.
Examples: Strikes, disasters, plant shut downs, migrant influx, etc.

b/ Explain month-to-month changes of \$2 or more per person (Item 18 [Federal] [Cell 28] divided by Item 8 [persons in federal-only households] [Cell 18]).

COMMENTS

CONTACT PERSON (Print)	TELEPHONE	EMAIL
TITLE/CLASSIFICATION	FAX	DATE COMPLETED

**FOOD STAMP PROGRAM PARTICIPATION AND BENEFIT ISSUANCE REPORT
DFA 256 (11/03)****INSTRUCTIONS****CONTENT**

The monthly DFA 256 report includes data on the number of Food Stamp Public Assistance and Non-Public Assistance households and persons participating in the federal and state food stamp programs; the number of issuances provided by mail, Electronic Benefit Transfer (EBT), and contracted over the counter; and the value of documented benefit issuances.

PURPOSE

This report provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

DUE DATE AND CONTACT

The County Welfare Department (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 by 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 20th calendar day of the month following the report month. Fax or mail reports 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

Report data and the report's form and instructions are available on the California Department of Social Services, Research and Development Division web site at: <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 at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the county name and the report month and year. Indicate whether it is an initial or revised report with revision number.

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 number, fax number, and the email address 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.

For Non-EBT Counties

Data to be used in preparing this report must come from Authorization to Participate (ATP) cards transacted by households in the reporting county, Household Issuance Record (HIR) cards used by the county to provide

GENERAL INSTRUCTIONS, Continued

issuances 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:

- Altered, counterfeit, duplicate, expired, and stolen ATPs shall be included.
- Duplicate ATPs, supplements, retroactive benefits, etc., issued to the same household in the month shall count as one transaction for Part A, Items 1-4. For Part B, all ATPs transacted by the household shall be counted separately. For Part C, the value of all coupons issued as a result of these ATP cards' transactions shall be reported.
- Transacted, out-of-state ATP cards shall be counted as participation in the county agency and the value of coupons included in Part C.
- ATPs issued on or after the 20th of the month shall be counted in the month transacted.
- Out-of-county ATP cards shall be counted in the county where they are transacted.
- Disaster issuances shall be counted.

ITEM INSTRUCTIONS**PART A. PARTICIPATION DURING THE MONTH (Items 1-11)**

NOTE: These are to be unduplicated counts of households and persons: report each household and person only once. 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 in Item 1 only once in July. (However, count the total food stamp benefit value for June and July in Part C in July.)

1. Number of households:
Enter the number of households that participated during the report month by assistance classification and the program eligibility of the household members: federal households contain only federal program participants, state households contain only state program participants, and federal/state (combined) households contain both. *[Cells 1-6]*
2. Number of persons in federal-only households:
Enter the number of federal persons in federal-only households that participated in the report month by assistance classification. *[Cells 7-8]*
3. Number of federal and state persons in federal/state households:
Enter the number of federal and state persons in federal/state combined households that participated in the report month by assistance classification. *[Cells 9-12]*
4. Number of persons in state-only households:
Enter the number of state persons in state-only households that participated in the report month by assistance classification. *[Cells 13-14]*
5. Total number of federal-only households (Cell 1 plus Cell 4):
Item 5 equals the sum of Cell 1 and Cell 4. *[Cell 15]*
6. Total number of federal/state households (Cell 2 plus Cell 5):
Item 6 equals the sum of Cell 2 and Cell 5. *[Cell 16]*
7. Total number of state-only households (Cell 3 plus Cell 6):
Item 7 equals the sum of Cell 3 and Cell 6. *[Cell 17]*
8. Total number of persons in federal-only households (Cell 7 plus Cell 8):
Item 8 equals the sum of Cell 7 and Cell 8. *[Cell 18]*

ITEM INSTRUCTIONS, Continued

9. Total number of federal persons in federal/state households (Cell 9 plus Cell 11):
Item 9 equals the sum of Cell 9 and Cell 11. *[Cell 19]*
10. Total number of state persons in federal/state households (Cell 10 plus Cell 12):
Item 10 equals the sum of Cell 10 and Cell 12. *[Cell 20]*
11. Total number of persons in state-only households (Cell 13 plus Cell 14):
Item 11 equals the sum of Cell 13 and Cell 14. *[Cell 21]*

PART B. ISSUANCES DURING THE MONTH (Items 12-17)

NOTE: Include regular, duplicate, supplemental, and retroactive issuances.

12. Coupons issued by mail:
Enter the number of actual issuances of food coupons to participating households which were issued through the mail. Do not include mailing of EBT cards. *[Cell 22]*
13. Contracted over the counter agents (outside of state/local governments):
Enter the number of actual issuances of food coupons to participating households which were issued by contracted over-the-counter agents (agents outside of state/local government – e.g., banks, post offices, private entities). *[Cell 23]*
14. Other over the counter agents (state/local governments, including HIR systems):
Enter the number of actual issuances of food coupons to participating households which were issued by other over-the-counter agents (state/local government agents, including those using HIR systems). *[Cell 24]*
15. EBT issuances:
Enter the number of actual issuances of food stamp benefits which were made to participating households' EBT accounts. *[Cell 25]*
16. Total (Cells 22 through 25):
Item 16 equals the sum of Cells 22 through 25. *[Cell 26]*
17. EBT converted to coupons:
Enter the value of EBT issuances that were converted to coupons for issuance. *[Cell 27]*

PART C. VALUE OF BENEFIT ISSUANCES DURING THE MONTH (Items 18-20)

NOTE: Round all dollar amounts to the nearest whole dollar.

18. Value of federal benefit issuances:
Enter the value of food stamp benefit issuances to federal-only households and the federal portion of combined households. *[Cell 28]*
19. Value of state benefit issuances:
Enter the value of food stamp benefit issuances to state-only households and the state portion of combined households. *[Cell 29]*
20. Total (Cell 28 plus Cell 29):
Item 20 equals the sum of Cell 28 and Cell 29. *[Cell 30]*

COMMENTS

Use the Comments section to:

- Explain month-to-month participation changes of plus or minus five percent (5%) in Part A, Items 1-4, Columns A and B.
- Explain month-to-month changes of \$2 or more per person unless caused by changes in Basis of Issuance Tables.
- 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.