

December 09, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 22-104**

This letter serves as a reminder to counties to submit the ABCD 350 Annual Recipient Report for the California Work Opportunity and Responsibility to Kids Program, Foster Care, Social Services, Non-Assistance CalFresh, Welfare-to-Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants. 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.



**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](http://www.cdss.ca.gov)



**GAVIN NEWSOM**  
GOVERNOR

December 09, 2022

ALL COUNTY LETTER NO. 22-104

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 (7/21)**

REFERENCE: [ACL 19-75; TITLE 7 OF THE CODE OF FEDERAL  
REGULATIONS \(CFR\) SECTION 272.4\(b\)](#)

This All-County Letter serves as a reminder to counties to submit the annual Recipient Report on the California Work Opportunity and Responsibility to Kids Program, Foster Care, Social Services, Non-Assistance CalFresh, Welfare-to-Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants. 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 current report was last updated for the July 2021 report month and is the requested report to use for this and all subsequent years unless a form revision occurs.

## **LANGUAGE DATA REPORTING INSTRUCTIONS FOR (OTHER) NON-ENGLISH CATEGORY**

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 worksheets for each specific program.

Please note that cases with an included language category should not be included in the Other Non-English category because these cases are already accounted for.

## **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, Automated Forms and Instructions webpage](#). 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 at [admReportABCD350@dss.ca.gov](mailto:admReportABCD350@dss.ca.gov) on or before December 30, 2022, for the 2022 submission. The due date for the 2022 submission is later than the usual date of September 30<sup>th</sup> because of the delay in updating these instructions. For each subsequent year, this report will be due on or before September 30<sup>th</sup> of that year. If September 30<sup>th</sup> falls on a weekend, the report is due the next working day. For example, September 30, 2023, falls on a Saturday. The report is then due on Monday, October 2, 2023. The ABCD 350 form, instructions and validations are attached in PDF format as reference materials.

If you have any questions or need additional guidance regarding the information in this letter, contact the Research, Automation, and Data Division at (916) 651-8269 or at [admReportABCD350@dss.ca.gov](mailto:admReportABCD350@dss.ca.gov).

Sincerely,

***Original Document Signed By***

RYAN GILLETTE  
Chief Data Officer, Deputy Director

Research, Automation, and Data Division

Attachments

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
RESEARCH, DATA, AND AUTOMATION DIVISION

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
DATA SYSTEMS AND SURVEY DESIGN SECTION

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 (07/21)

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](mailto:admABCD350@dss.ca.gov)

EMAIL US FOR TECHNICAL SUPPORT QUESTIONS:  
[admdssdachts@dss.ca.gov](mailto:admdssdachts@dss.ca.gov)

Automated Form Updated: 08/13/21

COUNTY NAME Select County Name	VERSION Initial		REPORT MONTH July		REPORT YEAR Select Year							
	NUMBER OF CASES						WTW		RCA	CAPI		
	Two Parent	Zero Parent	CalWORKs All (Other) Families	TANF Timed-Out	Safety Net/Fleeing Felon/Long-Term Sanction	FC	Social Services (Title XX)	NACF			Two Parent	All (Other) Families
<b>PART A. ETHNIC ORIGIN</b>												
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
Samoan	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
<b>Part A. Total</b>	205	0 206	0 207	0 208	0 209	0 210	0 211	0 212	0 213	0 214	0 215	0 216
<b>PART B. PRIMARY LANGUAGE SPOKEN</b>												
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
Samoa	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	0 276	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	589	597	605	613	621	629	637	645	653	661	669	677
Male	590	598	606	614	622	630	638	646	654	662	670	678
Transgender: male to female	591	599	607	615	623	631	639	647	655	663	671	679
Transgender: female to male	592	600	608	616	624	632	640	648	656	664	672	680
Non-Binary (neither male or female)	593	601	609	617	625	633	641	649	657	665	673	681
Another gender identity	594	602	610	618	626	634	642	650	658	666	674	682
Unknown	595	603	611	619	627	635	643	651	659	667	675	683
Decline to state	596	604	612	620	628	636	644	652	660	668	676	684
Part C. Total	685	0 686	0 687	0 688	0 689	0 690	691	0 692	0 693	0 694	0 695	0 696
PART D. SEXUAL ORIENTATION												
Straight/heterosexual	697	704	711	718	725	732	739	746	753	760	767	774
Gay or lesbian	698	705	712	719	726	733	740	747	754	761	768	775
Bisexual	699	706	713	720	727	734	741	748	755	762	769	776
Queer	700	707	714	721	728	735	742	749	756	763	770	777
Another sexual orientation	701	708	715	722	729	736	743	750	757	764	771	778
Unknown	702	709	716	723	730	737	744	751	758	765	772	779
Decline to state	703	710	717	724	731	738	745	752	759	766	773	780
Part D. Total	781	0 782	0 783	0 784	0 785	0 786	787	0 788	0 789	0 790	0 791	0 792
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												

