Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services, Nonassistance CalFresh (NACF), Welfare to Work (WTW), Refugee Cash Assistance (RCA) and the Cash Assistance Program for Immigrants (CAPI) Ethnic Origin and Primary Language ABCD 350

DOWNLOAD REPORT FORM FROM:
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E-MAIL COMPLETED REPORT FORM TO:
admabcd350@dss.ca.gov

COUNTY NAME	VERSION	REPORT MONTH	REPORT YEAR
	☐ INITIAL ☐ REVISED	**July**	

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES											
		CalWORKs					FC	Social Services	NACF	WTW		RCA	CAPI
		Two Parent Families a/ (A)	Zero Parent Families a/ (B)	All (Other) Families a/ (C)	TANF Timed-Out Cases a/ (D)	Safety Net/Fleeing Felon/Long-Term Sanction Cases a/ (E)	b/ (F)	(G)	c/ (H)	Two Parent Families d/ (I)	All (Other) Families e/ (J)	(K)	f/ (L)
1	White	1	17	33	49	65	81	97	113	129	145	161	177
2	Hispanic	2	18	34	50	66	82	98	114	130	146	162	178
3	Black	3	19	35	51	67	83	99	115	131	147	163	179
4	Other Asian or Pacific Islander	4	20	36	52	68	84	100	116	132	148	164	180
5	American Indian or Alaska Native	5	21	37	53	69	85	101	117	133	149	165	181
7	Filipino	6	22	38	54	70	86	102	118	134	150	166	182
C	Chinese	7	23	39	55	71	87	103	119	135	151	167	183
H	Cambodian	8	24	40	56	72	88	104	120	136	152	168	184
J	Japanese	9	25	41	57	73	89	105	121	137	153	169	185
K	Korean	10	26	42	58	74	90	106	122	138	154	170	186
M	Samoan	11	27	43	59	75	91	107	123	139	155	171	187
N	Asian Indian	12	28	44	60	76	92	108	124	140	156	172	188
P	Hawaiian	13	29	45	61	77	93	109	125	141	157	173	189
R	Guamanian	14	30	46	62	78	94	110	126	142	158	174	190
T	Laotian	15	31	47	63	79	95	111	127	143	159	175	191
V	Vietnamese	16	32	48	64	80	96	112	128	144	160	176	192
	Total	193	194	195	196	197	198	199	200	201	202	203	204

COMMENTS

a/ Total CalWORKs Two Parent Families, Zero Parent Families, All Other Families, TANF Timed-Out Cases and Safety Net/Fleeing Felon/Long-Term Sanction Cases must equal the corresponding case totals on the CA 237 CW, Part B, Item 8.

b/ Total FC must equal the total cases on the CA 237 FC, Part A, Item 3.

c/ Total NACF cases must equal the total cases on the CF 296, Part C, Item 6, NACF column.

d/ Total CalWORKs WTW Two Parent Families cases must equal the total enrollees on the WTW 25A, Part A, Item 1.

e/ Total CalWORKs WTW All (Other) Families cases must equal the total enrollees on the WTW 25, Part A, Item 1.

f/ Total CAPI cases must equal the total recipients reported on the CA 1037, Part C, Item 10.

Note: Total in each column of Page 1 of this report must equal the total in the corresponding column on Page 2.

