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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

July 10, 2019

ALL COUNTY LETTER NO. 19-59

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CIVIL RIGHTS COORDINATORS  
ALL CALFRESH COORDINATORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: ANNUAL CALFRESH PARTICIPANTS BY RACE/ETHNICITY,  
SEXUAL ORIENTATION AND GENDER IDENTITY  
GROUP REPORTS CF 358F (7/19) AND CF 358S (7/19)

REFERENCE: [ACIN I-55-18](#); [ACL 07-07](#); [ACL 07-07E](#); [ACL 18-133](#)

This letter informs the counties that the annual *CalFresh Participants by Race/Ethnicity Federal-Only and Combined Households* (DFA 358F) and *CalFresh Participants by Race/Ethnicity State-Only Households* (DFA 358S) reports have been revised and renamed as the *CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity Federal-Only and Combined Households* (CF 358F) and *CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity State-Only Households* (CF 358S). The CF 358F and CF 358S reports collect data each year on households that participate in CalFresh during the month of July. The revised reports are effective starting with the July 2019 report month.

## Background

Title 7, Code of Federal Regulations, Section [272.6](#) (g) and (h), require states to provide an ethnic and racial breakdown of the households that participate in the Supplemental Nutrition Assistance Program (SNAP). In addition, CalFresh regulation, Manual of Policies and Procedures section [63-104.21](#) (f), provides authority for reporting this data for the California Food Assistance Program. Moreover, data collected on these reports are not a duplication of data requested via the *Annual Recipient Report on California Work Opportunity and Responsibility to Kids (CalWORKs)*, *Foster Care*, *Social*

*Services, Non-assistance Food Stamps, Welfare to Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants Ethnic Origin and Primary Language (ABCD 350)*. Accordingly, there is a federal requirement to categorize reported data by "federal" and "state-only" households. To meet this requirement, households composed of federal-only and combined federal/state members are reported on the CF 358F report and households composed of state-only members are reported on the CF 358S report. The CF 358F and CF 358S annual reports incorporate the racial and ethnic data collection and reporting requirements for SNAP (refer to All County Letter No. [07-07 \[07-07E\]](#) dated January 22, 2007). Ethnicity and race data are to be collected at the time of application and recertification. When the county performs an initial certification or recertification, the guidelines for the collection of ethnic and race data require that the household must first be asked about his/her/their Hispanic or Latino ethnicity, followed by race.

Due to the implementation of Assembly Bill [\(AB\) 959](#) (Chapter 565, Statutes of 2015) and Senate Bill [\(SB\) 179](#) (Chapter 853, Statutes of 2017), California Department of Social Services (CDSS) is required to collect voluntary self-identification data on sexual orientation and gender identity (SOGI), effective July 1, 2018. This data is required to be requested by the County Welfare Department (CWD) when demographic information is collected. The data shall be reported by CDSS to Legislature and made available to the public in accordance with the state mandate.

## Summary of Changes

Below is an overview of the major changes.

- The title of the reports has been changed from DFA to CF.
- The title of the reports has added the additional verbiage, Sexual Orientation and Gender Identity.
- Column C has been added to collect data regarding optional sexual orientation and gender identity information marked by the CalFresh household contact.

## Completion and Submission

To complete the electronic forms, counties are to download a copy of the CF 358F and CF 358S forms using the following link: [California Department of Social Services, Data Systems and Survey Design Section \(DSSDS\) website](#). The electronic forms link to the instructions and validations. All counties are required to submit the reports via e-mail to the designated [CF 358FS report inbox](#) by **August 25, 2019**. The CF 358F and CF 358S forms, instructions and validations are attached in PDF format as reference materials.

## **Contacts**

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269 or email the [CF 358FS report inbox](#). If you have any program related questions, please contact the CalFresh Branch at (916) 651-8047.

