

November 8, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 19-107

This letter informs counties regarding the process for the October 2019 statistical report on the number of children aged five through 17 years in families receiving California Work Opportunity and Responsibility to Kids cash assistance payments exceeding the 2019 federal poverty income level. The collection and reporting of this data is required by Title I, Part A, of the Elementary and Secondary Education Act of 1965, as amended.



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

November 8, 2019

ALL COUNTY LETTER (ACL) NO. 19-107

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATISTICAL REPORT ON THE NUMBER OF CHILDREN, AGED 5-17 YEARS, IN FAMILIES RECEIVING CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) CASH ASSISTANCE ABOVE THE 2019 FEDERAL POVERTY LEVEL

REFERENCE: [TITLE I, PART A, OF THE ELEMENTARY AND SECONDARY EDUCATION ACT \(ESEA\) OF 1965](#)

This ACL is to inform counties regarding the process for the October 2019 statistical report on the number of children aged five through 17 years in families receiving CalWORKs cash assistance payments that exceed the 2019 federal poverty income level. The collection and reporting of this data is required by Title I, Part A, of the ESEA of 1965, as amended.

Background

The California Department of Education and the United States Department of Health and Human Services, Administration for Children and Families (ACF) use this information to allocate federal funds to meet the educational needs of disadvantaged children. The California Department of Social Services (CDSS) is required to report this data from the County Welfare Departments (CWDs), if it is not available from the local educational agency. Since there is no statewide source for this data, the CWDs are responsible for providing the information on children in families receiving CalWORKs assistance payments.

Submission and Completion

The CWDs must provide to the CDSS **by December 6, 2019**, a list of children aged five through 17 years who received CalWORKs cash assistance payments in the month of October 2019 that exceeded the 2019 federal poverty income level (defined by ACF as the level for a family of four, regardless of actual family size: \$2,146). To report this

information, the [TEMP 2220 form \(10/19\)](#) is attached. If there are no children that meet these criteria, please return the form with the indication, "None." Vendor payments, assistance in-kind, and income from other sources are not to be considered as cash assistance.

To ensure client confidentiality, the following dual envelope procedure is being implemented for all counties returning reports containing client specific information. The inner envelope directly containing the report must be marked "Confidential," sealed, and addressed to the CDSS as indicated below. This envelope must be placed within a second envelope, sealed, and mailed to the CDSS at the same address below.

Send the completed report to:

California Department of Social Services
ATTN: Katie Girimonte
Data Systems and Survey Design Section, MS. 9-13-081
P.O. Box 944243
Sacramento, CA 94244-2430

If there is no client-specific information (indication of 'None') on the report, it may only be returned electronically to the CDSS via e-mail at:

admTEMP2220@dss.ca.gov

Otherwise, if there is client-specific data to report, the dual envelope procedure described above is required. Reports containing client-specific information may not be returned electronically.

Contact

If you have any questions regarding the completion of this report, please contact the Data Systems and Survey Design Section at (916) 651-8269.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachment

**CHILDREN AGED 5-17 IN FAMILIES RECEIVING
CalWORKs EXCEEDING \$2,146.00
DURING OCTOBER 2019**

COUNTY: _____

CHILD CASE ID/ STATE ID NUMBER	STREET ADDRESS WHERE CHILD RESIDES	CITY	ZIP	COUNTY	DOB (MM/DD/YY)

IT IS REQUIRED TO SEND TEMP 2220 VIA DUAL ENVELOPE MAILING PROCEDURE IF THERE'S CHILD DATA REPORTED.

See ACL NO. 19-107

County Contact: _____ Telephone: _____

E-mail: _____