

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

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

VERSION: (Initial/Revised)	COUNTY	REPORT MONTH AND YEAR
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PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)	CASES
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	1	CDSS Use Only
Adjustment.....	2	
1. Cases brought forward from last month (Item 5 last month or explain).....	3	
2. Cases added during month.....	4	
3. Total cases available during the month (Item 1 plus Item 2).....	5	
4. Cases discontinued during month.....	6	
5. Cases carried forward to next month (Item 3 minus Item 4 above).....	7	

PART B. CASELOAD AND EXPENDITURES	CASES A	PERSONS B	AMOUNT C
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6. Total General Relief [(1)+(2); also (a)+(b) below].....	7	10	13
(1) Amount in cash.....			14
(2) Amount in kind.....			15
(a) Family Cases.....	8	11	16
(b) One-person Cases.....	9	12	17

PART C. SSI/SSP INTERIM ASSISTANCE

7. Cases added during month.....	18		
8. Total SSA checks disposed of during month.....	19		
a. Disposed of 1-10 working days of receipt from SSA.....	20		
9. SSA sent SSI/SSP check directly to recipient.....	21		
10. Denial notices received.....	22		
11. Reimbursements during the month (a + b below).....	23		26
a. SSA checks received.....	24		27
b. Repaid by recipient.....	25		28

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

12.			
13.			

PART E. NET GENERAL RELIEF EXPENDITURES

14. Net General Relief expenditures (Item 6 minus Item 11).....			29
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COMMENTS:

Contact Name	Telephone Number	Extension	Fax
Title/Classification	E-Mail Address		Date

**GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS
FOR SSI/SSP MONTHLY CASELOAD AND EXPENDITURE
STATISTICAL REPORT
GR 237 (6/82)**

INSTRUCTIONS

CONTENT

The monthly GR 237 report contains statistical information on caseload movement and expenditure data for the General Relief (GR) program, and caseload data for the Interim Assistance (IA) program under which applicants for Supplemental Security Income/State Supplementary Payments (SSI/SSP) may be aided by counties, with cash or vendor payments, while their applications for SSI/SSP are pending.

Copies of the report form and instructions can be viewed or printed from the California Department of Social Services (CDSS), Research and Data Reports (RADR), website at <http://www.cdss.ca.gov/research/>. The report's released monthly statewide and county-specific data is also available on the website.

PURPOSE

The purpose of this report is to provide GR program data comparable to that obtained for the California Work Opportunity and Responsibility to Kids (CalWORKs) program. GR data is included in the CDSS monthly publication, "Public Assistance Facts and Figures." IA data is used by the CDSS Adult Programs Branch to monitor caseload trends. The report also provides county and state entities with information needed to monitor caseload developments and trends in the IA Program.

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 on or before the 20th working day of the month following the report month. This report may be submitted via email or in hard copy:

Email submission: Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/> to your PC desktop, complete the downloaded report form, and email to the CDSS, Data Systems and Survey Design Bureau (DSSDB). This email submission process contains automatic computation of some cells and easy email transmission of completed report forms to DSSDB; the website contains specific instructions and guidance.

Hard copy submission: If email submission is not possible, complete a paper copy of the report form and fax or mail 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

If you have questions regarding this report, contact DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the version (initial or revised), county name, and the report month and year.

Enter the data required 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, and email address 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

General Relief: GR is a county funded and administered program that provides assistance to needy persons. The aid granted by the county contains no state or federal funds. The GR program is referred to as General Assistance in some counties.

Consider a GR case as receiving aid if one or more of the following occurred during the month:

- Cash, or a county warrant, was authorized and issued to the recipient or family.
- A vendor order was authorized and issued, regardless of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or another commodity available through the GR Program was issued to the recipient or family from a county-operated commissary or store.

Interim Assistance: IA is assistance a county gives to SSI/SSP applicants in cash or vendor payments for meeting basic needs while they are awaiting the outcome of the SSI/SSP eligibility determination process. County expenditures for IA for SSI/SSP applicants are reimbursed by the Social Security Administration if the individual's application for SSI/SSP is approved.