COUNTY NAME	REPORT MONTH	REPORT YEAR
	July	

PART B. PRIMARY LANGUAGE SPOKEN

CODE	LANGUAGE	NUMBER OF CASES											
		CalWORKs					FC	Social Services	NACF	WTW		RCA	CAPI
		Two Parent Families a/ (A)	Zero Parent Families a/ (B)	All (Other) Families a/ (C)	TANF Timed-Out Cases a/ (D)	Safety Net/Fleeing Felon/Long-Term Sanction Cases a/ (E)	b/ (F)	(G)	c/ (H)	Two Parent Families d/ (I)	All (Other) Families e/ (J)	(K)	f/ (L)
0	American Sign Language	205	234	263	292	321	350	379	408	437	466	495	524
1	Spanish	206	235	264	293	322	351	380	409	438	467	496	525
2	Cantonese	207	236	265	294	323	352	381	410	439	468	497	526
3	Japanese	208	237	266	295	324	353	382	411	440	469	498	527
4	Korean	209	238	267	296	325	354	383	412	441	470	499	528
5	Tagalog	210	239	268	297	326	355	384	413	442	471	500	529
6	Other Non-English (specify)	211	240	269	298	327	356	385	414	443	472	501	530
7	English	212	241	270	299	328	357	386	415	444	473	502	531
A	Other Sign Language	213	242	271	300	329	358	387	416	445	474	503	532
B	Mandarin	214	243	272	301	330	359	388	417	446	475	504	533
C	Other Chinese Languages	215	244	273	302	331	360	389	418	447	476	505	534
D	Cambodian	216	245	274	303	332	361	390	419	448	477	506	535
E	Armenian	217	246	275	304	333	362	391	420	449	478	507	536
F	Ilocano	218	247	276	305	334	363	392	421	450	479	508	537
G	Mein	219	248	277	306	335	364	393	422	451	480	509	538
H	Hmong	220	249	278	307	336	365	394	423	452	481	510	539
I	Lao	221	250	279	308	337	366	395	424	453	482	511	540
J	Turkish	222	251	280	309	338	367	396	425	454	483	512	541
K	Hebrew	223	252	281	310	339	368	397	426	455	484	513	542
L	French	224	253	282	311	340	369	398	427	456	485	514	543
M	Polish	225	254	283	312	341	370	399	428	457	486	515	544
N	Russian	226	255	284	313	342	371	400	429	458	487	516	545
P	Portuguese	227	256	285	314	343	372	401	430	459	488	517	546
Q	Italian	228	257	286	315	344	373	402	431	460	489	518	547
R	Arabic	229	258	287	316	345	374	403	432	461	490	519	548
S	Samoan	230	259	288	317	346	375	404	433	462	491	520	549
T	Thai	231	260	289	318	347	376	405	434	463	492	521	550
U	Farsi	232	261	290	319	348	377	406	435	464	493	522	551
V	Vietnamese	233	262	291	320	349	378	407	436	465	494	523	552
	Total	553	554	555	556	557	558	559	560	561	562	563	564

CONTACT PERSON	TELEPHONE	EXTENSION	FAX
JOB TITLE/CLASSIFICATION	E-MAIL		DATE SUBMITTED

a/ Total CalWORKs Two Parent Families, Zero Parent Families, All Other Families, TANF Timed-Out Cases and Safety Net/Fleeing Felon/Long-Term Sanction Cases must equal the corresponding case totals on the CA 237 CW, Part B, Item 8.

b/ Total FC must equal the total cases on the CA 237 FC, Part A, Item 3.

c/ Total NACF cases must equal the total cases on the CF 296, Part C, Item 6, NACF column.

d/ Total CalWORKs WTW Two Parent Families cases must equal the total enrollees on the WTW 25A, Part A, Item 1.

e/ Total CalWORKs WTW All (Other) Families cases must equal the total enrollees on the WTW 25, Part A, Item 1.

f/ Total CAPI cases must equal the total recipients reported on the CA 1037, Part C, Item 10.

Note: Total in each column of Page 2 of this report must equal the total in the corresponding column on Page 1.

ANNUAL RECIPIENT REPORT ON CALWORKS, FOSTER CARE, SOCIAL SERVICES, NONASSISTANCE CALFRESH, WELFARE TO WORK, REFUGEE CASH ASSISTANCE AND THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS ETHNIC ORIGIN AND PRIMARY LANGUAGE ABCD 350 (7/16)

INSTRUCTIONS

CONTENT

The annual ABCD 350 report contains statistical information on the ethnic origin and primary language of recipients of CalWORKs, Foster Care (FC), Social Services, Nonassistance CalFresh (NACF), Welfare to Work (WTW), Refugee Cash Assistance (RCA) and the Cash Assistance Program for Immigrants (CAPI).