Sincerely,

### ***Original Document Signed By:***

M. AKHTAR KHAN, PhD  
Branch Chief  
Research Services Branch

ATTACHMENTS

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
DATA SYSTEMS AND SURVEY DESIGN SECTION

<b>CalFresh</b> <b>Participant by Race/Ethnicity, Sexual Orientation and Gender Identity</b> <b>Federal-Only and Combined Households</b> <b>CF 358F</b>						
DOWNLOAD REPORT FORM FROM: <a href="https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions">https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions</a> EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS: <a href="mailto:admDFA358FS@dss.ca.gov">admDFA358FS@dss.ca.gov</a> EMAIL US FOR TECHNICAL SUPPORT QUESTIONS: <a href="mailto:admdssdcfts@dss.ca.gov">admdssdcfts@dss.ca.gov</a>						
Automated Form Updated: 04/09/19						
COUNTY NAME Select County Name				VERSION Initial	REPORT MONTH July	REPORT YEAR Select Year
Number of Federal-Only and Combined Households participating in CalFresh during July by race and assistance status.						
Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A, by Race		
	PA Households	NA Households	TOTAL Households	PA Households	NA Households	TOTAL Households
<b>1. Household Contacts Who Marked Only One Race</b>						
American Indian or Alaska Native	1	2	3	4	5	6
Asian Categories	7	8	9	10	11	12
Asian Indian	13	14	15	16	17	18
Cambodian	19	20	21	22	23	24
Chinese	25	26	27	28	29	30
Japanese	31	32	33	34	35	36
Filipino	37	38	39	40	41	42
Korean	43	44	45	46	47	48
Laotian	49	50	51	52	53	54
Vietnamese	55	56	57	58	59	60
Other Asian (not included above)	61	62	63	64	65	66
Reporting More Than One Asian Group	67	68	69	70	71	72
Black or African American	73	74	75	76	77	78
Native Hawaiian or Other Pacific Islander	79	80	81	82	83	84
Native Hawaiian	85	86	87	88	89	90
Guamanian	91	92	93	94	95	96
Samoan	97	98	99	100	101	102
Other Pacific Islander (not included above)	103	104	105	106	107	108
Reporting More than one Native Hawaiian or Pacific Islander Group	109	110	111	112	113	114
White	115	116	117	118	119	120
<b>2. Household Contacts Who Marked Two Races</b>						
American Indian or Alaska Native and White	121	122	123	124	125	126
Asian and White	127	128	129	130	131	132
Black or African American and White	133	134	135	136	137	138
American Indian or Alaska Native and Black or African American	139	140	141	142	143	144
<b>3. Other—Household Contacts Who Chose Racial Combinations Not Included Above</b>						
Reporting Race(s) Not Included Above	145	146	147	148	149	150
<b>4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination</b>						
Worker Unable to Determine Race	151	152	153	154	155	156
<b>5. Totals</b>	157	158	159	160	161	162

Sexual Orientation and Gender Identity	C. Number of Household Contacts by Sexual Orientation and Gender Identity		TOTAL Households
6. The sexual orientation that household contacts marked			
Straight/heterosexual			150
Gay or lesbian			151
Bisexual			152
Queer			153
Another sexual orientation			154
Unknown			155
Decline to state			156
7. The gender identity that household contacts marked			
Female			157
Male			158
Transgender: male to female			159
Transgender: female to male			160
Non-Binary (neither male nor female)			161
Another gender identity			162
Decline to state			163
<b>COMMENTS</b>			
<u>General Comments</u>			
Item 5 (Cell 159) Adjustment Explanation (If Cell 159 does not equal the sum of Cell 15 and 16 on the DFA 256, explain reason in box below.)			
Revised Report Explanation			
CONTACT PERSON	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	E-MAIL		
SUPERVISOR	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	E-MAIL		
			DATE SUBMITTED

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
DATA SYSTEMS AND SURVEY DESIGN SECTION

<p align="center"><b>CalFresh</b>  <b>Participant by Race/Ethnicity, Sexual Orientation and Gender Identity</b>  <b>State-Only and Combined Households</b>  <b>CF 358S</b></p>						
<p>DOWNLOAD REPORT FORM FROM:  <a href="https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions">https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions</a>            EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS:  <a href="mailto:admDFA358FS@dss.ca.gov">admDFA358FS@dss.ca.gov</a>            EMAIL US FOR TECHNICAL SUPPORT QUESTIONS:  <a href="mailto:admdssdcfts@dss.ca.gov">admdssdcfts@dss.ca.gov</a> </p>						
<p align="right">Automated Form Updated: 04/09/19</p>						
<b>COUNTY NAME</b> Select County Name			<b>VERSION</b> Initial	<b>REPORT MONTH</b> July	<b>REPORT YEAR</b> Select Year	
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Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race		
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Revised Report Explanation			
CONTACT PERSON	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	E-MAIL		
SUPERVISOR	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	E-MAIL		
			DATE SUBMITTED

