

August 27, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-96

This letter serves as a reminder to counties of the annual requirement to submit the CalFresh Participants by Race/Ethnicity Federal-Only and Combined Households (CF 358F) and CalFresh Participants by Race/Ethnicity State-Only Households (CF 358S) reports. The CF 358F and CF 358S reports have also been revised to eliminate previous data item "Nonreporting Household Contacts Where Worker Unable to Make Race Determination." These reports collect data each year on households that participate in CalFresh during the month of July.



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

August 27, 2020

ALL COUNTY LETTER (ACL) NO. 20-96

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 (7/20) AND CF 358S (7/20)

REFERENCE: [ACL 19-59](#); [ACIN I-55-18](#); [ACL 07-07](#); [ACL 07-07E](#); [ACL 18-133](#)

This letter serves as a reminder to counties of the annual requirement to submit the CalFresh Participants by Race/Ethnicity Federal-Only and Combined Households (CF 358F) and CalFresh Participants by Race/Ethnicity State-Only Households (CF 358S) reports. The CF 358F and CF 358S reports have also been revised to eliminate previous data item "Nonreporting Household Contacts Where Worker Unable to Make Race Determination." These reports collect data each year on households that participate in CalFresh during the month of July.

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 ACL 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 the CDSS to Legislature and made available to the public in accordance with the state mandate.

Summary of Changes

Below is an overview of the change.

- Previous labeled Item 4 “Nonreporting Household Contacts Where Worker Unable to Make Race Determination” has been removed.
- On the Instructions, the statement “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” has been removed.

NOTE: Counties will no longer make a visual determination at the time of application if a household has not provided a response on the application.

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, 2020**. The CF 358F and CF 358S forms, instructions and validations are attached in PDF format as reference materials.

If you have any questions regarding the completion of this report, please contact Research, Automation, and Data Division at (916) 651-8269 or email the [CF 358FS](#)

All County Letter 20-96
Page Four

[report inbox](#). If you have any program related questions, please contact the CalFresh Branch at (916) 651-8047.

Sincerely,

Original Document Signed By:

NATASHA NICOLAI
Deputy Director
Research, Automation, and Data Division

ATTACHMENTS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY			CALIFORNIA DEPARTMENT OF SOCIAL SERVICES RESEARCH, AUTOMATION AND DATA DIVISION			
CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity Federal-Only and Combined Households CF 358F			DOWNLOAD REPORT FORM FROM: http://www.cdss.ca.gov/Information/Research-and-Data/Report-Form-and-Instructions EMAIL COMPLETED REPORT FORM TO: adm08587@cdss.ca.gov			
COUNTY NAME _____		VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT MONTH: July REPORT YEAR: _____			
Number of Federal-Only and Combined Households participating in CalFresh during July by race and residential 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
1. Household Contacts Who Marked Only One Race						
American Indian or Alaska Native						
Asian Categories						
Asian Indian						
Cambodian						
Chinese						
Japanese						
Filipino						
Korean						
Laotian						
Vietnamese						
Other Asian (not included above)						
Reporting More Than One Asian Group						
Black or African American						
Native Hawaiian or Other Pacific Islander						
Native Hawaiian						
Guamanian						
Samoan						
Other Pacific Islander (not included above)						
Reporting More Than One Native Hawaiian or Pacific Islander Group						
White						
2. Household Contacts Who Marked Two Races						
American Indian or Alaska Native and White						
Asian and White						
Black or African American and White						
American Indian or Alaska Native and Black or African American						
3. Other—Household Contacts Who Chose Racial Combinations Not Included Above						
Reporting Race(s) Not Included Above						
4. Totals						