PURPOSE

This report provides data to assess the need for county bilingual services and identify problems with the delivery of services to recipients. This report also provides county and state entities with information needed for budgeting, staffing and program planning.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this annual report based on the **July** caseload 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. Please submit only one report per county. Reports are to be received on or before **Friday, September 9, 2016.**

A downloadable Excel version of the report form is available on the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB) website at: http://www.cdss.ca.gov/dssdb/. E-mail the completed Excel version to admabcd350@dss.ca.gov. If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

- Enter the county name in the box provided on Page 1 of the report.
- Enter the version (Initial or Revised) on Page 1 of the report.
- Enter the data required for each item. Enter “0” if there is nothing to report for an item. **Do not leave any items blank.**
- Explain adjustments or provide any other comments or explanations regarding the data in this report in the Comments section on Page 1. Additional pages may be attached if necessary.
- Enter on Page 2 the name, job title or job classification and the telephone and fax numbers of the person to contact if there are questions about the report. This may or may not be the person who completed the report. Enter the date the report was submitted to DSSDB.

DETERMINING ETHNIC ORIGIN AND PRIMARY LANGUAGE

Ethnic origin and primary language are determined by asking the applicant or by having the applicant complete the appropriate section of the application form. If the applicant does not provide the information, it is the responsibility of the CWD to make a determination of ethnic origin based on observation. The information must be documented in the case file. The CWD must inform the applicant of the right to request a change in his/her primary language designation.

DEFINITIONS

Ethnic Origin: Ethnic origin can be viewed as the heritage, nationality group, lineage or country of birth of a person or a person's parents or ancestors.

CODE	ETHNIC ORIGIN	Includes all persons having origins in any of the original peoples of:
1	White	Europe, North Africa or the Middle East
2	Hispanic	Mexico, Puerto Rico, Cuba, Central/South America or other Spanish culture regardless of race
3	Black	The black racial groups of Africa
4	Other Asian or Pacific Islander	Far East, Southeast Asia, Indian subcontinent or the Pacific Islands (other than those mentioned below)
5	American Indian or Alaska Native	North America and who maintain cultural identification through tribal affiliation or community recognition
7	Filipino	Philippine Islands
C	Chinese	China
H	Cambodian	Cambodia
J	Japanese	Japan
K	Korean	Korea (North or South)
M	Samoan	Samoa
N	Asian Indian	Indian subcontinent
P	Hawaiian	Hawaiian Islands
R	Guamanian	Guam
T	Laotian	Laos
V	Vietnamese	Vietnam

Primary Language: Primary language is the language an individual uses to communicate effectively. If an individual can communicate effectively in both English and another language, English should be noted as the primary language. If an individual identifies a non-English primary language, but requests documents in English, the non-English language should still be noted as the primary language.

CODE	PRIMARY LANGUAGE	CODE	PRIMARY LANGUAGE
0	American Sign Language	H	Hmong
1	Spanish	I	Lao
2	Cantonese	J	Turkish
3	Japanese	K	Hebrew
4	Korean	L	French
5	Tagalog	M	Polish
6	Other Non-English (specify)	N	Russian
7	English	P	Portuguese
A	Other Sign Language	Q	Italian
B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoan
D	Cambodian	T	Thai
E	Armenian	U	Farsi
F	Ilocano	V	Vietnamese
G	Mien		

DEFINITIONS (Continued)

Social Services: Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults. California addresses the federal service goals under Title XX through an array of service programs, eight of which are mandated and 13 of which are optional based on local needs, priorities and resources. The mandated and optional social services are:

Mandated Services

- Information and Referral
- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement
- Out-of-Home Care for Adults
- In-Home Supportive Services
- Adult Protective Services

Optional Services

- Special Care for Children in their Own Home
- Home Management and Other Functional Educational Services
- Employment/Education Training
- Services for Children with Special Problems
- Services to Alleviate or Prevent Family Problems
- Sustenance
- Housing Referral Services
- Legal Referral Services
- Diagnostic Treatment Services for Children
- Special Services for the Blind
- Special Services for Adults
- Services for Disabled Individuals
- Services to County Jail Inmates

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE

For purposes of this report, use the criteria described below to determine the ethnic origin and primary language of recipient cases in the specified program areas.

