

NOTICE OF FORM CHANGE NO. 04-204

DATE

07/12/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE DFA 358S (7/04) - Food Stamp Program Participants by Ethnic Group / State Only

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/04	REPLACES 7/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 7/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 x 11, 2-sided

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Food Stamp Program Participants by Ethnic Group State-Only

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	REPORT MONTH AND YEAR July 2004			
1. Number of households participating in the Food Stamp Program during July by ethnic group and assistance status - State-Only Households				
Ethnic Group	Medi-Cal Eligibility Code	Number of Households		
		Assistance	Nonassistance	Total
Black (not of Hispanic origin)	3	1	2	3
Hispanic	2	4	5	6
Asian or Pacific Islander	4	7	8	9
American Indian or Alaskan Native	5	10	11	12
White (not of Hispanic origin)	1	13	14	15
Filipino	7	16	17	18
Other		19	20	21
Total		22	23	24
2. Number of Asian-Pacific Islander households participating in the Food Stamp Program during July by ethnic group - State-Only Households (The cells in the "Total" line below must equal the corresponding cells in the "Asian or Pacific Islander" line above.)				
Ethnic Group	Medi-Cal Eligibility Code	Number of Households		
		Assistance	Nonassistance	Total
Chinese	C	25	26	27
Cambodian	H	28	29	30
Japanese	J	31	32	33
Korean	K	34	35	36
Samoan	M	37	38	39
Asian Indian	N	40	41	42
Hawaiian	P	43	44	45
Guamanian	R	46	47	48
Laotian	T	49	50	51
Vietnamese	V	52	53	54
Other Asian-Pacific Islander	X	55	56	57
Total		58	59	60
COMMENTS				
CONTACT PERSON (Print)	TELEPHONE ()		DATE COMPLETED	
TITLE/CLASSIFICATION	FAX ()			

**FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP
STATE-ONLY
DFA 358S (7/04)**

INSTRUCTIONS

CONTENT

The annual DFA 358S report contains statistical information on the number of state households participating in the Food Stamp Program during the month of July, by ethnic group and assistance status.

PURPOSE

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

COMPLETION AND SUBMISSION

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 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 within 45 days following the end of the July 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 Data Reports website 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 the county name in the box provided near the top of the form.

Make an entry for each item. If there is nothing to report for an item, enter "0". **Do not leave any item blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone, and fax number 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.

DEFINITIONS

Black (not of Hispanic origin): Person having origins in any of the Black racial groups of Africa.

Hispanic: Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the "Filipino" ethnic category.

American Indian or Alaskan Native: Person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White (not of Hispanic origin): Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Filipino: Person whose ancestry or ethnic origin is the Philippine Islands.

Other: Any person not mentioned in the above-listed definitions.

ITEM INSTRUCTIONS

1. Number of households participating in the Food Stamp Program during July by ethnic group and assistance status – State Households [Cells 1-24]
2. Number of Asian-Pacific Islander households participating in the Food Stamp Program during July by ethnic group and assistance status – State Households [Cells 25-60]

Report the number of households participating for the July report month for each ethnic group under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

The ethnic group classification is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received.

NOTE: The totals for the Asian-Pacific Islander section must equal the Asian or Pacific Islander line (i.e., cells 58, 59, and 60 must equal cells 7, 8, and 9, respectively).

The number of households should be the same as the corresponding number of households on the Food Stamp Program Participation and Coupon Issuance Report (DFA 256) for July. Explain any difference between the number of households reported in the Comments section.

COMMENTS

Use the Comments section to:

- Explain differences in the number of households between this report and the DFA 256.
- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide any other comments the county determines necessary.