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
DATA SYSTEMS AND SURVEY DESIGN SECTION

<b>CONTACT PERSON</b>	<b>TELEPHONE</b>	<b>EXTENSION</b>
<b>JOB TITLE/CLASSIFICATION</b>	<b>E-MAIL</b>	
<b>SUPERVISOR</b>	<b>TELEPHONE</b>	<b>EXTENSION</b>
<b>JOB TITLE/CLASSIFICATION</b>	<b>E-MAIL</b>	
		<b>DATE SUBMITTED</b>

**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 (7/21)**

**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 for the 2022 submission are to be submitted to CDSS on or before December 30, 2022. For all subsequent years after that, the report is to be submitted to CDSS on or before September 30th of that year (See ACL for additional information).

Download the report form, which includes links to the report's instructions and validations, from the [Research, Automation, and Data Division Report Form and Instructions page](#). E-mail the completed ABCD 350 report form to CDSS at [admReportABCD350@dss.ca.gov](mailto: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 CDSS.

If you have questions regarding the completion or submission of this report, contact CDSS at (916) 651-8269. An accessible copy of the report form with instructions and validations can be downloaded from the [California Department of Social Services, Automated Forms and Instructions webpage](#). Counties are encouraged to keep an electronic/soft copy of their data for the reporting period that coincides with 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 CDSS.

## **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 their 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.

<b>PRIMARY LANGUAGE SPOKEN</b>
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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
- 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 FC 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 client 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]* [\(Refer to page 10 for instructions\)](#)

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]* [\(Refer to page 10 for instructions\)](#)

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 628]*
- Foster Care: This category is not collected due to reporting issues. *[Cells 629 to 636]*
- Social Services *[Cells 637 to 644]*
- Non-Assistance CalFresh *[Cells 645 to 652]*
- Welfare-to-Work Two Parent Families and All (Other) Families categories *[Cells 653 to 668]*
- Refugee Cash Assistance *[Cells 669 to 676]*
- Cash Assistance Program for Immigrants *[Cells 677 to 684]*
- Total *[Cells 685 to 696]* [\(Refer to page 10 for instructions\)](#)

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 697 to 731]*
- Foster Care: This category is not collected due to reporting issues. *[Cells 732 to 738]*
- Social Services *[Cells 739 to 745]*
- Non-Assistance CalFresh *[Cells 746 to 752]*
- Welfare-to-Work Two Parent Families and All (Other) Families categories *[Cells 753 to 766]*
- Refugee Cash Assistance *[Cells 767 to 773]*
- Cash Assistance Program for Immigrants *[Cells 774 to 780]*
- Total *[Cells 781 to 792]* ([Refer to page 10 for instructions](#))

Report only one sexual orientation for each case.

<b>TOTALS</b>
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**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 685 to 689]*
- Part D. Sexual Orientation *[Cells 781 to 785]*

**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 690]*



- Part D. Sexual Orientation is not currently collected due to data reporting issues  
*[Cell 786]*

### **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 691]*
- Part D. Sexual Orientation *[Cell 787]*

### **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 692]*
- Part D. Sexual Orientation *[Cell 788]*

### **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 693]*
- Part D. Sexual Orientation *[Cell 789]*

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 694]
- Part D. Sexual Orientation [Cell 790]

### **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 696]
- Part D. Sexual Orientation [Cell 792]

### **COMMENTS**

Use the Comments section to:

- 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 (7/21)**

**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 259 + Cell 295 + Cell 331 + Cell 367) is greater than zero, then the (Other) Non-English Languages: CalWORKs table on the 'Other – CW' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

**(OTHER) NON-ENGLISH LANGUAGES: FOSTER CARE**

If Cell 403 is greater than zero, then the (Other) Non-English Languages: Foster Care table on the 'Other – FC' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

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

If Cell 439 is greater than zero, then the (Other) Non-English Languages: Social Services (Title XX) table on the 'Other – SS' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

**(OTHER) NON-ENGLISH LANGUAGES: CALFRESH**

If Cell 475 is greater than zero, then the (Other) Non-English Languages: CalFresh table on the 'Other – CF' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

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

If the sum of (Cell 511 + Cell 547) is greater than zero, then the (Other) Non-English Languages: Welfare-to-Work Explanation table on the 'Other – WTW' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

**(OTHER) NON-ENGLISH LANGUAGES: REFUGEE CASH ASSISTANCE**

If Cell 583 is greater than zero, then the (Other) Non-English Languages: Refugee Cash Assistance Explanation table on the 'Other – RCA' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.

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

If Cell 619 is greater than zero, then the (Other) Non-English Languages: Cash Assistance Program for Immigrants table on the 'Other – CAPI' worksheet must be completed. Both the language and the number of cases speaking each language must be reported.