- **CalWORKs Two Parent Families, Zero Parent Families, All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases**

  The ethnic origin and primary language of the head of household should be used in CalWORKs Two Parent Families, All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases categories, regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category. If available, the ethnic origin and primary language of the adult with the primary responsibility for the care and safety of the assisted children in the household should be used for Zero Parent Families cases. If this information is not available, the ethnicity and primary language of the child (or the eldest child in sibling cases) should be used for Zero Parent Families cases, regardless of the ethnic origin and primary language of other members of the family in the same household.

- **Foster Care (FC)**

  Each foster care child represents one case. Report the ethnic origin and primary language of the child for whom assistance is being received.

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE (Continued)

- **Social Services**

  Report ethnic origin and primary language for all cases in which social services were provided directly by the CWD in **July**. Do not include cases for which services are purchased from other organizations or for which only information and referral services are given. Report each case only once, regardless of the number of services from any Social Services programs that may have been provided during the report month.

- **Nonassistance CalFresh (NACF)**

  The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic category and one primary language category.

- **Welfare to Work (WTW)**

  For WTW enrollees in either the Two Parent Families or All (Other) Families category, report the ethnic origin and primary language of the enrollee, regardless of the ethnic origin and primary language of other members of the family in the same household. Report each case in only one ethnic category and one primary language category.

- **Refugee Cash Assistance (RCA)**

  The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category.

- **Cash Assistance Program for Immigrants (CAPI)**

  Each CAPI case represents one CAPI recipient. The ethnic origin and primary language of that recipient should be used. Report each case in only one ethnic and one primary language category.

ITEM INSTRUCTIONS

PART A. ETHNIC ORIGIN (CASES)

For **July**, report the number of recipient cases in each ethnic category in the appropriate column for each of the following programs:

- CalWORKs Two Parent Families, Zero Parent Families (child only), All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases categories *[Cells 1-80]*
- Foster Care *[Cells 81-96]*
- Social Services *[Cells 97-112]*
- Nonassistance CalFresh *[Cells 113-128]*
- Welfare to Work Two Parent Families and All (Other) Families categories *[Cells 129-160]*
- Refugee Cash Assistance *[Cells 161-176]*
- Cash Assistance Program for Immigrants *[Cells 177-192]*

Report only one ethnicity for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during **July** are **not** to be reported.

ITEM INSTRUCTIONS (Continued)

Totals

Total cases for the CalWORKs Two Parent Families, Zero Parent Families, All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the **July** report month. *[Cells 193-197]*

Total cases for the FC column must equal the total cases (children) reported in Part A, Item 3, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) Caseload Movement and Expenditures Report (CA 237 FC) for the **July** report month. *[Cell 198]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the **July** report month. *[Cell 199]*

Total cases for the NACF column must equal the total cases reported in Part C, Item 6, NACF column, of the CalFresh Monthly Caseload Movement Statistical Report (CF 296) for the **July** report month. *[Cell 200]*

Total cases for the WTW Two Parent Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report - Two Parent Families (WTW 25A) for the **July** report month. *[Cell 201]*

Total cases for the WTW All (Other) Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the **July** report month. *[Cell 202]*

Total cases for CAPI must equal the total recipients reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the **July** report month. *[Cell 204]*

Important Note: Totals for each column on Page 1 of the ABCD 350 must equal totals for the corresponding columns on Page 2 of the ABCD 350.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

For **July**, report the number of recipient cases for each primary language in the appropriate column for each of the following programs:

- CalWORKs Two Parent Families, Zero Parent Families (child only), All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases categories *[Cells 205-349]*
- Foster Care *[Cells 350-378]*
- Social Services *[Cells 379-407]*
- Nonassistance CalFresh *[Cells 408-436]*
- Welfare to Work Two Parent Families and All (Other) Families categories *[Cells 437-494]*
- Refugee Cash Assistance *[Cells 495-523]*
- Cash Assistance Program for Immigrants *[Cells 524-552]*

Report only one primary language for each case.

