

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 455-6907



July 31, 1981

ALL-COUNTY LETTER NO. 81-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM FORM MODIFICATION POLICY

REFERENCE:

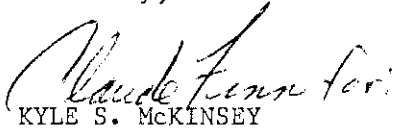
This letter transmits for your information the Food Stamp Program Form Modification Policy. The attached document is an expansion of the Form Modification Policy transmitted in Attachment 3 of All-County Letter 80-66, dated November 5, 1980. This expanded policy is provided to assist counties in identifying those state forms which may be modified and contains the standards by which modification requests will be evaluated.

It is the intent of this policy to provide flexibility to meet individual county needs, while ensuring that program goals are met. To assist the Food Stamp Program Management Branch (FSPMB) in meeting this intent, input was obtained from the CWDA Food Stamp Committee, the CWDA Subcommittee on Food Stamp Forms, and the Case Data Executive Committee. The FSPMB appreciates the contribution of each of these groups.

Appendix 3 of the policy contains form-specific modification criteria for the 16 state-required forms which were previously transmitted for implementation by All-County Letters 80-66 and 81-47, dated November 5, 1980 and April 30, 1981, respectively. In the future, as forms are designated and transmitted for implementation by All-County Letter, the form-specific modification criteria will be included in the package. In addition, this policy, as well as all designated forms, their instructions, and their modification criteria, will be incorporated into the handbook portion of the Food Stamp Manual (Chapter 63-1100).

Counties which are using substitutes for any of the 16 state forms previously transmitted for implementation and which have not submitted form modification requests, must do so immediately. Should you have any questions about this policy or the procedure for submitting a request, please contact your Food Stamp Program Operations Consultant at (916) 322-5475.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kyle S. McKinsey".

KYLE S. MCKINSEY  
Deputy Director

Attachment