**CalFresh PARTICIPANTS BY RACE/ETHNICITY,  
SEXUAL ORIENTATION AND GENDER IDENTITY  
FEDERAL-ONLY AND COMBINED HOUSEHOLDS  
CF 358F (7/19)  
AND  
STATE-ONLY HOUSEHOLDS  
CF 358S (7/19)**

**INSTRUCTIONS**

**CONTENT**

The annual CF 358F report contains statistical information on the number of federal and federal/state combined households participating in CalFresh during the month of July by race and assistance status as well as total households by sexual orientation and gender identity. The annual CF 358S report contains statistical information on the number of state households participating in CalFresh during the month of July by race and assistance status as well as total households by sexual orientation and gender identity.

**PURPOSE**

Title 7, Code of Federal Regulations, Part 272.6 (g) and (h), requires states to provide an ethnic and racial breakdown of the households that participate in the Supplemental Nutrition Assistance Program (SNAP). Assembly Bill (AB) 959 and Senate Bill (SB) 179 requires CDSS to collect voluntary self-identification data on sexual orientation and gender identity (SOGI). The CF 358F and CF 358S reports provide 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 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 30 days following the end of the July report month.

Download an Excel version of the report form from [CDSS, Data Systems and Survey Design Section \(DSSDS\)](#), complete the downloaded form, and e-mail to the designated [CF 358FS report inbox](#). The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDS. The website contains specific instructions and guidance. If you have questions regarding the completion or submission of this report, contact DSSDS at (916) 651-8269.



The report's statewide and county specific data is available on the [CDSS, Research and Data Reports \(RADR\) website](#). Counties are encouraged to review their data on the website to confirm that the county's data coincides with the data on file at CDSS. For reference purposes, copies of the report form, instructions and validations can be downloaded from the [RADR website](#).

## GENERAL INSTRUCTIONS

NOTE: This report is a combination of the CF 358 Federal only and CF 358 State only. The instructions provided should be applied to both reports. Please make sure to use these instructions to fill out both reports.

Select the county name and version (Initial or Revised) in the boxes provided near the top of the form. Enter the data required for each item. Enter "0" if there is nothing to report for an item. **Do not leave any items blank.** If your county does not provide a particular service/activity, or the service/activity is provided but the county is unable to collect or track the data, enter "0" and explain in the Comments section.

Enter in the boxes at the bottom of the form: the name, job title or classification, telephone number, extension (if applicable), and e-mail address of the person to contact if there are questions about the report. This contact person may or may not be the person who completed the report. Enter the date the report is submitted; this is the date when the report is e-mailed to DSSDS.

## DEFINITIONS

<b>Race/Ethnicity</b>
-----------------------

American Indian or Alaskan Native: Person having origins in any of the original peoples of North and South America (including Central American), and who maintain cultural identification through tribal affiliation or community attachment.

Asian: Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: Person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American".

Hispanic or Latino Ethnicity: Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." (For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race.)

Native Hawaiian or Other Pacific Islander: Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.

White: Person having origins in any of the original peoples of Europe, North Africa or the Middle East.

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

### **Sexual Orientation and Gender Identity**

Bisexual: Refers to an individual who has the capacity for attraction—sexually, romantically, emotionally, or otherwise—to people with the same, and to people with a different, gender and/or gender identity as themselves. People who identify as bisexual need not have had equal experience- or equal levels of attraction- with people across genders, nor any experience at all: it is merely attraction and self-identification that determine orientation. Bisexuality, as it is frequently used today, can act as an umbrella term that encapsulates many identities such as pansexual. Sometimes referred to as bi or bi+.

Gay: The adjective used to describe people who are emotionally, romantically, and/or physically attracted to people of the same gender (e.g., gay man, gay people). In contemporary contexts, lesbian is often a preferred term for women, though many women use the term gay to describe themselves. People who are gay need not have had any sexual experience; it is the attraction and self-identification that determine orientation.

Lesbian: Refers to a woman who is emotionally, romantically, and/or physically attracted to other women. People who are lesbians need not have had any sexual experience; it is the attraction that helps determine orientation.