ITEM INSTRUCTIONS (Continued)

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during **July** are **not** to be reported.

In the Comments section on Page 1 of the report, specify by language and number of cases any entries in Part B, Primary Language Spoken, Code 6, Other Non-English.

Totals

Total cases for the CalWORKs Two Parent Families, Zero Parent Families, All (Other) Families, TANF Timed-Out and Safety Net/Fleeing Felon/Long-Term Sanction (SN/FF/LTS) Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the **July** report month. *[Cells 553-557]*

Total cases for the FC column must equal the total cases (children) reported in Part A, Item 3, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) Caseload Movement and Expenditures Report (CA 237 FC) for the **July** report month. *[Cell 558]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the **July** report month. *[Cell 559]*

Total cases for the NACF column must equal with the total cases reported in Part C, Item 6, NACF column, of the CalFresh Monthly Caseload Movement Statistical Report (CF 296) for the **July** report month. *[Cell 560]*

Total cases for the WTW Two Parent Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report - Two Parent Families (WTW 25A) for the **July** report month. *[Cell 561]*

Total cases for the WTW All (Other) Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the **July** report month. *[Cell 562]*

Total cases for CAPI must equal the total recipients reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the **July** report month. *[Cell 564]*

Important Note: Totals for each column on Page 2 of the ABCD 350 must equal totals for the corresponding columns on Page 1 of the ABCD 350.

Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services, Nonassistance CalFresh (NACF), Welfare to Work (WTW), Refugee Cash Assistance (RCA) and the Cash Assistance Program for Immigrants (CAPI) Ethnic Origin and Primary Language ABCD 350

VALIDATION RULES AND EDITS

CELLS 1 - 564 Each data cell in this report must be a whole number greater than or equal to 0. No data cells should be left blank.

PART A. ETHNIC ORIGIN (TOTAL)

CalWORKs Two Parent Column (A) Total

CELL 193: **Cell 193** must be equal to the sum of (Cell 1 plus Cell 2 plus Cell 3 plus Cell 4 plus Cell 5 plus Cell 6 plus Cell 7 plus Cell 8 plus Cell 9 plus Cell 10 plus Cell 11 plus Cell 12 plus Cell 13 plus Cell 14 plus Cell 15 plus Cell 16)

CalWORKs Zero Parent Column (B) Total

CELL 194: **Cell 194** must be equal to the sum of (Cell 17 plus Cell 18 plus Cell 19 plus Cell 20 plus Cell 21 plus Cell 22 plus Cell 23 plus Cell 24 plus Cell 25 plus Cell 26 plus Cell 27 plus Cell 28 plus Cell 29 plus Cell 30 plus Cell 31 plus Cell 32)

CalWORKs All (Other) Families Column (C) Total

CELL 195: **Cell 195** must be equal to the sum of (Cell 33 plus Cell 34 plus Cell 35 plus Cell 36 plus Cell 37 plus Cell 38 plus Cell 39 plus Cell 40 plus Cell 41 plus Cell 42 plus Cell 43 plus Cell 44 plus Cell 45 plus Cell 46 plus Cell 47 plus Cell 48)

CalWORKs TANF Timed-Out Cases (D) Total

CELL 196: **Cell 196** must be equal to the sum of (Cell 49 plus Cell 50 plus Cell 51 plus Cell 52 plus Cell 53 plus Cell 54 plus Cell 55 plus Cell 56 plus Cell 57 plus Cell 58 plus Cell 59 plus Cell 60 plus Cell 61 plus Cell 62 plus Cell 63 plus Cell 64)

