

October 21, 2022

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 22-85**

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWDs) that the "CalFresh Participation and Benefit Issuance Report (DFA 256)" is being discontinued, revised, and renamed to create a new report, "CalFresh Participation and Benefit Issuance Report (CF 256)". Revisions have been made to the "CalFresh Monthly Caseload Movement Statistical Report (CF 296)", the "CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity Federal-Only (CF 358F)", and the "CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity State-Only (CF 358S)". The changes are effective immediately upon completion of automation into the eligibility system.



**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

October 21, 2022

ALL COUNTY LETTER NO. 22-85

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH SPECIALISTS  
ALL CONSORTIA REPRESENTATIVES  
ALL QUALITY CONTROL COORDINATORS  
ALL CALFRESH E&T REPRESENTATIVES

SUBJECT: DISCONTINUANCE OF CALFRESH PARTICIPATION AND  
BENEFIT ISSUANCE REPORT (DFA 256 7/19)

NEW CALFRESH PARTICIPATION AND BENEFIT ISSUANCE  
REPORT (CF 256 8/22)

REVISED CALFRESH MONTHLY CASELOAD MOVEMENT  
STATISTICAL REPORT (CF 296 6/19)

REVISED CALFRESH PARTICIPANTS BY RACE/ETHNICITY,  
SEXUAL ORIENTATION AND GENDER IDENTITY FEDERAL-  
ONLY HOUSEHOLDS (CF 358F 7/19)

REVISED CALFRESH PARTICIPANTS BY RACE/ETHNICITY,  
SEXUAL ORIENTATION AND GENDER IDENTITY STATE-ONLY  
HOUSEHOLDS (CF 358S 7/19)

REFERENCE: TITLE 7 OF THE CODE OF FEDERAL REGULATIONS (7 CFR)  
[272.6\(g\)-\(h\)](#), 7 CFR § [271.4\(a\)\(7\)](#), 7 CFR § [272.1\(e\)](#),  
GOVERNMENT CODE § [8310.0](#), GOVERNMENT CODE § [8310.8](#),  
[ACL 19-39E2](#), [ACL 03-49](#), [ACIN I-55-18](#), [ACL 21-25](#)

The purpose of this All County Letter (ACL) is to inform County Welfare Departments (CWDs) of changes to multiple CalFresh Reports. These changes result from a new Public Assistance CalFresh (PACF) definition that distinguishes CalFresh households by public assistance program type and supports California's continued alignment with

federal reporting expectations set by the Food and Nutrition Service (FNS). The changes are provided below:

- The CalFresh Participation and Benefit Issuance Report (DFA 256) is being discontinued and replaced with the revised and renamed CalFresh Participation and Benefit Issuance Report (CF 256).
- The CalFresh Monthly Caseload Movement Statistical Report (CF 296) has been revised.
- The CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity Federal-Only (CF 358F) has been revised.
- The CalFresh Participants by Race/Ethnicity, Sexual Orientation and Gender Identity State-Only (CF 358S) has been revised.

Per [ACL 21-25](#) the new definition of a PACF household broadly defines a PACF household as a CalFresh household in which members receive some type of public assistance in addition to CalFresh, including California Work Opportunity and Responsibility to Kids (CalWORKs), Tribal Temporary Assistance for Needy Families (TANF), Supplemental Security Income/State Supplementary Payment (SSI/SSP), and General Assistance/General Relief (GA/GR).

The term PACF functions as an umbrella term under which specific subcategories of PACF households fall. Under the umbrella category of PACF household, the CDSS has established six subcategories based on the public assistance benefits received by each household member. The household subcategories and definitions are provided below:

- PACF CalWORKs-Only Household: a CalFresh household in which all included members also receive CalWORKs cash benefits.
- PACF Tribal TANF-Only Household: a CalFresh household in which all included members also receive Tribal TANF cash benefits.
- PACF SSI/SSP-Only Household: a CalFresh household in which all included members also receive SSI and/or SSP benefits.
- PACF GA/GR-Only Household: a CalFresh household in which all included members also receive GA/GR benefits.
- PACF Multiple PA: a CalFresh household in which all included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP, and/or

GA/GR).

- PACF Mixed: a CalFresh household in which one or more included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP, and/or GA/GR) and one or more included members receive only CalFresh.

## **IMPLEMENTATION**

All CWDs must begin using the new forms for the CF 256, CF 296, and CF 358F/S upon completion of automation in the California Statewide Automated Welfare System (CalSAWS). CWDs must continue to submit the current version of the reports until automation is complete. Additional correspondence will be sent to advise counties when the updated forms need to start being used and sent to CDSS.

## **SUMMARY OF CHANGES**

Below is a summary of major changes that have been made to the CalFresh reports.

### **CF 256**

The new CF 256 report is divided up into four parts:

- Part A. Participation during the Month shows CalFresh Households and persons broken down by public assistance, along with the new subcategories, and non-public assistance.
- Part B. Participation during the Month by Federal, Federal/State, and State shows CalFresh households and persons broken down by Federal Only, Federal/State, and State Only categories.
- Part C. Benefit Issuances during the Month shows Electronic Benefits Transfer (EBT) issuances, total value of benefit issuances for Federal and State, and replacement benefit issuances, including replacement benefits from household misfortune and skimming/scamming.
- Part D. Disaster CalFresh during the Month shows Disaster CalFresh new persons, new households, and issuances. This also shows ongoing households, ongoing persons, and supplemental disaster issuances.

## **CF 296**

The revised CF 296 report is divided into four parts.

- Part A. Applications for CalFresh. No changes made.
- Part B. Applications processed under Expedited Services. No changes made.
- Part C. Certified Caseload Movement shows cases brought forward from the previous month, cases added during the report month, and cases discontinued during the month. Item 5a1) has been added to collect overdue applications that have been approved from 1-30 days, 31-60 days, 61-90 days, and 91+ days in order to be in compliance with the [FNS-292b](#).
- Part D. Recertifications shows recertifications disposed of during the month, either being determined continuing eligible or determined ineligible, and overdue recertifications during the month. Item 9a1) has been added to collect overdue recertifications that have been determined to be continuing eligible from 1-30 days, 31-60 days, 61-90 days, and 91+ days in order to be in compliance with the [FNS-292b](#).

The Definition of recertifications has also been updated to better align with the [FNS recertification toolkit](#).

## **CF 358F/S**

The revised CF 358F/S report is divided into three parts. Part A and Part B shows the household contacts by race for PACF, including subcategories, and Non-public Assistance CalFresh:

- Part A. Number of Household Contacts by Race.
- Part B. Number of Hispanic or Latino Household Contacts Reported in Part A by Race.
- Part C. Number of Household Contacts by Sexual Orientation and Gender Identity shows the total number of household contacts by reported sexual orientation and gender identity.

## **COMPLETION AND SUBMISSION**

Revised DFA 256 reports prior to the release of the new CF 256 form should be reported on the DFA 256 (7/16/19) automated form. Revised CF 296 reports prior to the release of the revised CF 296 form should be reported on the CF 296 (6/28/19) automated form. Revised CF 358F/S reports prior to the release of the revised CF 358F/S form should be reported on the CF 358F/S (2019) automated form.

To complete the electronic forms, counties are to download a copy of each report form from this CDSS website: [Report Forms and Instructions](#). All counties are required to submit the report via e-mail to the Research, Automation & Data Division (RADD) by the 20th calendar day of the month following the report month for the CF 256 and CF 296 reports. The annual CF 358F/S form is due annually on September 10. All forms, instructions, and validations are attached in PDF as reference material.

