

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



February 20, 1976

ALL-COUNTY LETTER NO. 76-34

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - ANNUAL FOOD STAMP QUESTIONNAIRE

REFERENCE:

Attached is the annual questionnaire concerning county food stamp operations. We would appreciate your completing this questionnaire and returning it by May 1, 1976 to:

Food Stamp Policy Coordination Bureau
744 P Street, M. S. 12-92
Sacramento, CA 95814

Attention: Richard Macaluso

This year's questionnaire is divided into six sections: Certification, Training, Issuance, Staffing, Caseload, and General. It was developed after thoroughly reviewing the questions asked last year and consulting our department's program support bureaus. You will note that several questions asked last year are omitted. A large number of these questions have been added to the revised Food Stamp Information Statement (DFA 298), which you will be receiving in the near future.

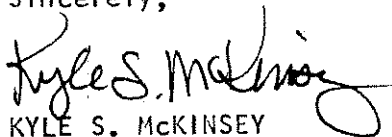
Our main objective in requesting this information is to provide the Department of Benefit Payments with information to improve program operations. In addition, it provides essential information for our annual report to the Legislature and provides each county welfare director with a summary of the current status of the Food Stamp Program in each county.

OBSOLETESuperseded by ACL #77-15Issued 3-17-77

All questions are to be completed using data obtained from the month of March. We are sending this in advance in order to let you know what information you will be required to compile. We hope that this will allow you to fully complete the questionnaire and submit it by May 1, 1976.

Should you have any questions, please contact Richard Macaluso of the Food Stamp Policy Coordination Bureau at (916) 445-6907.

Sincerely,



KYLE S. MCKINSEY
Deputy Director

cc: FNS, USDA
CWDA

Attachment

AS OF MARCH 31, 1976

COUNTY FOOD STAMP QUESTIONNAIRE

NAME AND PHONE NUMBER OF PERSON RESPONSIBLE COUNTY _____
FOR QUESTIONNAIRE

Name: _____ Phone: () _____

CERTIFICATION

1. Are applicants processed on a walk-in basis?
Yes _____ Emergency only _____
2. What is the average waiting period at certification offices for walk-in applicants? (From time signed application is turned in until applicant sees EW.)
Hours _____ Minutes _____
3. Are persons who come into the office to apply advised that they are entitled to fill out an application immediately without waiting for an appointment?
Yes, routinely _____ Yes, occasionally _____ No _____
4. Are potential applicants who call in and are unable to visit the certification office, advised that they may receive an application by mail and apply by mail?
Yes, routinely _____ Yes, occasionally _____ No _____
5. Does the county do group screening for potentially eligible persons?
Yes, routinely _____ Yes, occasionally _____ No _____
6. Are potential applicants seen by a screener before making application?
Yes _____ No _____
7. Appointments are scheduled within _____ days of receipt of signed application.
8. What is the average time (days) taken from the receipt of a signed application until food coupon issuance is authorized?
PA Cases _____ NA Cases _____
9. Are bilingual interpreters available to assist applicants?
Yes _____ No _____
Please check Languages: Spanish _____ Tagalog _____ Chinese _____ Other _____

TRAINING

1. How many hours of FSP training are provided for new EWs before they are responsible for certification?

_____ hours

2. Does the county provide an ongoing training program for certification personnel?

Yes _____ No _____

If yes, how many hours of ongoing or refresher training are provided for experienced EW's for each quarter?

_____ hours

3. Who provides FSP training for EW's?

Name _____ Title _____

Phone _____ Extension _____

Mailing address _____

4. Who provides FSP training for:

- a. County issuance staff

Name _____ Title _____

Phone _____ Extension _____

Mailing address _____

- b. Contracted issuance staff

Name _____ Title _____

Phone _____ Extension _____

Mailing address _____

ISSUANCE

1. ATP Counties only

a. How many ATPs were issued in March 1976?

_____ (monthly total)

b. How many ATPs were transacted by the following issuance methods?

Direct Mail _____ (monthly total)

OTC _____ (monthly total)

c. What is the average cost per household per month of the following issuance procedures?*

(1) mailing of ATPs _____/household
(OTC, Direct mail HHs only)

(2) mailing of direct mail coupons _____/household
(Direct mail HHs only)

(3) EDP _____/household
(All HHs)

(4) self issuance counties - OTC
issuance _____/household
(OTC HHs only)

(5) PAW issuance _____/household
(PAW HHs only)

*Include salaries and overhead.