CalWORKs Safety Net/Fleeing Felon/Long-Term Sanction Cases (E) Total

CELL 197: **Cell 197** must be equal to the sum of (Cell 65 plus Cell 66 plus Cell 67 plus Cell 68 plus Cell 69 plus Cell 70 plus Cell 71 plus Cell 72 plus Cell 73 plus Cell 74 plus Cell 75 plus Cell 76 plus Cell 77 plus Cell 78 plus Cell 79 plus Cell 80)

Foster Care (FC) Column (F) Total

CELL 198: **Cell 198** must be equal to the sum of (Cell 81 plus Cell 82 plus Cell 83 plus Cell 84 plus Cell 85 plus Cell 86 plus Cell 87 plus Cell 88 plus Cell 89 plus Cell 90 plus Cell 91 plus Cell 92 plus Cell 93 plus Cell 94 plus Cell 95 plus Cell 96)

Social Services Column (G) Total

CELL 199: **Cell 199** must be equal to the sum of (Cell 97 plus Cell 98 plus Cell 99 plus Cell 100 plus Cell 101 plus Cell 102 plus Cell 103 plus Cell 104 plus Cell 105 plus Cell 106 plus Cell 107 plus Cell 108 plus Cell 109 plus Cell 110 plus Cell 111 plus Cell 112)

Nonassistance CalFresh (NACF) Column (H) Total

CELL 200: **Cell 200** must be equal to the sum of (Cell 113 plus Cell 114 plus Cell 115 plus Cell 116 plus Cell 117 plus Cell 118 plus Cell 119 plus Cell 120 plus Cell 121 plus Cell 122 plus Cell 123 plus Cell 124 plus Cell 125 plus Cell 126 plus Cell 127 plus Cell 128)

Welfare to Work (WTW) Two Parent Column (I)

CELL 201: **Cell 201** must be equal to the sum of (Cell 129 plus Cell 130 plus Cell 131 plus Cell 132 plus Cell 133 plus Cell 134 plus Cell 135 plus Cell 136 plus Cell 137 plus Cell 138 plus Cell 139 plus Cell 140 plus Cell 141 plus Cell 142 plus Cell 143 plus Cell 144)

Welfare to Work (WTW) All (Other) Families Column (J)

CELL 202: **Cell 202** must be equal to the sum of (Cell 145 plus Cell 146 plus Cell 147 plus Cell 148 plus Cell 149 plus Cell 150 plus Cell 151 plus Cell 152 plus Cell 153 plus Cell 154 plus Cell 155 plus Cell 156 plus Cell 157 plus Cell 158 plus Cell 159 plus Cell 160)

Refugee Cash Assistance (RCA) Column (K)

CELL 203: **Cell 203** must be equal to the sum of (Cell 161 plus Cell 162 plus Cell 163 plus Cell 164 plus Cell 165 plus Cell 166 plus Cell 167 plus Cell 168 plus Cell 169 plus Cell 170 plus Cell 171 plus Cell 172 plus Cell 173 plus Cell 174 plus Cell 175 plus Cell 176)

Cash Assistance for Immigrants (CAPI) Column (L)

CELL 204: **Cell 204** must be equal to the sum of (Cell 177 plus Cell 178 plus Cell 179 plus Cell 180 plus Cell 181 plus Cell 182 plus Cell 183 plus Cell 184 plus Cell 185 plus Cell 186 plus Cell 187 plus Cell 188 plus Cell 189 plus Cell 190 plus Cell 191 plus Cell 192)

PART B. PRIMARY LANGUAGE SPOKEN (TOTAL)

CalWORKs Two Parent Column (A) Total

CELL 553: **Cell 553** must be equal to the sum of (Cell 205 plus Cell 206 plus Cell 207 plus Cell 208 plus Cell 209 plus Cell 210 plus Cell 211 plus Cell 212 plus Cell 213 plus Cell 214 plus Cell 215 plus Cell 216 plus Cell 217 plus Cell 218 plus Cell 219 plus Cell 220 plus Cell 221 plus Cell 222 plus Cell 223 plus Cell 224 plus Cell 225 plus Cell 226 plus Cell 227 plus Cell 228 plus Cell 229 plus Cell 230 plus Cell 231 plus Cell 232 plus Cell 233)