If you have any questions regarding the completion of these reports, please contact RADD at (916) 653-1800. Policy related questions should be directed to the CalFresh Policy and Employment Bureau at [CalFreshPolicy@dss.ca.gov](mailto:CalFreshPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By***

Ryan Gillette, Deputy Director  
Research, Automation, and Data Division

Attachments

<b>CalFresh</b> <b>Participation and Benefit Issuance Report</b> <b>CF 256</b>			
COUNTY NAME	VERSION	REPORT MONTH	REPORT YEAR
<b>PART A. PARTICIPATION DURING THE MONTH</b>			
<b>Public Assistance</b>			
1. Public Assistance Households			0
1a. Households in Item 1 receiving SSI/SSP only			
1b. Households in Item 1 receiving CalWORKs only			
1c. Households in Item 1 receiving Tribal TANF only			
1d. Households in Item 1 receiving GA/GR only			
1e. Households in Item 1 receiving Multiple PA Programs			
1f. Households in Item 1 receiving Mixed Program			
2. Persons in Public Assistance Households			0
2a. Persons in Item 2 receiving SSI/SSP only			
2b. Persons in Item 2 receiving CalWORKs only			
2c. Persons in Item 2 receiving Tribal TANF only			
2d. Persons in Item 2 receiving GA/GR only			
2e. Persons in Item 2 receiving Multiple PA programs			
2f. Persons in Item 2 receiving Mixed programs			
<b>Non-Public Assistance</b>			
3. Non-Public Assistance Households			
4. Persons in Non-Public Assistance Households			
<b>PART B. PARTICIPATION DURING THE MONTH BY FEDERAL, FEDERAL/STATE AND STATE</b>			
5. Public Assistance Households			0
5a. Households in Item 5 participating in Federal Only			
5b. Households in Item 5 participating in Federal/State			
5c. Households in Item 5 participating in State Only			
6. Persons in Public Assistance Households			0
6a. Persons in Item 6 participating in Federal Only			
6b. Persons in Item 6 participating in Federal/State			0
6b1. Persons in Item 6 in Federal/State Households participating in Federal Only			
6b2. Persons in Item 6 in Federal/State Households participating in State Only			
6c. Persons in Item 6 participating in State Only			
7. Non-Public Assistance Households			0
7a. Households in Item 7 participating in Federal Only			
7b. Households in Item 7 participating in Federal/State			
7c. Households in Item 7 participating in State Only			
8. Persons in Non-Public Assistance Households			0
8a. Persons in Item 8 participating in Federal Only			
8b. Persons in Item 8 participating in Federal/State			0
8b1. Persons in Item 8 in Federal/State Households participating in Federal Only			
8b2. Persons in Item 8 in Federal/State Households participating in State Only			
8c. Persons in Item 8 participating in State Only			
<b>PART C. BENEFIT ISSUANCES DURING THE MONTH</b>			
9. Electronic Benefit Transfer (EBT) issuances			
10. Total value of benefit issuances, excluding replacements (dollar amount)			0

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

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

10a. Value of federal benefit issuances (dollar amount)	39
10b. Value of state benefit issuances (dollar amount)	40
11. Total value of replacement benefit issuances (dollar amount)	41 <b>0</b>
11a. Total value of replacement benefit issuances from household misfortune – Federal	42
11b. Total value of replacement benefit issuances from household misfortune – State	43
11c. Total value of replacement benefit issuances from skimming/scamming	44
<b>PART D. DISASTER CALFRESH DURING THE MONTH</b>	
12. Total new households receiving Disaster CalFresh during the month	45
13. Total new persons receiving Disaster CalFresh during the month	46
14. Total value of Disaster CalFresh benefit issuances (dollar amount)	47
15. Total ongoing households receiving Disaster CalFresh supplements during the month	48
16. Total ongoing persons receiving Disaster CalFresh supplements during the month.	49
17. Total value of Disaster CalFresh supplement issuances (dollar amount)	50
<b>COMMENTS</b>	
General Comments	
Revised Report Explanation	
CONTACT PERSON	TELEPHONE EXTENSION
TITLE/CLASSIFICATION	EMAIL DATE SUBMITTED
SUPERVISOR	TELEPHONE EXTENSION
TITLE/CLASSIFICATION	EMAIL DATE SUBMITTED



## **CALFRESH PARTICIPATION AND BENEFIT ISSUANCE REPORT (CF 256)**

### **INSTRUCTIONS**

#### **CONTENT**

The monthly CF 256 report includes data on the number of CalFresh Public Assistance and Non-Public Assistance households and persons participating in the federal and state CalFresh programs, the California Food Assistance Program (CFAP), Electronic Benefit Transfer (EBT) issuances, and the value of documented benefit issuances. This report also includes, when applicable, data on Disaster CalFresh, households, persons and benefit issuances for both new and existing CalFresh recipients.

#### **PURPOSE**

The CF 256 provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

#### **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 by 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 on or before the 20<sup>th</sup> calendar day of the month following the report month.

If the CWD determines that a revision is needed to its previously submitted report, the CWD will submit a revised report for the applicable month(s) and provide an explanation for the revision in the Revised Report Explanation box. The California Department of Social Services' (CDSS) policy requires CWDs to revise current State Fiscal Year (FY) reports and two prior FYs, if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed.

Download an Excel version of the report form from CDSS, Research Automation and Data Division (RADD), located at: [CF256](#). Complete the downloaded form and e-mail to the designated CF 256 report inbox at [admcf256@dss.ca.gov](mailto:admcf256@dss.ca.gov). The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to RADD. 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 [admcf256@dss.ca.gov](mailto:admcf256@dss.ca.gov) or (916) 651-8269.

For reference purposes, the CDSS and county specific CF256 data is available on the CDSS website on the [Research and Data Reports webpage](#) within the CalFresh [Data Dashboard](#) and [Data Tables](#) section. CWDs are encouraged to review their data on the website each month to confirm the county's data coincides with the data on file at CDSS.

### **SUBMISSION SCHEDULE**

Month	Report Period	Due Date
M1	July 1 - July 31	August 20
M2	August 1 – August 31	September 20
M3	September 1 – September 30	October 20
M4	October 1 – October 31	November 20
M5	November 1 – November 30	December 20
M6	December 1 – December 31	January 20
M7	January 1 – January 31	February 20
M8	February 1 – February 28	March 20
M9	March 1 – March 31	April 20
M10	April 1 – April 30	May 20
M11	May 1 – May 31	June 20
M12	June 1 – June 30	July 20

### **GENERAL INSTRUCTIONS**

Enter in the boxes provided at the top of the form the county's name, version (Initial or Revised) and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **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 General Comments box.

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number, fax number and e-mail address of the person to contact if there are questions about the report. This 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 RADD.

NOTE: Beginning on June 1, 2019, recipients of Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP) benefits are eligible for CalFresh, provided all other eligibility criteria are met. This change is due to the reversal of the CalFresh eligibility policy known as “cash-out”. As a result of this change, CWDs will report the number of pure SSI/SSP recipient households also receiving CalFresh.

Additionally, two state-funded programs, known as the Supplemental Nutrition Benefit (SNB) Program and Transitional Nutrition Benefit (TNB) Programs were created. CWDs will not report TNB Program cases on the CF 256. SNB Program cases will be counted in the CF 256 since they are existing CalFresh households, but not as a separate count. The benefit issuance amount of the SNB Program and TNB Program cases will also be excluded from the benefit issuance counts. Please refer to [ACIN I-80-18](#) for how SNB Program and TNB Program data will be collected for evaluation purposes.