Nonbinary: Refers to individuals who identify as neither man or woman, both man and woman, or a combination of man or woman. It is an identity term which some use exclusively, while others may use it interchangeably with terms like genderqueer, gender creative, gender nonconforming, gender diverse, or gender expansive. Individuals who identify as nonbinary may understand the identity as falling under the transgender umbrella and may thus identify as transgender. Sometimes abbreviated as NB.

Preferred Gender Pronouns: A preferred gender pronoun, or PGP—sometimes called proper gender pronoun—is the pronoun or set of pronouns that an individual personally uses and would like others to use when talking to or about that individual. In English, the singular pronouns that we use most frequently are gendered, so some individuals may prefer that you use gender neutral or gender-inclusive pronouns when talking to or about them. In English, individual use they and their as gender-neutral singular pronouns. Others use ze (sometimes spelled zie) and hir or the pronouns xe and xer.

Queer: A term used by some people—particularly youth—to describe themselves and/or their community. Reclaimed from its earlier negative use, the term is valued by some for its defiance, by some because it can be inclusive of the entire community, and by others who find it to be an appropriate term to describe their more fluid identities. Traditionally a negative or pejorative term for people who are gay, queer is still sometimes disliked within the LGBTQ community. Due to its varying meanings, this word should only be used when self-identifying or quoting someone who self-identifies as queer (i.e. “My cousin identifies as queer”).

Sex: Refers to anatomical, physiological, genetic, or physical attributes that define if a person is male, female, or intersex. These include both primary and secondary sex characteristics, including genitalia, gonads, hormone levels, hormone receptors, chromosomes, and genes. Sex is often conflated or interchanged with gender, which is more social than biological, though there is some overlap.

Sexual Orientation: Emotional, romantic, or sexual feelings toward other people. While sexual behavior involves the choices one makes in acting on one’s sexual orientation, sexual orientation is part of the human condition, one’s sexual activity does not define one’s sexual orientation; typically, it is the attraction that helps determine orientation.

Transgender: Often shortened to trans. A term describing a person’s gender identity that does not necessarily match their assigned sex at birth. Other terms commonly used are female to male (or FTM), male to female (or MTF), assigned male at birth (or AMAB), assigned female at birth (or AFAB), genderqueer, and gender expansive. Transgender people may or may not decide to alter their bodies hormonally and/or surgically to match their gender identity. This word is also used as a broad umbrella term to describe those who transcend conventional expectations of gender identity or expression. Like any umbrella term, many different groups of people with different histories and experiences are often included within the greater transgender community—such groups include, but are certainly not limited to, people who identify as transsexual, genderqueer, gender variant, gender diverse, and androgynous.

## ITEM INSTRUCTIONS

When completing the CF 358F and CF 358S reports, enter the required data/information for each item. Enter “0” if there is nothing to report for an item. This form is requesting separate counts for household contacts who chose only one race and those who chose more than one race.

Enter the number of households participating for the July report month for each race under the applicable Public Assistance (PA) or Nonassistance (NA) column. Report the total number of households participating for the July report month where the household contact marked information regarding sexual orientation and/or gender identity. Report only once those households that participated more than once in the month of July. The

race/ethnicity is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received.

A. Number of households participating in CalFresh during July by race and assistance status [Column A]

In Column A, report the total number of household contacts by race, including persons of Hispanic or Latino ethnicity.

B. Number of Hispanic or Latino households participating in CalFresh during July by race and assistance status [Column B] In Column B, report only household contacts of Hispanic or Latino ethnicity by race.

Items 1 to 2, Column A (PA and NA) and Column B (PA and NA): Enter for each racial group the number of household contacts that participated (received CalFresh benefits) during July. A household contact is the person who completes the application or is interviewed. Shaded cells in Column A and Column B Total Households are automatically calculated. [Cells 1 to 144]

Item 3, Column A (PA and NA) and Column B (PA and NA): Enter the total number of household contacts who chose racial combinations that are not included in Items 1 to 2. Column A and Column B Total Households are automatically calculated. [Cell 145 to 150]

