

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 323-0285



June 22, 1982

ALL-COUNTY LETTER NO. 82-56

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY FOOD STAMP PROGRAM COORDINATORS

SUBJECT: SUMMARY OF TRANSACTED EXPIRED AND OUT-OF-STATE ATPs FOR THE  
PERIOD JANUARY 1979 THROUGH JANUARY 1981

REFERENCE:

In All-County Letter No. 82-42 (May 4, 1982) this Department requested that counties submit data regarding the number of expired or out-of-state Authorizations to Participate Cards (ATPs) which were transacted during the June 1980 through January 1981 period. Although most counties have already conformed to this request, the Food and Nutrition Service (FNS) has required that the period of data collection be expanded to cover the period of January 1979 through January 1981. As a result, this Department is now requesting that each county complete and submit the attached Summary of Transacted Expired and Out-of-State ATPs (TEMP 1518) for the entire period of January 1979 through January 1981. If a county has already submitted the information for the June 1980 through January 1981 period, it is requested that the county transfer this data to the attached Summary so that data will be recorded on one document which reduces the likelihood of error. Each county must fully complete and submit this Summary to the department by July 12, 1982 even if the county did not transact any expired or out-of-state ATPs during the specified period. All Summaries must be submitted to the:

Department of Social Services  
744 P Street, M.S. 8-100  
Sacramento, CA 95814

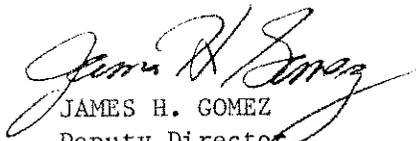
Attention: Mr. Leighton Lai

A review of the information submitted in response to ACL 82-42 indicates a need to clarify instructions to avoid possible duplicate billings. Food Stamp Program Manual Section 63-706.15, Identification of Unreconciled ATPs, requires that counties identify expired, duplicated, altered, stolen, counterfeit, or out-of-county ATPs which were transacted. It also specifies that this identification will be used as the basis for establishing county liabilities for the transaction of invalid ATPs.

GEN 654 (9/79)

To prevent duplicate liabilities, it is essential that counties record in column (3) of the attached Summary, the number and amount of all transacted expired or out-of-state ATPs that are recorded in columns (1) and (2) which were also previously recorded on any FNS-250 report as an issuance liability.

Thank you for your continued cooperation. If you should have any questions regarding this letter, please contact Mr. Leighton Lai at (916) 323-0285 or ATSS (8) 473-0285.

  
JAMES H. GOMEZ  
Deputy Director  
Administration

Attachment

cc: CWDA  
Carol Fahey - FNS/WRO

**SUBMIT TO:**

Department of Social Services  
 744 P Street, M.S. 8-160  
 Sacramento, CA 95814

**SUMMARY OF TRANSACTED  
 EXPIRED AND OUT-OF-STATE ATPs**

COUNTY	NAME OF REPORTING OFFICE	REPORTING CODE NUMBER
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**PLEASE NOTE:** *If data is not available, place N.A. in the respective column.*

MONTH/YEAR	(1) TRANSACTED EXPIRED ATPs		(2) TRANSACTED OUT-OF-STATE ATPs		(3) AMOUNT OF INVALID ATPs PREVIOUSLY REPORTED ON LINE 23, FNS-250
	NUMBER	VALUE	NUMBER	VALUE	
JANUARY, 1979					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER, 1979					
<b>ANNUAL SUBTOTAL</b>					
JANUARY, 1980					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER, 1980					
<b>ANNUAL SUBTOTAL</b>					
JANUARY, 1981					
<b>GRAND TOTAL</b>					

REMARKS:

CONTACT PERSON	TITLE
TELEPHONE NUMBER	DATE