

All County Letter No. 19-75

July 25, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 19-75

This purpose of this letter is to inform County Welfare Departments (CWDs) of revisions to the Annual Recipient Report (ABCD 350) for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, Foster Care (FC), Social Services, Non-Assistance CalFresh (NACF), Welfare-to-Work (WTW), Refugee Cash Assistance (RCA) and the Cash Assistance Program for Immigrants (CAPI). This report provides data that is used to assess the need for county bilingual services, identifies problems with the delivery of services to recipients and helps facilitate compliance with Civil Rights requirements. The revised report is effective starting with the July 2019 report month.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

July 25, 2019

ALL COUNTY LETTER NO. 19-75

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL COUNTY REFUGEE PROGRAM COORDINATORS
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
PROGRAM MANAGERS
ALL CIVIL RIGHTS COORDINATORS
ALL CALFRESH COORDINATORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: ANNUAL RECIPIENT REPORT ON CALWORKS, FOSTER CARE,
SOCIAL SERVICES, NON-ASSISTANCE CALFRESH, WELFARE-
TO-WORK, REFUGEE CASH ASSISTANCE AND THE CASH
ASSISTANCE PROGRAM FOR IMMIGRANTS
ABCD 350 (7/19) FOR JULY 2019

REFERENCE: [ACIN I-48-17](#); [ACIN I-36-18](#); [ACL 18-133](#); [TITLE 7 OF THE CODE OF FEDERAL REGULATIONS \(CFR\) SECTION 272.4\(b\)](#); [ASSEMBLY BILL \(AB\) 959 \(CHAPTER 565, STATUTES OF 2015\)](#); [SENATE BILL \(SB\) 179 \(CHAPTER 853, STATUTES OF 2017\)](#)

This purpose of this letter is to inform County Welfare Departments (CWDs) of revisions to the annual Recipient Report (ABCD 350) on the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, Foster Care (FC), Social Services, Non-Assistance CalFresh (NACF), Welfare-to-Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI). This report provides data that is used to assess the need for county bilingual services, identifies problems with the delivery of services to recipients and helps facilitate compliance with Civil Rights requirements. The revised report is effective starting with the July 2019 report month.

Due to the implementation of Assembly Bill [\(AB\) 959](#) (Chapter 565, Statutes of 2015) and Senate Bill [\(SB\) 179](#) (Chapter 853, Statutes of 2017), the 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 request for voluntary SOGI data is required by the CWD when demographic information is collected on the CW2223 ([ACL 18-133](#)). The data shall be reported by CDSS to the Legislature and made available to the public in accordance with the state and federal law.

Summary of Changes

Below is an overview of the major changes.

- The title of the reports has added the additional verbiage, Sexual Orientation and Gender Identity.
- Part C of the report has been added to collect data regarding optional gender identity information.
- Part D of the report has been added to collect data regarding optional sexual orientation information.
- Total cases for the WTW Two Parent Families and WTW All (Other) Families columns are no longer equal to the number of enrollees. Total cases must equal the employment services caseload [sum of WTW Sanctions (Item 3A), Unduplicated Individuals (Item 30), Noncompliance (Item 31), and Good Cause (Item 32)] of the corresponding CalWORKs Welfare-to-Work Monthly Activity Reports for the **July 2019** report month.

Language Data Reporting Instructions for (Other) Non-English Category

As previously stated in [ACIN I-48-17](#), counties must specify the number of cases speaking each language for any entries in Part B, Primary Language Spoken, Code 6, Other Non-English. This information is necessary for compliance with [7 CFR section 272.4\(b\)](#). The number of cases speaking each language must be reported using the (Other) Non-English Explanation boxes for each type of case at the bottom of the report form. Below is an example of how to report this data in an explanation box:

(Other) Non-English Explanation Box: CalWORKs: Romanian-2, Afghani-1, Hindi-1.

Please note that cases speaking Chinese languages and sign languages should not be included in the Other Non-English category because these cases are accounted for separately in the Cantonese, Mandarin, Other Chinese Languages, American Sign Language, and Other Sign Language categories.