CalWORKs Zero Parent Column (B) Total

CELL 554: **Cell 554** must be equal to the sum of (Cell 234 plus Cell 235 plus Cell 236 plus Cell 237 plus Cell 238 plus Cell 239 plus Cell 240 plus Cell 241 plus Cell 242 plus Cell 243 plus Cell 244 plus Cell 245 plus Cell 246 plus Cell 247 plus Cell 248 plus Cell 249 plus Cell 250 plus Cell 251 plus Cell 252 plus Cell 253 plus Cell 254 plus Cell 255 plus Cell 256 plus Cell 257 plus Cell 258 plus Cell 259 plus Cell 260 plus Cell 261 plus Cell 262)

CalWORKs All (Other) Families Column (C) Total

CELL 555: **Cell 555** must be equal to the sum of (Cell 263 plus Cell 264 plus Cell 265 plus Cell 266 plus Cell 267 plus Cell 268 plus Cell 269 plus Cell 270 plus Cell 271 plus Cell 272 plus Cell 273 plus Cell 274 plus Cell 275 plus Cell 276 plus Cell 277 plus Cell 278 plus Cell 279 plus Cell 280 plus Cell 281 plus Cell 282 plus Cell 283 plus Cell 284 plus Cell 285 plus Cell 286 plus Cell 287 plus Cell 288 plus Cell 289 plus Cell 290 plus Cell 291)

CalWORKs TANF Timed-Out Cases (D) Total

CELL 556: **Cell 556** must be equal to the sum of (Cell 292 plus Cell 293 plus Cell 294 plus Cell 295 plus Cell 296 plus Cell 297 plus Cell 298 plus Cell 299 plus Cell 300 plus Cell 301 plus Cell 302 plus Cell 303 plus Cell 304 plus Cell 305 plus Cell 306 plus Cell 307 plus Cell 308 plus Cell 309 plus Cell 310 plus Cell 311 plus Cell 312 plus Cell 313 plus Cell 314 plus Cell 315 plus Cell 316 plus Cell 317 plus Cell 318 plus Cell 319 plus Cell 320)

CalWORKs Safety Net/Fleeing Felon/Long-Term Sanction Cases (E) Total

CELL 557: **Cell 557** must be equal to the sum of (Cell 321 plus Cell 322 plus Cell 323 plus Cell 324 plus Cell 325 plus Cell 326 plus Cell 327 plus Cell 328 plus Cell 329 plus Cell 330 plus Cell 331 plus Cell 332 plus Cell 333 plus Cell 334 plus Cell 335 plus Cell 336 plus Cell 337 plus Cell 338 plus Cell 339 plus Cell 340 plus Cell 341 plus Cell 342 plus Cell 343 plus Cell 344 plus Cell 345 plus Cell 346 plus Cell 347 plus Cell 348 plus Cell 349)

Foster Care (FC) Column (F) Total

CELL 558: **Cell 558** must be equal to the sum of (Cell 350 plus Cell 351 plus Cell 352 plus Cell 353 plus Cell 354 plus Cell 355 plus Cell 356 plus Cell 357 plus Cell 358 plus Cell 359 plus Cell 360 plus Cell 361 plus Cell 362 plus Cell 363 plus Cell 364 plus Cell 365 plus Cell 366 plus Cell 367 plus Cell 368 plus Cell 369 plus Cell 370 plus Cell 371 plus Cell 372 plus Cell 373 plus Cell 374 plus Cell 375 plus Cell 376 plus Cell 377 plus Cell 378)