2. HIR Counties only

Method of Issuance	No. of Households purchasing coupons (monthly total)	No. of times coupons issued (monthly total)
Direct Mail		
OTC		

3. What number of your eligible households elected PAW?

_____ households elected PAW out of _____ PAW eligible households.
(e.g., 300 households elected PAW out of 800 PAW eligible households.)

4. What is the estimated additional county administrative cost for FY 1975-76 as a result of the AB 134 (Chapter 1216, Statutes of 1973) issuance mandates (include salaries, EDP costs, security, other support costs) in terms of:

a. Start-up costs \$ _____

b. On-going or maintenance costs \$ _____

5.

- a. If three types of issuance were not mandated, what type(s) of issuance would you discontinue:

PAW _____ Other (explain) _____

OTC _____

Direct Mail _____

Would Continue All 3 _____

- b. If you would discontinue any type(s) of issuance what expected administrative cost savings would you experience (FY 76-77)?

- c. If you would discontinue any type(s) of issuance, what would the recipient impact be? (i.e., negligible, major, etc.) Explain.

6. List below your issuance agents and their percentage of total monthly transactions. (If county is totally self-issuance, indicate here and skip to question #7) _____

<u>Agent</u>	<u>%</u>
_____	_____
_____	_____
_____	_____
_____	_____

County _____

Total # agents _____

100% _____

7. Estimate the percentage of use for each method listed to meet immediate family food needs?

a. Same day issuance of coupons using monthly certification _____ %

b. Same day issuance of coupons using semi-monthly certification _____ %

c. County general relief or assistance _____ %

d. Referral to another agency _____ %

Name(s) of agency(ies) _____

e. Other _____ %

List: _____

8. At what point in the issuance system are the ATPs usually prenumbered?

N/A _____

In storage before use _____

Just prior to issuance _____

9. Does your reconciliation of ATP issuance and redemption identify:

N/A _____

a. Stale-dated ATPs? Yes _____ No _____

b. Altered purchase requirement? Yes _____ No _____

c. Altered coupons allotments? Yes _____ No _____

d. Balancing the number of ATP redemptions claimed by each agent against the number of ATPs actually returned to the county? Yes _____ No _____

- e. Duplicate issuance? Yes ☐ No ☐
10. Does your program to protect against transacting stale-dated or counterfeit ATPs include: N/A ☐
- a. At least monthly notification to agents of currently valid serial numbers of ATPs? Yes ☐ No ☐
- b. Use of color-coded ATP stock? Yes ☐ No ☐
- c. Expiration date printed on each ATP? Yes ☐ No ☐
- d. Other. Describe: _____

11. Do you require issuance agents to make daily deposits regardless of deposit value? N/A ☐ Yes ☐ No ☐
12. Do you review deposit slips or obtain any other verification of deposits from your agents outside of the completed FNS 250 form? N/A ☐ Yes ☐ No ☐
- If yes, specify: _____

13. For counties with contracted issuance, does county receive inventory of coupons (FNS 250) from agents monthly? Yes ☐ No ☐
- If yes, the county receives:
_____ original 250 to send to FNS after reviewing
_____ copy of 250 which agent has sent to FNS
14. Do certification personnel handle issuance activities? Yes ☐ No ☐
- If yes, please explain under which circumstances.

STAFFING

1. Is a hiring freeze presently in effect? Yes ____ No ____

Effective date _____

2. Does the freeze affect all classifications or selected groups, i.e., EW's, clerical, etc.? Explain _____

3. The transfer of quality control (QC) responsibility to the Department of Benefit Payments has eliminated funding for county QC staff. What has become of these people?*

a. Laid off _____ (No. of people)

b. Transferred to other programs

Where? _____ (No. of people)

_____ (No. of people)

c. Other. Specify _____ (No. of people)

*Full-time equivalent

4. How many staff* are involved in monitoring contracted issuance agent(s)? _____

*Full-time equivalents

5. Please indicate the number of NA Food Stamp Personnel (full-time equivalents*), by function:

a. Casework Personnel: TOTAL of Items (1)-(4) _____
(Include the number of NA Food Stamp personnel equivalents** whose salaries are included in Group I on the expenditure schedule DFA 325.1 for the quarter ending March 31, 1976.)