Completion and Submission

To complete the electronic form, counties are to download a copy of the ABCD 350 form using the following link: [California Department of Social Services, Data Systems and Survey Design Section \(DSSDS\) website](#). The electronic form links to the instructions and validations. All counties are required to submit the report via e-mail to the California Department of Social Services, Data Systems and Survey Design Section (DSSDS) at admReportABCD350@dss.ca.gov by September 6, 2019. The ABCD 350 form, instructions and validations are attached in PDF format as reference materials.

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

**Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services, Non-Assistance CalFresh (NACF), Welfare-to-Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI)
ABCD 350 (07/19)**

DOWNLOAD REPORT FORM FROM:
<https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions>

EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS:
admABCD350@dss.ca.gov

EMAIL US FOR TECHNICAL SUPPORT QUESTIONS:
admdssdchits@dss.ca.gov

Automated Form Updated: 07/16/19

COUNTY NAME Select County Name										VERSION Initial		REPORT MONTH July		REPORT YEAR 2019									
										NUMBER OF CASES													
										CalWORKs		FC	Social Services (Title XX)	NACF	WTW		RCA	CAPI					
										Two Parent	Zero Parent				All (Other) Families	TANF Timed-Out			Safety Net/Fleeing Felon/Long-Term Sanction	Two Parent	All (Other) Families		
PART A. ETHNIC ORIGIN																							
White	1		18		35		52		69		86		103		120		137		154		171		188
Hispanic	2		19		36		53		70		87		104		121		138		155		172		189
Black	3		20		37		54		71		88		105		122		139		156		173		190
(Other) Asian or Pacific Islander	4		21		38		55		72		89		106		123		140		157		174		191
American Indian or Alaska Native	5		22		39		56		73		90		107		124		141		158		175		192
Filipino	6		23		40		57		74		91		108		125		142		159		176		193
Chinese	7		24		41		58		75		92		109		126		143		160		177		194
Cambodian	8		25		42		59		76		93		110		127		144		161		178		195
Japanese	9		26		43		60		77		94		111		128		145		162		179		196
Korean	10		27		44		61		78		95		112		129		146		163		180		197
Samoa	11		28		45		62		79		96		113		130		147		164		181		198
Asian Indian	12		29		46		63		80		97		114		131		148		165		182		199
Hawaiian	13		30		47		64		81		98		115		132		149		166		183		200
Guamanian	14		31		48		65		82		99		116		133		150		167		184		201
Laotian	15		32		49		66		83		100		117		134		151		168		185		202
Vietnamese	16		33		50		67		84		101		118		135		152		169		186		203
Not Available	17		34		51		68		85		102		119		136		153		170		187		204
Part A. Total	205		0 206		0 207		0 208		0 209		0 210		0 211		0 212		0 213		0 214		0 215		0 216
PART B. PRIMARY LANGUAGE SPOKEN																							
American Sign	217		247		277		307		337		367		397		427		457		487		517		547
Spanish	218		248		278		308		338		368		398		428		458		488		518		548
Cantonese	219		249		279		309		339		369		399		429		459		489		519		549
Japanese	220		250		280		310		340		370		400		430		460		490		520		550
Korean	221		251		281		311		341		371		401		431		461		491		521		551
Tagalog	222		252		282		312		342		372		402		432		462		492		522		552
(Other) Non-English	223		253		283		313		343		373		403		433		463		493		523		553
English	224		254		284		314		344		374		404		434		464		494		524		554
(Other) Sign Language	225		255		285		315		345		375		405		435		465		495		525		555
Mandarin	226		256		286		316		346		376		406		436		466		496		526		556
(Other) Chinese Languages	227		257		287		317		347		377		407		437		467		497		527		557
Cambodian	228		258		288		318		348		378		408		438		468		498		528		558
Armenian	229		259		289		319		349		379		409		439		469		499		529		559
Ilocano	230		260		290		320		350		380		410		440		470		500		530		560
Mein	231		261		291		321		351		381		411		441		471		501		531		561