## **DEFINITIONS**

Disaster CalFresh: Disaster CalFresh (D-CalFresh) provides temporary food assistance for households affected by a disaster. D-CalFresh can only be operated when a Presidential Declaration of Major Disaster with Individual Assistance has been made and a request to operate D-CalFresh has been approved by the Food and Nutrition Service. To be eligible for D-CalFresh, a household must have lived or worked in the disaster area, have been affected by the disaster, and meet certain D-CalFresh eligibility criteria.

Disaster Supplements: Disaster supplements bring ongoing CalFresh households affected by a disaster up to the maximum allotment for the household size. Disaster supplements provide parity between new D-CalFresh households and ongoing CalFresh households, who are not eligible for D-CalFresh. Disaster supplements can only be issued when D-CalFresh is operational. Disaster supplements can be issued on an individual and/or automatic basis.

Household: Participated during the report month by assistance classification and the program eligibility of the household members.

Non-Public Assistance CalFresh (NACF): A CalFresh household in which all members do not receive some type of public assistance in addition to CalFresh, including CalWORKs, Tribal Temporary Assistance for Needy Families (TANF), Supplemental Security Income/State Supplementary Payment (SSI/SSP), and General Assistance/General Relief (GA/GR).

Participation during the month: Households that were issued CalFresh benefits, whether or not the issuance was successfully claimed, thereby providing the household with the means to participate in (benefit from) the CalFresh program. The report logic does not require or extend to the actual monetary receipt by the client from their EBT account during the month. This report does differentiate between pure federally funded issuances, pure state only funded issuances, and mixed issuances where at least one recipient is federally eligible or at least one recipient is non-federally eligible but eligible to state only funding.

Public Assistance CalFresh (PACF): A CalFresh household in which members receive some type of public assistance in addition to CalFresh, including CalWORKs, Tribal TANF, SSI/SSP, and GA/GR. Under the umbrella category of PACF household, CDSS has established six subcategories based on the public assistance benefits received by each household member. These PACF household subcategories and definitions are provided below:

- PACF CalWORKs-Only Household: A CalFresh household in which all included members also receive CalWORKs cash benefits. NOTE: This does not include the Work Incentive Nutritional Supplement (WINS).
- PACF Tribal TANF-Only Household: A CalFresh household in which all included members also receive Tribal TANF cash benefits.
- PACF SSI/SSP-Only Household: A CalFresh household in which all included members also receive SSI and/or SSP benefits.
- PACF GA/GR-Only Household: A CalFresh household in which all included members also receive GA/GR benefits.
- PACF Multiple PA: A CalFresh household in which all included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP, and/or GA/GR).
- PACF Mixed: A CalFresh household in which one or more included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP and/or GA/GR) and one or more included members receive only CalFresh.

Replacements: Replacement benefits are available to ongoing CalFresh households that either lose food purchased with their benefits or lose benefits due to electronic theft by skimming or scams. Food loss may be caused by a disaster or other household misfortune. Electronic theft occurs when a recipient (or authorized representative) has not lost physical possession of their card and money is stolen from their account

electronically. Skimming involves using electronic equipment to capture the recipients' card and create a counterfeit card. Scams involve deceiving or misleading a recipient to provide their account information and then using that information to create a counterfeit card.

- Replacements due to Household Misfortune: These replacements must be requested by an ongoing CalFresh household within ten days from the loss of food to be considered timely. Replacements can be issued when D-CalFresh is or is not operational. Replacements can be issued on an individual basis and, when food loss can be assumed due to a disaster or other large-scale event, on an automatic basis.
- Replacements due to Skimming/Scamming: The recipient must contact the CWD within 90 calendar days from the date of the electronic theft transaction in order to be eligible. The recipient is required to file a police report, unless there is good cause.

## **ITEM INSTRUCTIONS**

### **PART A. PARTICIPATION DURING THE MONTH**

NOTE: These are to be unduplicated counts of households and persons: report each household and person only once. Disaster CalFresh households and persons SHOULD NOT be included in Part A. If a household applies for CalFresh benefits in June, is determined eligible for benefits in July for both June and July, the household is counted in Item 1 only once in July. (However, count the total CalFresh benefit value for June and July in Part B in July.)

1. Public Assistance Households: ***This item is automatically calculated. [Cell 1]***
  - a. Households in Item 1 receiving SSI/SSP only: Enter the number of CalFresh households where all members in the household are also receiving SSI/SSP. [Cell 2]
  - b. Households in Item 1 receiving CalWORKs only: Enter the number of CalFresh households where all members in the household are also receiving CalWORKs. [Cell 3]
  - c. Households in Item 1 receiving Tribal TANF only: Enter the number of CalFresh households where all members in the household are also receiving Tribal TANF. [Cell 4]
  - d. Households in Item 1 receiving GA/GR only: Enter the number of CalFresh households where all members in the household are also receiving GA/GR. [Cell 5]
  - e. Households in Item 1 receiving Multiple PA Programs: Enter the number of CalFresh households where all members receive public assistance from any

- combination of the previously mentioned public assistance program types (i.e., SSI/SSP, CalWORKs, Tribal TANF, and/or GA/GR). [Cell 6]
- f. Households in Item 1 receiving Mixed Programs: Enter the number of CalFresh households where one or more included members receive only CalFresh and one or more included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP and/or GA/GR). [Cell 7]
2. Persons in Public Assistance Households: ***This item is automatically calculated.*** [Cell 8]
- a. Persons in Item 2 receiving SSI/SSP: Enter the number of persons in CalFresh households where all members in the household are also receiving SSI/SSP. [Cell 9]
- b. Persons in Item 2 receiving CalWORKs: Enter the number of persons in CalFresh households where all members in the household are also receiving CalWORKs. [Cell 10]
- c. Persons in Item 2 receiving Tribal TANF: Enter the number of persons in CalFresh households where all members in the household are also receiving Tribal TANF. [Cell 11]
- d. Persons in Item 2 receiving GA/GR: Enter the number of persons in CalFresh households where all members in the household are also receiving GA/GR only. [Cell 12]
- e. Persons in Item 2 receiving Multiple PA Programs: Enter the number of persons in CalFresh households where all members receive public assistance from any combination of the previously mentioned public assistance program types (i.e. SSI/SSP, CalWORKs, Tribal TANF, and/or GA/GR). [Cell 13]
- f. Persons in Item 2 receiving Mixed Programs: Enter the number of persons in CalFresh households where one or more included members receive only CalFresh and one or more included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e. CalWORKs, Tribal TANF, SSI/SSP and/or GA/GR). [Cell 14]
3. Non-Public Assistance households: Enter the number of Non-Public Assistance households that participated in the report month. [Cell 15]
4. Persons in Non-Public Assistance households: Enter the number of persons in Non-Public Assistance households that participated in the report month. [Cell 16]

<b>PART B. PARTICIPATION DURING THE MONTH BY FEDERAL, FEDERAL/STATE AND STATE</b>
---

5. Public Assistance Households (sum of Cell 18 through Cell 20): ***This item is automatically calculated.*** [Cell 17]
- a. Of the households in Item 5 participating in Federal Only: Enter the number of Federal only PACF households that participated during the month. [Cell 18]