Item 4, Column A (PA and NA) and Column B (PA and NA): Enter the total number of household contacts where the individual did not mark any ethnicity/race on application and the worker is unable to determine ethnicity/race (e.g., telephone interview where face-to-face observation was not possible). Column A and Column B Total Households are automatically calculated. [Cells 151 to 156]

Item 5, Column A (PA Households, NA Households, Total Households) and Column B (PA Households, NA Households, Total Households): This item is automatically calculated. It is the total for each column. NOTE: The number of households should be the same as the corresponding number of households on Food Stamp Participation and Benefit Issuance Report (DFA 256) for July. Explain any difference between the number of households reported in the Comments section. [Cells 157 to 162]

C. Number of Households participating in CalFresh during July by sexual orientation and gender identity [Column C]

Item 6, Column C: Enter the total number of household contacts who selected a sexual orientation. [Cells 163 to 169]

Item 7, Column C: Enter the total number of household contacts who selected a gender identity. [Cells 170 to 176]

<b>COMMENTS</b>
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Use the Comments section to:

- Explain differences in the number of households between this report and the DFA 256.
- Explain any “0” data entry for an item if the county does not provide the service or if the county is unable to collect or track the data.
- Explain any major fluctuations in data.
- Provide any other comments the county determines necessary.
- Explain the reason for revision in the Revised Report Explanation box.

**CalFresh PARTICIPANTS BY RACE/ETHNICITY,  
SEXUAL ORIENTATION AND GENDER IDENTITY  
FEDERAL-ONLY AND COMBINED HOUSEHOLDS  
CF 358F (7/19)  
AND  
STATE-ONLY HOUSEHOLDS  
CF 358S (7/19)**

**VALIDATION RULES AND EDITS**

All data cells in this report must be greater than or equal to 0. Enter whole numbers only: no decimals. No data cell should be left blank.

**Initial reports:** If Initial is selected, the Revised Report Explanation box must be left blank.

**Revised reports:** If Revised is selected, enter the reasons for the revision in the Revised Report Explanation box.

NOTE: This report is a combination of the CF 358 Federal only and CF 358 State only. The validations provided should be applied to both reports. Please make sure to use these validations to fill out both reports.

**Column A**

**PA Households Column**

Cell 157 must be equal to the sum of Cells 1, 7, 73, 79, 115, 121, 127, 133, 139, 145 and 151  
Cell 7 must be equal to the sum of Cells 13, 19, 25, 31, 37, 43, 49, 55, 61 and 67  
Cell 79 must be equal to the sum of Cells 85, 91, 97, 103 and 109

**NA Households Column**

Cell 158 must be equal to the sum of Cells 2, 8, 74, 80, 116, 122, 128, 134, 140, 146 and 152  
Cell 8 must be equal to the sum of Cells 14, 20, 26, 32, 38, 44, 50, 56, 62 and 68  
Cell 80 must be equal to the sum of Cells 86, 92, 98, 104 and 110

**Total Households Column**

Cell 159 must be equal to the sum of Cells 3, 9, 75, 81, 117, 123, 129, 135, 141, 147 and 153  
Cell 9 must be equal to the sum of Cells 15, 21, 27, 33, 39, 45, 51, 57, 63, and 69  
Cell 81 must be equal to the sum of Cells 87, 93, 99, 105 and 111

**Column B**

**PA Households Column**

Cell 160 must be equal to the sum of Cells 4, 10, 76, 82, 118, 124, 130, 136, 142, 148 and 154

Cell 10 must be equal to the sum of Cells 13, 19, 25, 31, 37, 43, 49, 55, 61 and 67

Cell 82 must be equal to the sum of Cells 88, 94, 100, 106 and 112

**NA Households Column**

Cell 161 must be equal to the sum of Cells 5, 11, 77, 83, 119, 125, 131, 137, 143, 149 and 155

Cell 11 must be equal to the sum of Cells 17, 23, 29, 35, 41, 47, 53, 59, 65 and 71

Cell 83 must be equal to the sum of Cells 89, 95, 101, 107 and 113

**Total Households Column**

Cell 162 must be equal to the sum of Cells 6, 12, 78, 84, 120, 126, 132, 138, 144, 150 and 156

Cell 12 must be equal to the sum of Cells 18, 24, 30, 36, 42, 48, 54, 60, 66 and 72

Cell 84 must be equal to the sum of Cells 90, 96, 102, 108 and 114