EXCLUSIONS FROM STATISTICAL REPORTING

Information regarding the following should not be reported on this form:

- Social Services Only cases in which financial need is a problem not paid for from GR funds.
- CalWORKs cases that receive supplemental aid from county funds. These expenditures are to be reported on the CalWORKs Cash Grant Caseload Movement Report (CA 237 CW) or the Aid to Families with Dependent Children (AFDC) Foster Care (FC) Caseload Movement and Expenditures Report (CA 237 FC), as appropriate.
- Administrative costs.

ITEM INSTRUCTIONS

Note: The amount of assistance issued through a vendor order is the amount shown on the order. If an amount does not appear on the order, use the estimated amount the agency expects the vendor to claim in a subsequent month. As actual claims may differ from the amount authorized counties may either: 1) disregard the difference, or 2) adjust the GR 237 in a later month to show the net cost to the county.

Goods and services available to needy persons through the GR Program and not subject to prior authorization by the reporting agency, such as medical care, are reported as expenditures in the month the claim for reimbursement is accepted by the county.

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

Report all GR and IA cases.

Adjustment: Reserved for CDSS use. Adjustments are used to reconcile the beginning balance of the *current report month's* Item 1 with the corresponding ending balance of the *previous report month's* Item 5. [Cell 1]

1. Cases brought forward from last month (Item 5 last month or explain): Enter the number of cases from the previous month. This must be the same number as in Item 5 (Cell 6) of the previous month's report or be explained in the COMMENTS section. [Cell 2]
2. Cases added during month: Enter the total cases added during the report month, including new or reapplications, restorations, and other cases approved during the report month (e.g., cases erroneously denied or discontinued). [Cell 3]
3. Total cases available during the month (Item 1 plus Item 2): Skip this item if completing the Excel version: it will be automatically calculated. Enter the sum of Item 1 and Item 2. [Cell 4]
4. Cases discontinued during month: Enter the number of cases that were terminated from GR during the report month. [Cell 5]
5. Cases carried forward to next month (Item 3 minus Item 4 above): Skip this item if completing the Excel version: it will be automatically calculated. Enter the number of cases to be carried forward to next month (Item 3 minus Item 4). [Cell 6]

PART B. CASELOAD AND EXPENDITURES

Column (A) CASES

6. Total General Relief: Skip this item if completing the Excel version: it will be automatically calculated. For Item 6 in the CASES column, enter the sum of Item 6.(a) Family Cases and Item 6.(b) One-person Cases from **Column (A)**. [Cell 7]
 - (a) Family Cases: In the CASES column, enter the number of cases in which the needs of two or more persons living together in the same household are included in a single assistance budget. [Cell 8]
 - (b) One-person Cases: In the CASES column, enter the number of cases in which the needs of one person only are included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR. [Cell 9]

Note: This number is the same as the subsequent number in the PERSONS column Cell 12.

Column (B) PERSONS

6. Total General Relief: Skip this item if completing the Excel version: it will be automatically calculated. For Item 6 in the PERSONS column, enter the sum of Item 6.(a) Family Cases and Item 6.(b) One-person Cases from **Column (B)**. [Cell 10]

ITEM INSTRUCTIONS CONTINUED

- (a) Family Cases: In the PERSONS column, enter the number of individuals in cases in which the needs of two or more persons living together in the same household are included in a single assistance budget. [Cell 11]
- (b) One-person Cases: Skip this item if completing the Excel version: it will be automatically calculated. In the PERSONS column, enter the number of individuals in cases in which the needs of one person only are included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR. [Cell 12]

Note: This number is the same as the number in the CASES column, Cell 9.