- b. Of the households in Item 5 participating in Federal/State: Enter the number of Federal/State PACF households that participated during the month. [Cell 19]
- c. Of the households in Item 5 participating in State Only: Enter the number of State only PACF households that participated during the month. [Cell 20]
- 6. Persons in Public Assistance Households (sum of Cell 22 through Cell 24): ***This item is automatically calculated.*** [Cell 21]
  - a. Persons in Item 6 participating in Federal Only: Enter the number of persons in Federal only PACF households that participated during the month. [Cell 22]
  - b. Persons in Item 6 participating in Federal/State: Enter the number of persons in Federal/State PACF households that participated during the month. [Cell 23]
    - 1. Persons in Item 6 in Federal/State Households participating in Federal Only: Enter the number of persons in Federal/State PACF households that participated in Federal Only during the month. [Cell 24]
    - 2. Persons in Item 6 in Federal/State Households participating in State Only: Enter the number of persons in Federal/State PACF households that participated in State Only during the month. [Cell 25]
    - 3. Persons in Item 6 participating in State Only: Enter the number of persons in State only PACF households that participated during the month. [Cell 26]
- 7. Non-Public Assistance Households (sum of Cell 26 through Cell 28): ***This item is automatically calculated.*** [Cell 27]
  - a. Households in Item 7 participating in Federal Only: Enter the number of Federal only NACF households that participated during the month. [Cell 28]
  - b. Households in Item 7 participating in Federal/State: Enter the number of Federal/State NACF households that participated during the month [Cell 29]
  - c. Households in Item 7 participating in State Only: Enter the number of State only NACF households that participated during the month [Cell 30]
- 8. Persons in Non-Public Assistance Households (sum of Cell 30 through Cell 32): ***This item is automatically calculated.*** [Cell 31]
  - a. Persons in Item 8 participating in Federal Only: Enter the number of persons in Federal only NACF households that participated during the month [Cell 32]
  - b. Persons in Item 8 participating in Federal/State: Enter the number of persons in Federal/State NACF households that participated during the month [Cell 33]
    - 1. Persons in Item 6 in Federal/State Households participating in Federal Only: Enter the number of persons in Federal/State NACF households that participated in Federal Only during the month. [Cell 34]

2. Persons in Item 6 in Federal/State Households participating in State Only: Enter the number of persons in Federal/State NACF households that participated in State Only during the month. [Cell 35]
- c. Persons in Item 8 participating in State Only: Enter the number of persons in State only NACF households that participated during the month. [Cell 36]

<b>PART C. BENEFIT ISSUANCES DURING THE MONTH</b>
---

NOTE: Include regular, duplicate, replacement, and retroactive issuances. No Disaster CalFresh issuances and disaster supplements should be included in Part B. Round all dollar amounts to the nearest whole dollar.

9. Electronic Benefit Transfer (EBT) issuances: Enter the number of actual issuances of CalFresh benefits which were made to participating households' EBT accounts. [Cell 37]
10. Total value of benefit issuances (Cell 35 plus Cell 36): ***This item is automatically calculated.*** Item 10 equals the sum of Items 10a and 10b. [Cell 38]
  - a. Value of federal benefit issuances: Enter the value of CalFresh benefit issuances to federal-only households and the federal portion of combined households. [Cell 39]
  - b. Value of state benefit issuances: Enter the value of CalFresh benefit issuances to state-only households and the state portion of combined households. [Cell 40]
11. Total value of replacement benefit issuances: Enter the value of CalFresh replacement benefit issuances. [Cell 41]
  - a. Total value of replacement benefit issuances from household misfortune – Federal: Enter the value of CalFresh replacement benefit issuances from household misfortune to persons participating in Federal Only during the month. [Cell 42]
  - b. Total value of replacement benefit issuances from household misfortune – State: Enter the value of CalFresh replacement benefit issuances from household misfortune to persons participating in State Only during the month. [Cell 43]
  - c. Total value of replacement benefit issuances from skimming/scamming: Enter the value of CalFresh replacement benefit issuances from skimming/scamming. [Cell 44]



**PART D. DISASTER CALFRESH DURING THE MONTH DURING THE MONTH**

NOTE: A household is considered "New" if they receive Federal disaster benefits but are not currently a Household receiving regular CalFresh benefits.

12. Total new households receiving Disaster CalFresh during the month: Enter the number of new households that participated in Disaster CalFresh during the report month. *[Cell 45]*
13. Total new persons receiving Disaster CalFresh during the month: Enter the number of new persons that participated in Disaster CalFresh during the report month. *[Cell 46]*
14. Total value of Disaster CalFresh benefit issuances (dollar amount): Enter the total value of Disaster CalFresh benefits issued to new Disaster CalFresh households. *[Cell 47]*
15. Total ongoing households receiving Disaster CalFresh supplements during the month: Enter the number of ongoing CalFresh households that received a Disaster CalFresh supplement during the report month. *[Cell 48]*
16. Total ongoing persons receiving Disaster CalFresh supplements during the month: Enter the number of ongoing CalFresh persons that received a Disaster CalFresh supplement during the report month. *[Cell 49]*
17. Total value of Disaster CalFresh supplement issuances: Enter the total value of Disaster CalFresh supplements issued to ongoing CalFresh households. *[Cell 50]*

**COMMENTS**

**General Comments**

Use this box to:

- Explain any major fluctuations in the data.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data.

**Revised Report Explanation**

Use this box to:

- Explain the reasons a revised report is being submitted. If this is revised report, this box must be completed. If the report is an Initial report (the first report submitted for the report month) this box must remain blank.

**CALFRESH PARTICIPATION AND BENEFIT ISSUANCE REPORT  
CF 256 (8/22)**

**VALIDATION RULES AND EDITS**

**CELLS**      Each data cell in this report must be a whole number equal to or greater  
1 – 50      than zero (0). Enter no decimals. No data cells should be left blank.

**Initial reports:** If "Initial" is selected, the "Revised Report Explanation" box near the bottom of the report form must be left blank.

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

**PART A. PARTICIPATION DURING THE MONTH**

**Item 1 must be equal to the sum of (Item 1a plus Item 1b plus Item 1c plus Item 1d plus Item 1e plus Item 1f)**

Cell 1 must be equal to the sum of (Cell 2 plus Cell 3 plus Cell 4 plus Cell 5 plus Cell 6 plus Cell 7)

**Item 1 must be equal to Item 5**

Cell 1 must be equal to Cell 17

**Item 2 must be greater than or equal to Item 1**

Cell 8 must be greater than or equal to Cell 1

**Item 2 must be equal to Item 6**

Cell 8 must be equal to Cell 21

**Item 3 must be equal to Item 7**

Cell 15 must be equal to Cell 27

**Item 4 must be greater than or equal to Item 3**

Cell 16 must be greater than or equal to Cell 15

**Item 4 must be equal to Item 8**

Cell 16 must be equal to Cell 31

**PART B. PARTICIPATION DURING THE MONTH BY FEDERAL, FEDERAL/STATE, AND STATE**

**Item 5 must be equal to Item 5a plus Item 5b plus Item 5c**

Cell 17 must be equal to (Cell 18 plus Cell 19 plus Cell 20)

**Item 6 must be equal to Item 6a plus Item 6b plus Item 6c**

Cell 21 must be equal to (Cell 22 plus Cell 23 plus Cell 26)

**Item 6 must be greater than or equal to Item 5**

Cell 21 must be greater than or equal to Cell 17

**Item 7 must be equal to Item 7a plus Item 7b plus Item 7c**

Cell 27 must be equal to (Cell 28 plus Cell 29 plus Cell 30)

**Item 8 must be equal to Item 8a plus Item 8b plus Item 8c**

Cell 31 must be equal to (Cell 32 plus Cell 33 plus Cell 36)

**Item 8 must be greater than or equal to Item 7**

Cell 31 must be greater than or equal to Cell 27

**Item 8b must be greater than or equal to Item 7**

Cell 33 must be greater than or equal to Cell 27

**PART C. BENEFIT ISSUANCES DURING THE MONTH**

**Item 10 must be equal to (Item 10a plus Item 10b)**

Cell 38 must be equal to (Cell 39 plus Cell 40)