Social Services Column (G) Total

CELL 559: **Cell 559** must be equal to the sum of (Cell 379 plus Cell 380 plus Cell 381 plus Cell 382 plus Cell 383 plus Cell 384 plus Cell 385 plus Cell 386 plus Cell 387 plus Cell 388 plus Cell 389 plus Cell 390 plus Cell 391 plus Cell 392 plus Cell 393 plus Cell 394 plus Cell 395 plus Cell 396 plus Cell 397 plus Cell 398 plus Cell 399 plus Cell 400 plus Cell 401 plus Cell 402 plus Cell 403 plus Cell 404 plus Cell 405 plus Cell 406 plus Cell 407)

Nonassistance CalFresh (NACF) Column (H) Total

CELL 560: **Cell 560** must be equal to the sum of (Cell 408 plus Cell 409 plus Cell 410 plus Cell 411 plus Cell 412 plus Cell 413 plus Cell 414 plus Cell 415 plus Cell 416 plus Cell 417 plus Cell 418 plus Cell 419 plus Cell 420 plus Cell 421 plus Cell 422 plus Cell 423 plus Cell 424 plus Cell 425 plus Cell 426 plus Cell 427 plus Cell 428 plus Cell 429 plus Cell 430 plus Cell 431 plus Cell 432 plus Cell 433 plus Cell 434 plus Cell 435 plus Cell 436)

Welfare to Work (WTW) Two Parent Column (I)

CELL 561: **Cell 561** must be equal to the sum of (Cell 437 plus Cell 438 plus Cell 439 plus Cell 440 plus Cell 441 plus Cell 442 plus Cell 443 plus Cell 444 plus Cell 445 plus Cell 446 plus Cell 447 plus Cell 448 plus Cell 449 plus Cell 450 plus Cell 451 plus Cell 452 plus Cell 453 plus Cell 454 plus Cell 455 plus Cell 456 plus Cell 457 plus Cell 458 plus Cell 459 plus Cell 460 plus Cell 461 plus Cell 462 plus Cell 463 plus Cell 464 plus Cell 465)

Welfare to Work (WTW) All (Other) Families Column (J)

CELL 562: **Cell 562** must be equal to the sum of (Cell 466 plus Cell 467 plus Cell 468 plus Cell 469 plus Cell 470 plus Cell 471 plus Cell 472 plus Cell 473 plus Cell 474 plus Cell 475 plus Cell 476 plus Cell 477 plus Cell 478 plus Cell 479 plus Cell 480 plus Cell 481 plus Cell 482 plus Cell 483 plus Cell 484 plus Cell 485 plus Cell 486 plus Cell 487 plus Cell 488 plus Cell 489 plus Cell 490 plus Cell 491 plus Cell 492 plus Cell 493 plus Cell 494)

Refugee Cash Assistance (RCA) Column (K)

CELL 563: **Cell 563** must be equal to the sum of (Cell 495 plus Cell 496 plus Cell 497 plus Cell 498 plus Cell 499 plus Cell 500 plus Cell 501 plus Cell 502 plus Cell 503 plus Cell 504 plus Cell 505 plus Cell 506 plus Cell 507 plus Cell 508 plus Cell 509 plus Cell 510 plus Cell 511 plus Cell 512 plus Cell 513 plus Cell 514 plus Cell 515 plus Cell 516 plus Cell 517 plus Cell 518 plus Cell 519 plus Cell 520 plus Cell 521 plus Cell 522 plus Cell 523)

Cash Assistance for Immigrants (CAPI) Column (L)

CELL 564: **Cell 564** must be equal to the sum of (Cell 524 plus Cell 525 plus Cell 526 plus Cell 527 plus Cell 528 plus Cell 529 plus Cell 530 plus Cell 531 plus Cell 532 plus Cell 533 plus Cell 534 plus Cell 535 plus Cell 536 plus Cell 537 plus Cell 538 plus Cell 539 plus Cell 540 plus Cell 541 plus Cell 542 plus Cell 543 plus Cell 544 plus Cell 545 plus Cell 546 plus Cell 547 plus Cell 548 plus Cell 549 plus Cell 550 plus Cell 551 plus Cell 552)