Hmong	232	262	292	322	352	382	412	442	472	502	532	562
Lao	233	263	293	323	353	383	413	443	473	503	533	563
Turkish	234	264	294	324	354	384	414	444	474	504	534	564
Hebrew	235	265	295	325	355	385	415	445	475	505	535	565
French	236	266	296	326	356	386	416	446	476	506	536	566
Polish	237	267	297	327	357	387	417	447	477	507	537	567
Russian	238	268	298	328	358	388	418	448	478	508	538	568
Portuguese	239	269	299	329	359	389	419	449	479	509	539	569
Italian	240	270	300	330	360	390	420	450	480	510	540	570
Arabic	241	271	301	331	361	391	421	451	481	511	541	571
Samoan	242	272	302	332	362	392	422	452	482	512	542	572
Thai	243	273	303	333	363	393	423	453	483	513	543	573
Farsi	244	274	304	334	364	394	424	454	484	514	544	574
Vietnamese	245	275	305	335	365	395	425	455	485	515	545	575
Not Available	246	276	306	336	366	396	426	456	486	516	546	576
Part B. Total	577	0 578	0 579	0 580	0 581	0 582	0 583	0 584	0 585	0 586	0 587	0 588
PART C. GENDER IDENTITY												
Female	599	596	603	610	617	624	631	638	645	652	659	666
Male	590	597	604	611	618	625	632	639	646	653	660	667
Transgender: male to female	591	598	605	612	619	626	633	640	647	654	661	668
Transgender: female to male	592	599	606	613	620	627	634	641	648	655	662	669
Non-Binary (neither male or female)	593	600	607	614	621	628	635	642	649	656	663	670
Another gender identity	594	601	608	615	622	629	636	643	650	657	664	671
Decline to state	595	602	609	616	623	630	637	644	651	658	665	672
Part C. Total	673	0 674	0 675	0 676	0 677	0 678	679	0 690	0 681	0 682	0 683	0 684
PART D. SEXUAL ORIENTATION												
Straight/heterosexual	685	692	699	706	713	720	727	734	741	748	755	762
Gay or lesbian	686	693	700	707	714	721	728	735	742	749	756	763
Bisexual	687	694	701	708	715	722	729	736	743	750	757	764
Queer	688	695	702	709	716	723	730	737	744	751	758	765
Another sexual orientation	689	696	703	710	717	724	731	738	745	752	759	766
Unknown	690	697	704	711	718	725	732	739	746	753	760	767
Decline to state	691	698	705	712	719	726	733	740	747	754	761	768
Part D. Total	769	0 770	0 771	0 772	0 773	0 774	775	0 776	0 777	0 778	0 779	0 780
COMMENTS												
(Other) Non-English Explanation: CalWORKs												
(Other) Non-English Explanation: Foster Care												
(Other) Non-English Explanation: Social Services (Title XX)												
(Other) Non-English Explanation: Non-Assistance CalFresh												

(Other) Non-English Explanation: Welfare-to-Work		
(Other) Non-English Explanation: Refugee Cash Assistance		
(Other) Non-English Explanation: Cash Assistance Program for Immigrants		
Revised Report Explanation		
CONTACT PERSON	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
SUPERVISOR	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
		DATE SUBMITTED

**ANNUAL RECIPIENT REPORT ON CALWORKS, FOSTER CARE,
SOCIAL SERVICES, NON-ASSISTANCE CALFRESH,
WELFARE-TO-WORK, REFUGEE CASH ASSISTANCE AND
THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
ABCD 350 (7/19)**

INSTRUCTIONS

CONTENT

The annual ABCD 350 report contains statistical information on the ethnic origin, primary language, gender identity, and sexual orientation of recipients of CalWORKs, Foster Care (FC), Social Services, Non-Assistance 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 submitted to CDSS no later than Friday, September 20, 2019.

Download the report form, which includes links to the report's instructions and validations, from <http://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions>. E-mail the completed ABCD 350 report form to CDSS, Data Systems and Survey Design Section (DSSDS) at admReportABCD350@dss.ca.gov. This electronic submission process contains automatic computation of some items (cells) and provides for e-mail transmission of completed ABCD 350 reports to DSSDS.