**PART D. DISASTER CALFRESH DURING THE MONTH**

**Item 13 must be greater than or equal to Item 12**

Cell 46 must be greater than or equal to Cell 45

**Item 16 must be greater than or equal to Item 15**

Cell 49 must be greater than or equal to Cell 48

CALFRESH MONTHLY CASELOAD MOVEMENT STATISTICAL REPORT CF 296																
COUNTY NAME		PERSON		Report Month		REPORT YEAR										
<b>PART A. APPLICATIONS FOR CALFRESH</b>																
1. Applications received during the month											1					
a. Online applications received during the month											2					
2. Applications disposed of during the month											3					
a. Applications approved											PACF (A)		NACF (B)		TOTAL (C)	
1) Of those applications approved in item 2a those approved in over 30 days (CWD caused)											4		5		6	
b. Applications denied											7		8		9	
1) Applications denied because determined ineligible											10		11		12	
2) Applications denied for procedural reasons											13		14		15	
3) Applications denied in over 30 days (CWD caused)											16		17		18	
c. Applications withdrawn											19		20		21	
											22		23		24	
<b>PART B. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICES (ES)</b>																
3. Applications disposed of during the month in item 2, applications processed under ES											PACF (A)		NACF (B)		TOTAL (C)	
a. Found entitled to ES											25		26		27	
1) Benefits issued in 1-3 days											28		29		30	
2) Benefits issued in 4-7 days											31		32		33	
3) Benefits issued in over 7 days											34		35		36	
b. Found not entitled to ES											37		38		39	
											40		41		42	
<b>PART C. CERTIFIED CASELOAD MOVEMENT</b>																
4. Cases brought forward at the beginning of the month											PACF (A)		NACF (B)		TOTAL (C)	
a. Item 8 from last month's report, as reported to CDSS											43		44		45	
b. Adjustment											46		47		48	
5. Cases added during the month											49		50		51	
											52		53		54	
											55		56		57	
											58		59		60	
											61		62		63	
											64		65		66	
											67		68		69	
											70		71		72	
											73		74		75	
											76		77		78	
											79		80		81	
											82		83		84	
											85		86		87	
											88		89		90	
											91		92		93	
											94		95		96	
											97		98		99	
											100		101		102	
											103		104		105	
											106		107		108	
											109		110		111	
											112		113		114	
											115		116		117	
											118		119		120	
											121		122		123	
											124		125		126	
											127		128		129	
											130		131		132	
											133		134		135	
<b>PART D. RECERTIFICATIONS</b>																
9. Recertifications disposed of during the month											PACF (A)		NACF (B)		TOTAL (C)	
a. Determined continuing eligible											107		108		109	
1) Recertifications determined continuing eligible in item 9a those approved Overdue Recertifications with federal funding (Cell 224 + 225 + 227 + 228)											110		111		112	
I. 1-30 days											113		114		115	
II. 31-60 days											116		117		118	
III. 61-90 days											119		120		121	
IV. 91+days											122		123		124	
b. Determined ineligible											125		126		127	
											128		129		130	
											131		132		133	
											134		135		136	
<b>COMMENTS</b>																
Item 4b Explanation																
Revised Report Explanation																
CONTACT PERSON																
TELEPHONE																
EXTENSION																
JOB TITLE/CLASSIFICATION																
EMAIL																
SUPERVISOR																
TELEPHONE																
EXTENSION																
JOB TITLE/CLASSIFICATION																
EMAIL																
DATE SUBMITTED																

**CalFresh monthly caseload movement statistical report  
CF 296 (8/22)**

**INSTRUCTIONS**

**CONTENT**

The monthly CF 296 report contains data on the number of CalFresh applications received, approved, denied, and withdrawn. This includes data on the number of CalFresh applications processed under expedited service (ES), processing timeframes and discontinuances due to recipients' failure to complete the application process for ongoing CalFresh benefits. The report also includes the number of cases eligible; Inter-County Transfers (ICT) received; restoration of prorated benefits; recertifications disposed of and the number of overdue recertifications during the month.

**PURPOSE**

The CF 296 provides data for the Food and Nutrition Service (FNS) federally mandated annual Program Activity Statement (FNS-366-B) as well as for federally approved waivers. It also allows measurement of program performance in meeting state and federal ES issuance standards. In addition, this report provides county, state and federal 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 by 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 on or before the 20th calendar day of the month following the report month. When the 20th calendar day of the month is on a Saturday, Sunday, or state holiday, the report is due the next business day.

Download an Excel version of the report form from [CDSS, RADD website](#), complete the downloaded form, and e-mail to the designated [CF 296 report inbox](#). The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to RADD. 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](#).

If the CWD determines that a revision is needed to its previously submitted report, the CWD will submit a revised report for the applicable month(s) and provide an explanation for the revision in the Revised Report Explanation box. The California Department of Social Services' (CDSS) policy requires CWDs to revise current State Fiscal Year (FY) reports and two prior FYs, if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed.

#### Submission Schedule

Month	Report Period	Due Date
M1	July 1 - July 31	August 20
M2	August 1 – August 31	September 20
M3	September 1 – September 30	October 20
M4	October 1 – October 31	November 20
M5	November 1 – November 30	December 20
M6	December 1 – December 31	January 20
M7	January 1 – January 31	February 20
M8	February 1 – February 28	March 20
M9	March 1 – March 31	April 20
M10	April 1 – April 30	May 20
M11	May 1 – May 31	June 20
M12	June 1 – June 30	July 20

#### GENERAL INSTRUCTIONS

Enter in the boxes provided at the top of the form the county's name, version (Initial or Revised) and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0".

**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 General Comments box.

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number, fax number and e-mail address of the person to contact if there are questions about the report. This 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 RADD.

## **DEFINITIONS**

Adjustment: Changes in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported are to be reported as an adjustment. Whenever an adjustment has occurred, the county must include in the Item 4b Adjustment Explanation box an explanation of why an adjustment was needed.

Application (for CalFresh): For reporting purposes, a request for CalFresh which has been received and recorded by the county, on initial Application for CalFresh. A request for CalFresh benefits is a signed application containing at least the applicant name and address that has been received by the appropriate CalFresh office.

Change in Assistance Classification: A household whose assistance classification is changed from Public Assistance CalFresh (PACF) to Non-Assistance CalFresh (NACF) or from NACF to PACF.

Denied: An application for CalFresh that is denied. A denial may occur for any reason, e.g., excess income and/or resources; failure to complete necessary forms; failure to provide essential verification, etc.

Expedited Service: CWD approval of applicant access to CalFresh benefits within an expedited timeframe, for households which meet certain criteria contained in regulations. California's standard for ES is three calendar days due to provision of the Welfare Rights League v. McMahon settlement; federal standard for ES is seven days, per [7 CFR 273.2\(i\)\(3\)\(i\)](#).

Inter-County Transfer (ICT): Transfer of responsibility for a case from one county to another, i.e., household moves from one county to another.

Movement: CalFresh case flow within this report revealing changes occurring in the caseload during the month. A change made to a case during the report month in household composition, eligibility status, assistance classification or funding that will cause a CalFresh case to be counted in a different category in the next month.



Non-Assistance CalFresh (NACF) Household: A CalFresh household in which all members do not receive some type of public assistance in addition to CalFresh, including CalWORKs, Tribal Temporary Assistance for Needy Families (TANF), Supplemental Security Income/State Supplementary Payment (SSI/SSP), and General Assistance/General Relief (GA/GR).

