

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 322-3216



July 8, 1986

ALL COUNTY LETTER NO: 86-59

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REFUGEE RECEIVING LOCAL GENERAL ASSISTANCE/GENERAL  
RELIEF

REFERENCE:

This letter is to inform you of the new requirement to report General Assistance/General Relief (GA/GR) data on time eligible refugees. To facilitate collecting this data and to avoid the necessity of developing a separate report for its collection, the data is to be reported on the existing General Relief and Interim Assistance to Applicants for Supplemental Security Income/State Supplementary Programs Monthly Caseload and Expenditure Report (GR 237).

Beginning with the June, 1986 report, county welfare departments are to indicate on the GR 237 report the number of time eligible refugees receiving GA/GR on line 13 in the cases and persons columns (data cells 33 and 34). Current federal policy defines time eligible refugees as those refugees who have resided in the United States for 31 months or less. Please footnote (beneath data cells 33 and 34) the number of cases and persons that would have remained time eligible if the 36 month time limitation policy were in effect.

If you have any questions about this requirement, have your staff contact Pat Proschold of the Data Processing and Statistical Services Bureau, at (916) 322-5462.

*Joanne Ichimura-Hoffmann*

*for* JOANNE ICHIMURA-HOFFMANN  
Deputy Director  
Management Systems and  
Evaluation Division

cc: CWDA

Send One Copy To: Department of Social Services  
 Statistical Services Branch  
 744 P Street, Mail Station 12-81  
 Sacramento, CA 95814

# GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP MONTHLY CASELOAD AND EXPENDITURE STATISTICAL REPORT

COUNTY	1
FOR MONTH ENDING	MONTH DAY YEAR 2

**PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)**

CASES	
3	
4	
5	
6	
7	

1. Cases brought forward from last month (Item 5 last month or explain) .....
2. Cases added during month .....
3. Total cases available during the month .....
4. Cases discontinued during month .....
5. Cases carried forward to next month (Item 3 minus Item 4 above) .....

**PART B. CASELOAD AND EXPENDITURES**

	CASES A	PERSONS B	*AMOUNT C
6. Total General Relief ((1) + (2); also a + b below) .....	8	9	10
(1) Amount in cash .....			11
(2) Amount in kind .....			12
a. Family cases .....	13	14	15
b. One-person cases .....	16	17	18

**PART C. SSI/SSP INTERIM ASSISTANCE**

7. Cases added during month .....	19		
8. Total SSA checks disposed of during month .....	20		
a. Disposed of 1-10 working days of receipt from SSA .....	21		
9. SSA sent SSI/SSP check directly to recipient .....	22		
10. Denial notice received .....	23		
11. Reimbursements during the month (a + b below) .....	24		25
a. SSA check received .....	26		27
b. Repaid by recipient .....	28		29

**PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)**

12.	30	31	32
13.	33	34	35

**PART E. NET GENERAL RELIEF EXPENDITURES**

(Item 6 minus Item 11 above) .....			36
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PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER ( )	DATE
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