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES RESEARCH, AUTOMATION AND DATA DIVISION	
Sexual Orientation and Gender Identity		C. Number of Household Contacts by Sexual Orientation and Gender Identity	
		TOTAL Households	
5. The sexual orientation that household contacts marked			
Straight/heterosexual		10	
Gay or lesbian		10	
Bisexual		10	
Queer		10	
Another sexual orientation		10	
Unknown		10	
Decline to state		10	
6. The gender identity that household contacts marked			
Female		10	
Male		10	
Transgender: male to female		10	
Transgender: female to male		10	
Non-Binary (neither male nor female)		10	
Another gender identity		10	
Decline to state		10	
COMMENTS			
General Comments			
Revised Report Explanation (if Revised is selected)			
CONTACT PERSON	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	EMAIL	DATE SUBMITTED	
SUPERVISOR	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	EMAIL	DATE SUBMITTED	

CF 358F (7/00)
Page 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CaFresh
Participants by Race/Ethnicity,
Sexual Orientation and Gender Identity
State-Only Households
CF 358 S

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
RESEARCH, AUTOMATION AND DATA DIVISION

DOWNLOAD REPORT FORM FROM:
<https://www.cdss.ca.gov/inforesources/research-and-data/report-forms-and-instructions>
EMAIL COMPLETED REPORT FORM TO:
admo18887@cdss.ca.gov

COUNTY NAME

VERSION
☐ INITIAL ☐ REVISED

REPORT MONTH

REPORT YEAR

July

Number of State-Only Household participating in CaFresh 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 Household	NA Household	TOTAL Household	PA Household	NA Household	TOTAL Household
1. Household Contacts Who Marked Only One Race						
American Indian or Alaska Native						
Asian Categories						
Asian Indian						
Cambodian						
Chinese						
Japanese						
Filipino						
Korean						
Laotian						
Vietnamese						
Other Asian (not included above)						
Reporting More Than One Asian Group						
Black or African American						
Native Hawaiian or Other Pacific Islander						
Native Hawaiian						
Guamanian						
Samoan						
Other Pacific Islander (not included above)						
Reporting More Than One Native Hawaiian or Pacific Islander Group						
White						
2. Household Contacts Who Marked Two Races						
American Indian or Alaska Native and White						
Asian and White						
Black or African American and White						
American Indian or Alaska Native and Black or African American						
3. Other—Household Contacts Who Chose Racial Combinations Not Included Above						
Reporting Race(s) Not Included Above						
4. Totals						

CF 358 S (7/20)

Page 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES RESEARCH, AUTOMATION AND DATA DIVISION	
Sexual Orientation and Gender Identity		C. Number of Household Contacts by Sexual Orientation and Gender Identity	
			TOTAL Households
5. The sexual orientation that household contacts marked			
Straight/Heterosexual			00
Gay or Lesbian			00
Bisexual			00
Queer			00
Another sexual orientation			00
Unknown			00
Decline to state			00
6. The gender identity that household contacts marked			
Female			00
Male			00
Transgender: male to female			00
Transgender: female to male			00
Non-Binary (neither male nor female)			00
Another gender identity			00
Decline to state			00
COMMENTS			
General Comments			
Revised Report Explanation (if Revised is selected)			
CONTACT PERSON	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	EMAIL	DATE SUBMITTED	
SUPERVISOR	TELEPHONE	EXTENSION	
JOB TITLE/CLASSIFICATION	EMAIL	DATE SUBMITTED	

**CalFresh PARTICIPANTS BY RACE/ETHNICITY,
SEXUAL ORIENTATION AND GENDER IDENTITY
FEDERAL-ONLY AND COMBINED HOUSEHOLDS
CF 358F (7/20)
AND
STATE-ONLY HOUSEHOLDS
CF 358S (7/20)**

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 Research, Automation and Data Division 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.

DEFINITIONS

Race/Ethnicity

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, 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.

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.

- 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 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. [Cells 151 to 156]

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

Item 5, Column C: Enter the total number of household contacts who selected a sexual orientation. [Cells 157 to 163]

Item 6, Column C: Enter the total number of household contacts who selected a gender identity. [Cells 164 to 170]

COMMENTS

Use the Comments section to:

- 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