If you have questions regarding the completion or submission of this report, contact DSSDS at (916) 651-8269. For reference purposes, a PDF copy of the report form with instructions and validations can be downloaded from the CDSS Research and Data Reports (RADR) website at <http://www.cdss.ca.gov/inforesources/Research-and-Data>. The statewide and county specific ABCD 350 data is also available on the RADR website. Counties are encouraged to review their data on the RADR website each month to confirm the county's data matches the data on file at CDSS.

GENERAL INSTRUCTIONS

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 unless otherwise noted.**

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 and their supervisor, 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.

DETERMINING ETHNIC ORIGIN, PRIMARY LANGUAGE, GENDER IDENTITY, AND SEXUAL ORIENTATION

Ethnic origin, primary language, gender identity, and sexual orientation are determined by asking the applicant or by having the applicant complete the appropriate section of the application form. Any such information, to the extent it is available, 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: 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.

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

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

Black: 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".

Other Asian or Pacific Islander: Includes all people having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or the Pacific Islands (other than those mentioned below)

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.

Filipino: Includes all people having origins in any of the original peoples of the Philippine Islands.

Chinese: Includes all people having origins in any of the original peoples of China.

Cambodian: Includes all people having origins in any of the original peoples of Cambodia.

Japanese: Includes all people having origins in any of the original peoples of Japan.

Korean: Includes all people having origins in any of the original peoples of Korea (North or South).

Samoa: Includes all people having origins in any of the original peoples of Samoa.

Asian Indian: Includes all people having origins in any of the original peoples of the Indian subcontinent.

Hawaiian: Includes all people having origins in any of the original peoples of the Hawaiian Islands.

Guamanian: Includes all people having origins in any of the original peoples of Guam.

Laotian: Includes all people having origins in any of the original peoples of Laos.

Vietnamese: Includes all people having origins in any of the original peoples of Vietnam.

Other or not available: Includes all people having an ethnic origin different than those listed above as well as anyone who's ethnic origin is not available.

PRIMARY LANGUAGE SPOKEN

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.

- American Sign Language
- Spanish
- Cantonese
- Japanese
- Korean
- Tagalog
- Other Non-English (specify)
- English
- Other Sign Language
- Mandarin
- Other Chinese Languages
- Cambodian
- Armenian
- Ilocano
- Mien
- Hmong
- Lao
- Turkish
- Hebrew
- French
- Polish
- Russian
- Portuguese
- Italian
- Arabic
- Samoan
- Thai
- Farsi
- Vietnamese
- Other or Not Available

GENDER IDENTITY AND SEXUAL ORIENTATION

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, individuals 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.

SOCIAL SERVICES

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, PRIMARY LANGUAGE, GENDER IDENTITY, AND SEXUAL ORIENTATION

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

CALWORKS

The ethnic origin, primary language, gender identity, and sexual orientation 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, primary language, gender identity, and sexual orientation of other members of the family. Report each case in only one ethnic and one primary language category. If available, the ethnic origin, primary language, gender identity, and sexual orientation 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, primary language, gender identity, and sexual orientation 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. Due to data reporting issues, gender identity and sexual orientation will not be reported for foster care cases.

SOCIAL SERVICES

Report ethnic origin, primary language, gender identity, and sexual orientation for all cases in which social services were provided directly by the CWD in the July report month. 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.

NON-ASSISTANCE CALFRESH (NACF)

The ethnic origin, primary language, gender identity, and sexual orientation of the head of household should be used regardless of the ethnic origin, primary language, gender identity, and sexual orientation 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 cases in either the Two Parent Families or All (Other) Families category, report the ethnic origin, primary language, gender identity, and sexual orientation of the client, regardless of the ethnic origin, primary language, gender identity, and sexual orientation 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, primary language, gender identity, and sexual orientation of the head of household should be used regardless of the ethnic origin, primary language, gender identity, and sexual orientation of other members of the family. Report each case in only one ethnic and one primary language category.