(1) NA Certification Workers - Intake _____

(2) NA Certification Workers - Continuing _____

(3) NA Certification First-line Supervisors - Intake _____

(4) NA Certification First-line Supervisors - Continuing _____

- b. Support Personnel: TOTAL of Items (1) and (2)
(Include the number of NA Food Stamp personnel
equivalents** whose salaries are included in
Group II on the expenditure schedule DFA 325.1
for the quarter ending March 31, 1976.)

(1) Clerical Support _____

(2) Administrative Support: TOTAL of Items
(a) - (f) _____

(a) Managers _____
(Supervisory staff whose titles
include, but are not limited to,
the following: agency director
or commissioner, bureau chief,
division chief, administrative
assistant, deputy director,
assistant director, training,
fiscal, personnel or administrative
services officer, etc.)

(b) Quality Control Reviewers _____

(c) Quality Control First-line
Supervisors _____

(d) Statisticians _____
(Staff responsible for
statistical functions associated
with data analysis and/or
management or fiscal reporting.)

(e) Specialists and Consultants _____
(Staff whose responsibilities
include the provision of expert
and/or technical assistance to
caseworkers or managers in
relationships that do not include
supervision.)

(f) Others (specify) _____

*If persons spend only part-time on the NA Food Stamp Program, give the number
of full-time people this would equal. Allocation ratios determined from
the February 1976 Time Study (refer to Forms DFA 43, DFA 323 and DFA 325)
should be utilized in computing the NA Food Stamp personnel equivalents.

**If persons spend only part-time on the function, give the number of
full-time people this would equal.

6. Person to contact regarding the staffing information in this report:

Name _____ Phone _____

CASELOAD

1. Has your county developed caseload yardsticks?

Yes ____ No ____

If yes, are yardsticks county imposed _____ or in accordance with union Memorandum of Understanding _____? (Please attach a copy of your Memorandum of Understanding.)

2. Yardsticks

	<u>Intake*</u>	<u>Continuing**</u>	<u>Intake and Continuing Combined</u>
Nonassistance FS	_____	_____	_____

* Number of new applications per EW per month.

** Number of ongoing cases per EW per month.

3. Rate the following factors for their influence on food stamp caseload changes in the past calendar year:

	No Impact	Some Impact	Major Impact	Caseload Impact	
				Increase	Decrease
a. Unemployment					
b. Rising cost-of-living .					
c. Changing attitudes toward food stamps and welfare					
d. Regulation changes . . .					
e. Others _____ _____ _____ _____					

4. What is the estimated impact thus far of the Outreach program on the following:

	No Impact	Some Impact	Major Impact
PA Caseload			
NA Caseload			
Phone Inquiries			
Walk-ins			

5. What is the anticipated change in caseload for fiscal year 76/77?

Increase _____% Decrease _____% No change _____

GENERAL

1. County has _____ (number) approved agents for delivered meals program and _____ (number) approved agents for communal dining.

2. Are public assistance grant certifications done by a different unit than public assistance food stamp determinations? Yes _____ No _____

3. Does the county maintain its own food stamp regulation interpretation handbook material? Yes _____ No _____

If yes, in addition to or, _____
in lieu of State Manual _____

4. Do you favor the mandatory use of photo ID cards? Yes _____ No _____

5. Currently, how often are ID cards issued to the household (or under what circumstances)?

Who issues the ID cards? (i.e., EW, central DPU staff etc.)

6. Who is your County Review Officer for reviewing claim determinations?

Name _____ Title _____

Phone _____ Ext. _____

Mailing Address _____

7. If applicable, who is responsible for supervising contracted issuance agent(s)?

Name _____ Title _____

Phone _____ Ext. _____

Mailing Address _____

8. Do you plan to develop a schedule of standard utility allowances this year?

Yes _____ No _____ Already developed _____

9. Lead time required to implement cost-of-living changes in the PR tables:

January _____ July _____

10. Lead time required for AFDC cost-of-living changes to be reflected in FS purchase requirement:

11. Expenditure of General Relief Funds

a. Do you pay the purchase requirement for some GR/GA recipients in the form of vouchers or purchase orders?

Yes _____ No _____ Approximate purchase requirement paid per household
\$ _____

Does this purchase order ever exceed \$30?

Yes _____ No _____

b. Do you issue grocery orders?

Yes _____ No _____ Approximate amount per household \$ _____

c. Do you issue clothing orders?

Yes _____ No _____ Approximate amount per household \$ _____

d. Do you include a specific cash amount for food in the approved or on-going General Relief/General Assistance grants?

Yes _____ No _____

If yes, does the amount identified for food in these grants ever exceed the food stamp allotment?

Yes _____ No _____