Column (C) AMOUNT

6. Total General Relief: Skip this item if completing the Excel version: it will be automatically calculated. For Item 6 in the AMOUNT column, enter the sum of Item 6.(1) Amount in cash and Item 6.(2) Amount in kind from **Column (C)**. This total also must equal the sum of Item 6.(a) Family Cases and Item 6.(b) One-person Cases from Column (C). [Cell 13]
- (1) Amount in cash: Enter the amount of expenditures incurred in the form of direct payments, including county warrants, issued to recipients. [Cell 14]
- (2) Amount in kind: Enter the amount of obligations incurred by the county in meeting other subsistence needs of GR recipients, including:
- Commodities issued by the county
 - Amounts appearing on grocery orders and vouchers for clothing
 - Other commodities supplied by vendors who will later bill the county for reimbursement
 - Payments made to landlords on behalf of GR recipients [Cell 15]
- (a) Family Cases: In the AMOUNT column, enter the number of individuals in cases in which the needs of two or more persons living together in the same household are included in a single assistance budget. [Cell 16]
- (b) One-person Cases: In the AMOUNT column, enter the number of individuals in cases in which the needs of one person only are included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR. [Cell 17]

PART C. SSI/SSP INTERIM ASSISTANCE

This part of the report collects information on the Interim Assistance (IA) caseload and reimbursements. **This is not caseload movement data.**

7. Cases added during month: Enter the number of cases which were added to GR and which actually received a grant during the month. [Cell 18]
8. Total SSA checks disposed of during month: Enter the number of cases for which SSA checks received by the county were disposed of during the month by distribution between the county and the recipient or by other means. [Cell 19]

ITEM INSTRUCTIONS CONTINUED

- a. Disposed of 1-10 working days of receipt from SSA: Enter the number of checks disposed of within the required 10 working days. Count working days between receipt by the county of a SSA check (signaling approval of the SSI/SSP application by the SSA) and the exact date of mailing of the county warrant to the recipient. Include checks disposed of where there was not a recipient share and the full amount went to reimburse the county. *[Cell 20]*
9. SSA sent SSI/SSP check directly to recipient: Enter the number of IA cases where the county discovered during the report month that SSA sent the initial SSI/SSP check directly to the recipient. *[Cell 21]*
10. Denial notices received: Enter the number of cases for which Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report (SSA 8125) forms were received during the report month indicating a recipient has been denied SSI/SSP benefits. *[Cell 22]*
11. Reimbursements during the month (a + b below): Skip this item if completing the Excel version: it will be automatically calculated. Enter in Column (A) CASES, the number of cases closed during the report month due to full reimbursement which is the sum of Item 11a. SSA checks received plus Item 11b. Repaid by recipients from Column (A). *[Cell 23]*

Skip this item if completing the Excel version: it will be automatically calculated. Enter in Column (C) AMOUNT, the total dollar amount of IA reimbursed during the report month which is the sum of Item 11.a. SSA checks received plus Item 11.b. Repaid by recipients from Column (C). *[Cell 26]*

- a. SSA checks received: Enter in Column (A) CASES, the number of cases closed due to reimbursement of IA by the SSA during the report month. *[Cell 24]*

Enter in Column (C) AMOUNT, the total county share of the dollar amount reimbursed by the SSA for IA during the report month. *[Cell 27]*

- b. Repaid by recipient: Enter in Column (A) CASES, the number of cases closed due to repayment of IA by recipients. *[Cell 25]*

Enter in Column (C) AMOUNT, the total dollar amount repaid by recipients during the report month. *[Cell 28]*

Note: If a recipient repays an IA grant in installments, report the dollar amount repaid in the month it is received. Do not report the case as closed, however, until the month payment has been made in full.

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

12. This item is intentionally left blank.
13. This item is intentionally left blank.

PART E. NET GENERAL RELIEF EXPENDITURES

14. Net General Relief expenditures (Item 6 minus Item 11): Skip this item if completing the Excel version: it will be automatically calculated. Enter in Column (C) AMOUNT, the result of the dollar amount in Column (C) AMOUNT, PART B, Item 6, Total General Relief (Cell 13) *minus* the dollar amount in Column (C) AMOUNT, PART C, Item 11, Reimbursements during the month (Cell 26); in other words: Cell 13 *minus* Cell 26. [Cell 29]

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.