CASH ASSISTANCE FOR IMMIGRANTS (CAPI)

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

ITEM INSTRUCTIONS

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

PART A. ETHNIC ORIGINS

For the **July** report month, 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 to 85]*
- Foster Care *[Cells 86 to 102]*
- Social Services *[Cells 103 to 119]*
- Non-Assistance CalFresh *[Cells 120 to 136]*
- Welfare-to-Work Two Parent Families and All (Other) Families categories *[Cells 137 to 170]*
- Refugee Cash Assistance *[Cells 171 to 187]*
- Cash Assistance Program for Immigrants *[Cells 188 to 204]*
- Total *[Cells 205 to 216]* ([Refer to page 11 for instructions](#))

Report only one ethnicity for each case.

PART B. PRIMARY LANGUAGE SPOKEN

For the **July** report month, 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 217 to 366]*
- Foster Care *[Cells 367 to 396]*
- Social Services *[Cells 397 to 426]*
- Non-Assistance CalFresh *[Cells 427 to 456]*
- Welfare-to-Work Two Parent Families and All (Other) Families categories *[Cells 457 to 516]*

- Refugee Cash Assistance [Cells 517 to 546]
- Cash Assistance Program for Immigrants [Cells 547 to 576]
- Total [Cells 577 to 588] ([Refer to page 11 for instructions](#))

Report only one primary language for each case.

PART C. GENDER IDENTITY

For the **July** report month, report the number of recipient cases for each gender identity 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 589 to 623]
- Foster Care: This category is not collected due to reporting issues. [Cells 623 to 630]
- Social Services [Cells 631 to 637]
- Non-Assistance CalFresh [Cells 638 to 644]
- Welfare-to-Work Two Parent Families and All (Other) Families categories [Cells 645 to 658]
- Refugee Cash Assistance [Cells 659 to 665]
- Cash Assistance Program for Immigrants [Cells 666 to 672]
- Total [Cells 673 to 684] ([Refer to page 11 for instructions](#))

Report only one gender identity for each case.

PART D. SEXUAL ORIENTATION

For the **July** report month, report the number of recipient cases for each sexual orientation 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 685 to 719]
- Foster Care: This category is not collected due to reporting issues. [Cells 720 to 726]
- Social Services [Cells 727 to 733]
- Non-Assistance CalFresh [Cells 734 to 740]
- Welfare-to-Work Two Parent Families and All (Other) Families categories [Cells 741 to 754]
- Refugee Cash Assistance [Cells 755 to 761]
- Cash Assistance Program for Immigrants [Cells 762 to 768]
- Total [Cells 769 to 780] ([Refer to page 11 for instructions](#))

Report only one sexual orientation for each case.

TOTALS

Important Note: Totals for corresponding columns on Part A, Part B, Part C, and Part D of the ABCD 350 must ALL be equal.

CALWORKS

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 (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.

- Part A. Ethnic Origin *[Cells 205 to 209]*
- Part B. Primary Language Spoken *[Cells 577 to 581]*
- Part C. Gender Identity *[Cells 673 to 677]*
- Part D. Sexual Orientation *[Cells 769 to 773]*

FOSTER CARE (FC)

Total cases for the FC column must equal the total cases (Children) (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.

- Part A. Ethnic Origin *[Cell 210]*
- Part B. Primary Language Spoken *[Cell 582]*
- Part C. Gender Identity is not currently collected due to data reporting issues *[Cell 678]*
- Part D. Sexual Orientation is not currently collected due to data reporting issues *[Cell 774]*

SOCIAL SERVICES

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.

- Part A. Ethnic Origin *[Cell 211]*
- Part B. Primary Language Spoken *[Cell 583]*
- Part C. Gender Identity *[Cell 679]*
- Part D. Sexual Orientation *[Cell 775]*

NON-ASSISTANCE CALFRESH (NACF)

Total cases for the NACF column must equal the total cases (Item 6, NACF column) of the CalFresh Monthly Caseload Movement Statistical Report (CF 296) for the **July** report month.