Online Applications: For reporting purposes, a request for CalFresh that has been received and recorded by the county through an electronic application such as, but not limited to, C4Yourself, MyBenefitsCalWIN, or YourBenefitsNow. A request for CalFresh benefits is an electronic signed application containing at least the applicant's name and address that has been received by the appropriate CalFresh office.

Procedural Reasons: A household that failed to complete the application process by not signing the application, not attending the interview, or failing to provide the requested verification.

Public Assistance CalFresh (PACF): A CalFresh household in which members receive some type of public assistance in addition to CalFresh, including CalWORKs, Tribal Temporary Assistance for Needy Families (TANF), SSI/SSP, and General Assistance/General Relief (GA/GR). Under the umbrella category of PACF household, CDSS has established six subcategories based on the public assistance benefits received by each household member. These PACF household subcategories and definitions are provided below:

- PACF CalWORKs-Only Household: A CalFresh household in which all included members also receive CalWORKs cash benefits. NOTE: This does not include WINS.
- PACF Tribal TANF-Only Household: A CalFresh household in which all included members also receive Tribal TANF cash benefits.
- PACF SSI/SSP-Only Household: A CalFresh household in which all included members also receive SSI and/or SSP benefits.
- PACF GA/GR-Only Household: A CalFresh household in which all included members also receive GA/GR benefits.
- PACF Multiple PA: A CalFresh household in which all included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP, and/or GA/GR).
- PACF Mixed: A CalFresh household in which one or more included members receive public assistance from any combination of the previously mentioned

public assistance program types (i.e CalWORKs, Tribal TANF, SSI/SSP and/or GA/GR) and one or more included members receive only CalFresh.

Recertifications: A required application for continuing benefits received within 30 days after the end of the last month of certification is considered a recertification. Transitional CalFresh cases (TC) moving to ongoing benefits should be included here.

Reinstatement of Eligibility and Prorated Benefits: Households whose eligibility is discontinued by the county and then reinstated with pro-rated benefits pursuant to FNS waiver #2090046 ([ACL 10-32](#), dated July 23, 2010). PACF cases whose benefits are being restored within 30 days of discontinuance due to a late SAR7 should also be reported here.

Transitional CalFresh (TC): Former PACF households, whose CalWORKs grant is discontinued, can receive up to five months of TC. These households will be classified as NACF cases as they are no longer receiving CalWORKs cash aid.

## **ITEM INSTRUCTIONS**

### **PART A. APPLICATIONS FOR CALFRESH**

Part A summarizes CalFresh application (for certification) intake activity during the report month. A request for CalFresh is a signed application containing at least the applicant name and address that has been received by the appropriate CalFresh office. For purposes of this report, “cases” and “households” are interchangeable.

1. Applications received during the month: Enter the number of new applications received during the report month. This count should also include all applications received during the month and subject to review at initial filing for entitlement of Expedited Service. Do not include recertifications or applications for restored benefits not mandated by a court order. *[Cell 1]*
  - a. Online applications received during the month: Of the applications received during the month (Item 1), enter the number of online applications received during the report month. *[Cell 2]*
2. Applications disposed of during the month (Sum of Items 2a through 2c): ***This item is automatically calculated.*** It is the sum of Items 2a through 2c (the sum of Cells 6, 12, and 24). *[Cell 3]*
  - a. Applications approved (Same as Item 5a/Cell 52): ***Cell 6 Total is automatically calculated.*** Enter the number of applications approved by county action for CalFresh during the report month. This item must equal Item 5a's Cell 63. *[Cells 4-6]*

1. Of those applications approved in Item 2a those approved in over 30 days (CWD caused): **Cell 9 Total is automatically calculated.** Enter the number of applications reported in Item 2a that were approved in over 30 days. [Cells 7-9]
- b. Applications denied (Item 2b1 plus item 2b2): **This item is automatically calculated.** Enter the number of applications denied by county action during the report month. Each application denied must be counted under either 2a1 or 2b2. There should not be a duplicate count. Provide the information for both PACF and NACF households. It is the sum of Items 2b1 and 2b2. [Cells 10-12]
  1. Applications denied because determined ineligible: **Cell 15 Total is automatically calculated.** Enter the number of applications reported in Item 2b which were denied for being ineligible for CalFresh. Provide the information for both PACF and NACF households. [Cells 13-15]
  2. Applications denied for procedural reasons: **Cell 18 Total is automatically calculated.** Enter the number of applications reported in Item 2b which were denied for procedural reasons (For example: failure to sign the application, failure to complete an interview, or failure to provide requested verification etc. If an application was denied for anything other than being ineligible, it should be counted as denied for procedural reasons). Provide the information for both PACF and NACF households. [Cells 16-18]
  3. Applications denied in over 30 days (CWD caused): **Cell 21 Total is automatically calculated.** Enter the number of applications reported in Item 2b (denials), which were processed in over 30 days due to CWD error. This is a unique subset of applications denied in item 2b. Provide the information for both PACF and NACF households. [Cells 19-21]
- c. Applications withdrawn: **Cell 24 Total is automatically calculated.** Enter the number of applications voluntarily withdrawn by the applicant household. Provide the information for both PACF and NACF households. [Cells 22-24]

## **PART B. APPLICATION PROCESSED UNDER EXPEDITED SERVICE (ES)**

Part B summarizes activity for CalFresh applications processed under ES during the report month. NOTE: While all applicants will be screened for ES, only those determined entitled for ES processing should be counted.

3. Of the applications from Item 1, applications processed under ES disposed of during the report month (Item 3a plus Item 3b): **This item is automatically calculated.** It is the sum of Items 3a and 3b. [Cells 25-27]
  - a. Found entitled to ES (Sum of Items 3a1 through 3a3): **This item is automatically calculated.** This is the total number of applications for which it was determined during the report month that the PACF or NACF household **was entitled** to ES. This includes households that were entitled to ES; but due to proration of benefits, received zero benefits in the initial month. It is the sum of Items 3a1 through 3a3. [Cells 28-30]
    1. Benefits issued in 1-3 days: **Cell 33 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued within three days following the date of application. Provide the information for both PACF and NACF households. [Cells 31-33]
    2. Benefits issued in 4-7 days: **Cell 36 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued on the fourth through seventh day following the date of application. Provide the information for both PACF and NACF households. [Cells 34-36]
    3. Benefits issued in over 7 days: **Cell 39 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued more than seven days following the date of application. Provide the information for both PACF and NACF households. [Cells 37-39]
  - b. Found not entitled to ES: **Cell 42 Total is automatically calculated.** Enter the number of applications for which it was determined during the report month that the PACF or NACF household was **not entitled** to ES. This would occur when the household's circumstances at the time of the interview, or any time prior to being certified under ES, are different from the information provided on the application used at screening to determine the household met one of the entitlement criteria for ES. Provide the information for both PACF and NACF households. [Cells 40-42]

#### **PART C. CERTIFIED CASELOAD MOVEMENT**

NOTE: If multiple dispositions occur in a single month, the last disposition processed should be the one counted on the monthly report

4. Cases brought forward at the beginning of the month: **This item is automatically calculated.** Enter the number of cases brought forward at the beginning of the

month. This number should be the same as Item 8 of the previous month's report. If the number is different than Item 8 of the previous month's report, enter the corrected number in Item 4 and the automated form will calculate an adjustment in Item 4b. Provide the information for both PACF and NACF households. [Cells 43-45]

- a. Item 8 from last month's report, as reported to CDSS: **Cell 106 Total is automatically calculated.** Enter Item 8 "Cases brought forward at the end of the month" exactly as it was reported to CDSS in last month's report. Provide the information for both PACF and NACF households. [Cells 46-48]
  - b. Adjustment (Item 4 minus Item 4a, positive or negative number, explain in the Item 4 Adjustment Explanation box): **This item is automatically calculated.** If an adjustment has been calculated (either a positive or negative number), explain in the Item 4b Adjustment Explanation box the specific reason(s) for the change. An adjustment is only calculated when last month's Item 8 is not the same number as this month's Item 4. If there is no adjustment, a zero will display in this cell. Provide the information for both PACF and NACF households. It is Item 4 minus Item 4a. [Cells 49-51]
5. Cases added during month (Sum of Items 5a through 5e): **This item is automatically calculated.** This is the sum of Items 5a through 5e. [Cells 52-54]
- a. Applications approved (Same as Item 2a): Enter in Cells 61-63, the number of applications approved for CalFresh during the report month, by PACF or NACF assistance classification/household type and by their federal or state eligibility.
    - Cell 61 is the total PACF Federal, Federal/State and State cases. **This cell is automatically calculated from the sum of Cells 55, 56, and 57. This should also be equal to Cell 4.**
    - Cell 62 is the total NACF Federal, Federal/State and State cases. **This cell is automatically calculated from the sum of Cells 58, 59, and 60. This should also be equal to Cell 5.**
    - **Cell 63 Total is automatically calculated.** [Cells 55-63]
  1. Of the applications approved in item 5a, those approved Overdue applications: **This item is automatically calculated.** This is the sum of Cells 65 to 68. Enter the number of applications approved in item 5a that were approved overdue applications with federal funding. These approved overdue applications should only be derived from Cells 55, 56, 58, and 59. [Cell 64]

- i. 1-30 days: Enter the number of applications approved overdue by 1-30 days. [Cell 65]
  - ii. 31-60 days: Enter the number of applications approved overdue by 31-60 days. [Cell 66]
  - iii. 61-90 days: Enter the number of applications approved overdue by 61-90 days. [Cell 67]
  - iv. 91+ days: Enter the number of applications approved overdue by 91+ days. [Cell 68]
- b. Change in assistance status from PACF or NACF: **Cell 71 Total is automatically calculated.** Enter the number of certified households in the appropriate column whose assistance classification was changed from the previous report month from NACF to PACF or vice versa and become effective to the new classification caseload in the current report month. These cases will not be counted in Items 1, 2a and 5a. For example, on June 15 the household classification is changed from PACF to NACF, effective July 1. The June report will carry forward the case as PACF and not enter any data in item 5b. The July report will reflect the transfer in assistance from PACF to NACF classification in both columns. For example, enter negative one in PACF to signify the case moving from PACF and positive one in NACF to signify the case is moving to NACF. Only net changes should be reported. If there are multiple changes to a single case between NACF and PACF during the month but at the end of the report month the classification for the next month is the same as the classification for the report month, no change in assistance classification is listed in Item 5b. The sum of Cell 69 and Cell 70 must equal zero. [Cells 69-71]
- c. Inter-County Transfers: **Cell 74 Total is automatically calculated.** Enter the number of incoming cases (households) by assistance classification from another county for which your county accepted responsibility and provided benefits for the report month. Note: Do not count ICT cases as new applications. Provide the information for both PACF and NACF households. [Cells 72-74]
- d. Cases with eligibility reinstated and benefits pro-rated during the month: **Cell 77 Total is automatically calculated.** Enter only households whose eligibility is discontinued by the county and then reinstated with benefits pro-rated pursuant to FNS Waiver #2090046. PACF cases whose benefits are being restored within 30 days of discontinuance should also be reported here. Cases with ongoing eligibility but reduced benefits that are later restored should not be counted here. Provide the information for both PACF and NACF households. [Cells 75-77]

- e. Other approvals: **Cell 80 Total is automatically calculated.** Enter the number of cases approved during the report month for reasons other than Items 5a, 5b, 5c and 5d, such as extended filing date or good cause. Provide the information for both PACF and NACF households. [Cells 78-80]
6. Total cases open during the month (Certified eligible to participate during the month) (Item 4 plus Item 5; also sum of Items 6a through 6c): **This item is automatically calculated.** It is the sum of Items 4 and 5. It is also the sum of Items 6a through 6c. [Cells 81-83]
- a. Pure federal cases: **Cell 86 Total is automatically calculated.** Enter the number of cases that consist entirely of federally eligible persons that were certified eligible to participate during the month. Provide the information for both PACF and NACF households. [Cells 84-86]
1. Federal persons in Item 6a cases plus federal persons in Item 6b cases: Enter in Cell 87 (Federal Persons) the number of federal **persons** certified eligible in the cases entered in Cells 84, 85, 90 and 91 [Cell 87]
- b. Federal/State combined cases:
1. Enter in Cell 88 (State Persons – Singles) the number of state **persons** in the cases entered in Cells 90 and 91 that are 18 years of age or older who have no dependent children.
2. Enter in Cell 89 (State Persons – Families) the number of state **persons** in the cases entered in Cells 90 and 91 that include dependent children.
3. Enter in Cell 90 (Federal/State combined cases) the number of **PACF cases** that consist of federal and state eligible persons that were certified eligible to participate.
4. Enter in Cell 91 (Federal/State combined cases) the number of **NACF cases** that consist of federal and state eligible persons that were certified eligible to participate.
5. **Cell 92 Total is automatically calculated.** [Cells 88-92]
- c. Pure state cases:
1. Enter in Cell 93 (State Persons – Singles) the number of state **persons** in the cases entered in Cells 95 and 96 who are 18 years of age and older who have no dependent child/children.

2. Enter in Cell 94 (State Persons – Families) the number of state **persons** in the cases entered in Cells 95 and 96 that include dependent children.
3. Enter in Cell 95 (Pure state cases) the number of **PACF cases** that consist entirely of state eligible persons that were certified eligible to participate.
4. Enter in Cell 96 (Pure state cases) the number of **NACF cases** that consist entirely of state eligible persons that were certified eligible to participate.
5. **Cell 97 Total is automatically calculated. [Cells 93-97]**
7. Cases discontinued during the month: **Cell 100 Total is automatically calculated.** Enter the number of cases discontinued or removed from certification during the month, including cases transferring to another county. This should be an unduplicated count of cases terminated during the month. Provide the information for both PACF and NACF households. *[Cells 98-100]*
  - a. Households discontinued due to recipient failure to complete the application process for ongoing benefits (ES only): **Cell 103 Total is automatically calculated.** Enter the number of cases discontinued because the recipient failed to complete the application process for ongoing benefits. For example: applicant failed to provide requested information and/or postponed verification. Provide the information for both PACF and NACF households. *[Cells 101-103]*
8. Cases brought forward at the end of the month (Item 6 minus Item 7): **This item is automatically calculated.** It is Item 6 minus Item 7. *[Cells 104-106]*

#### **PART D. RECERTIFICATIONS**

9. Recertifications disposed of during the month (Item 9a plus Item 9b): **This item is automatically calculated.** It is the sum of Items 9a and Item 9b. Note: Households that submit a recertification application within 30 days after the end of their certification period will be reported under Item 9. Households that submit a recertification application any time following 30 days after the end of their certification period will be reported under Part A Items 2a or 2b. *[Cells 107-109]*
  - a. Determined continuing eligible: Enter in Cells 110–115, the number of households that were determined to be eligible for continued participation during the report month including TC households, by PACF or NACF and by federal, federal/state or state eligibility.