- Part A. Ethnic Origin *[Cell 212]*
- Part B. Primary Language Spoken *[Cell 584]*
- Part C. Gender Identity *[Cell 680]*
- Part D. Sexual Orientation *[Cell 776]*

WELFARE-TO-WORK (WTW)

Total cases for the WTW Two Parent Families column must equal the employment services caseload [sum of WTW Sanctions (Item 3A), Unduplicated individuals (Item 30), Noncompliance (Item 31), and Good cause (Item 32)] of the CalWORKs Welfare-to-Work Monthly Activity Report - Two Parent Families (WTW 25A) for the **July** report month.

- Part A. Ethnic Origin *[Cell 213]*
- Part B. Primary Language Spoken *[Cell 585]*
- Part C. Gender Identity *[Cell 681]*
- Part D. Sexual Orientation *[Cell 777]*

Total cases for the WTW All (Other) Families column must equal the employment services caseload [sum of WTW Sanctions (Item 3A), Unduplicated individuals (Item 30), Noncompliance (Item 31), and Good cause (Item 32)] of the CalWORKs Welfare-to-Work Monthly Activity Report – All (Other) Families (WTW 25) for the **July** report month.

- Part A. Ethnic Origin *[Cell 214]*
- Part B. Primary Language Spoken *[Cell 586]*
- Part C. Gender Identity *[Cell 682]*
- Part D. Sexual Orientation *[Cell 778]*

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Total cases for CAPI must equal the total recipients (Item 10, Totals column) of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the **July** report month.

- Part A. Ethnic Origin *[Cell 216]*
- Part B. Primary Language Spoken *[Cell 588]*
- Part C. Gender Identity *[Cell 684]*
- Part D. Sexual Orientation *[Cell 780]*

COMMENTS

Use the Comments section to:

- As previously stated in [ACIN I-48-17](#), counties must specify the number of cases speaking each language for any entries in Part B, Primary Language Spoken, Code 6, Other Non-English. This information is necessary for compliance with [7 CFR section 272.4\(b\)](#). The number of cases speaking each language must be reported using the (Other) Non-English Explanation boxes for each type of case at the bottom of the report form. Below is an example of how to report this data in an explanation box:
- (Other) Non-English Explanation Box: CalWORKs: Romanian-2, Afghani-1, Hindi-1.
- Explain any major fluctuations in data, including major changes in procedures, programming or staffing that have affected the data.
- Provide any other comments the county determines necessary.
- If submitting a revised report, explain the reason for the revision in the Revised Report Explanation box.

**ANNUAL RECIPIENT REPORT ON CALWORKS, FOSTER CARE,
SOCIAL SERVICES, NON-ASSISTANCE CALFRESH,
WELFARE-TO-WORK, REFUGEE CASH ASSISTANCE, AND
THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
ABCD 350 (7/19)**

VALIDATION RULES AND EDITS

All data cells in this report must be greater than or equal to zero. 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.

Important Note: Totals for corresponding columns on Part A, Part B, Part C, and Part D of the ABCD 350 must ALL be equal.

COMMENTS

(OTHER) NON-ENGLISH LANGUAGES: CALWORKS

If the sum of (Cell 223 + Cell 253 + Cell 283 + Cell 313 + Cell 343) is greater than zero, then the (Other) Non-English Languages: CalWORKs Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: FOSTER CARE

If Cell 373 is greater than zero, then the (Other) Non-English Languages: Foster Care Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: SOCIAL SERVICES (TITLE XX)

If Cell 403 is greater than zero, then the (Other) Non-English Languages: Social Services (Title XX) Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: CALFRESH

If Cell 433 is greater than zero, then the (Other) Non-English Languages: CalFresh Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: WELFARE-TO-WORK

If the sum of (Cell 463 + Cell 493) is greater than zero, then the (Other) Non-English Languages: Welfare-to-Work Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: REFUGEE CASH ASSISTANCE

If Cell 523 is greater than zero, then the (Other) Non-English Languages: Refugee Cash Assistance Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.

(OTHER) NON-ENGLISH LANGUAGES: CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

If Cell 553 is greater than zero, then the (Other) Non-English Languages: Cash Assistance Program for Immigrants Explanation box must be completed. Both the language and the number of cases speaking each language must be reported in the explanation box.