- Cell 116 is the total PACF Federal, Federal/State and State households. ***This cell is automatically calculated from the sum of Cells 110, 111, and 112.***
- Cell 117 is the total NACF Federal, Federal/State and State households. ***This cell is automatically calculated from the sum of Cells 113, 114, and 115.***
- ***Cell 118 Total is automatically calculated [Cells 110-118]***

1. Of the recertifications determined continuing eligible in item 9a, those approved overdue recertifications: Enter in Cells 120-123 the number of recertifications determined continuing eligible in item 9a and were approved overdue recertifications with federal funding. These approved overdue recertifications should only be derived from cells 110, 111, 113, and 114. ***[Cell 119]***

- 1-30 days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 1-30 days overdue. ***[Cell 120]***
- 31-60 days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 31-60 days overdue. ***[Cell 121]***
- 61-90 days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 61-90 days overdue. ***[Cell 122]***
- 91+ days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 91+ days overdue. ***[Cell 123]***

b. Determined ineligible: Enter in Cells 124-129 the number of households that were determined to be ineligible for continued participation during the month including Transitional CalFresh households by PACF or NACF and by federal, federal/state or state eligibility.

- Cell 130 is the total PACF Federal, Federal/State and State households. ***This cell is automatically calculated from the sum of Cells 124, 125, and 126.***
- Cell 131 is the total NACF Federal, Federal/State and State households. ***This cell is automatically calculated from the sum of Cells 127, 128, and 129.***
- ***Cell 132 Total is automatically calculated. [Cells 124-132]***

10. Overdue recertifications (CWD caused) during the month: ***Cell 135 Total is automatically calculated.*** Of the households in Items 9a and 9b, enter the

households that reapplied submit a recertification application prior to within 30 days after the end of their current recertification period but were not processed within the required timeframes due to CWD error. Provide the information for both PACF and NACF households. Note: Households that reapply submit a recertification application before within 30 days after the end of their certification period will be reported under Item 9. Households that reapply submit a recertification application any time following the 30 days after the end of their certification period will be reported under Part A Items 2a or 2b. *[Cells 133-135]*

## COMMENTS

### Item 4b Adjustment Explanation

Use this box to:

- Explain the reason for the Item 4b adjustments.

### General Comments

Use this box to:

- Explain any major fluctuations in the data.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data.

### Revised Report Explanation

Use this box to:

- Explain the reasons a revised report is being submitted. If this is revised report, this box must be completed. If the report is an Initial report (the first report submitted for the report month) this box must remain blank.

**CalFresh monthly caseload movement statistical report  
CF 296 (8/22)**

**VALIDATION RULES AND EDITS**

Each data cell in this report must be a whole number equal to or greater than zero (0), except Item 4b (Cells 49, 50 and 51), and Item 5b (Cells 69, 70 and 71) which may be either a positive or negative number. Enter no decimals. No data cells 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.

**PART A. APPLICATIONS FOR CALFRESH**

**Item 1a must be less than or equal to Item 1**

Cell 2 must be less than or equal to Cell 1

**Item 2 must be equal to (Item 2a plus Item 2b plus Item 2c)**

Cell 3 must be equal to (Cell 6 plus Cell 12 plus Cell 24)

**Item 2a must be equal to Item 5a Total Column**

Cell 6 must be equal to Cell 63

**Item 2a1 must be less than or equal to Item 5a**

Cell 7 must be less than or equal to Cell 61  
Cell 8 must be less than or equal to Cell 62  
Cell 9 must be less than or equal to Cell 63

**Item 3 must be equal to Item 7**

Cell 10 must be equal to Cell 13 plus Cell 16  
Cell 11 must be equal to Cell 14 plus Cell 17  
Cell 12 must be equal to Cell 15 plus Cell 18

**Item 2b3 must be less than or equal to Item 2b**

Cell 19 must be less than or equal to Cell 10  
Cell 20 must be less than or equal to Cell 11  
Cell 21 must be less than or equal to Cell 12

**PART B. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICE (ES)**

**Item 3 must be equal to Item 3a plus Item 3b**

Cell 25 must be equal to (Cell 28 plus Cell 40)  
Cell 26 must be equal to (Cell 29 plus Cell 41)  
Cell 27 must be equal to (Cell 30 plus Cell 42)

**Item 3 Total (C) must less than or equal to Item 2**

Cell 27 must be less than or equal to Cell 3

**Item 3a must be equal to (Item 3a1 plus Item 3a2 plus Item 3a3)**

Cell 28 must be equal to (Cell 31 plus Cell 34 plus Cell 37)  
Cell 29 must be equal to (Cell 32 plus Cell 35 plus Cell 38)  
Cell 30 must be equal to (Cell 33 plus Cell 36 plus Cell 39)

**PART C. CERTIFIED CASELOAD MOVEMENT**

**Item 4a must be equal to last month's report Item 8**

Cell 46 must be equal to Cell 104 from last month's report  
Cell 47 must be equal to Cell 105 from last month's report  
Cell 48 must be equal to Cell 106 from last month's report

**Item 4b PACF (A) must be equal to Item 4 PACF (A) minus Item 4a PACF (A)**

Cell 49 must be equal to (Cell 43 minus Cell 46) (positive or negative number)  
If Cell 49 is not 0, explain the reason for the adjustment in the "Item 4b PACF (Cell 49) Explanation" box  
If Cell 49 is 0, the "Item 4b PACF (Cell 49) Explanation" box must be blank

**Item 4b PACF (A) must be equal to Item 4 PACF (A) minus Item 4a PACF (A)**

Cell 50 must be equal to (Cell 44 minus Cell 47) (positive or negative number)  
If Cell 50 is not 0, explain the reason for the adjustment in the "Item 4b PACF (Cell 50) Explanation" box  
If Cell 50 is 0, the "Item 4b PACF (Cell 50) Explanation" box must be blank

**Item 4b PACF (A) must be equal to Item 4 PACF (A) minus Item 4a PACF (A)**

Cell 51 must be equal to (Cell 45 minus Cell 48) (positive or negative number)

**Item 5 must be equal to (Item 5a plus 5b plus 5c plus 5d plus 5e)**

Cell 52 must be equal to (Cell 61 plus Cell 69 plus Cell 72 plus Cell 75 plus 78)  
Cell 53 must be equal to (Cell 62 plus Cell 70 plus Cell 73 plus Cell 76 plus 79)  
Cell 54 must be equal to (Cell 63 plus Cell 71 plus Cell 74 plus Cell 77 plus 80)

**Item 5b Total (C) must be zero**

Cell 71 must be zero (Cell 69 plus Cell 70)

**Item 5b (Change in assistance status from PACF or NACF) may be a positive or negative number**

Cell 69 (Change in assistance status from PACF or NACF) (positive or negative number)  
Cell 70 (Change in assistance status from PACF or NACF) (positive or negative number)  
Cell 71 (Change in assistance status from PACF or NACF) (positive or negative number)

**Item 6 must be equal to (Item 4 plus Item 5)**

Cell 81 must be equal to (Cell 43 plus Cell 52)  
Cell 82 must be equal to (Cell 44 plus Cell 53)  
Cell 83 must be equal to (Cell 45 plus Cell 54)

**Item 6 must be equal to (Item 6a plus Item 6b plus Item 6c)**

Cell 81 must be equal to (Cell 84 plus Cell 90 plus Cell 95)  
Cell 82 must be equal to (Cell 85 plus Cell 91 plus Cell 96)  
Cell 83 must be equal to (Cell 86 plus Cell 92 plus Cell 97)

**Item 6a1 Federal Persons must be greater than or equal to Item 6a Total (C) plus Item 6b Total (C)**

Cell 87 must be greater than or equal to (Cell 86 plus Cell 92)

**Item 6a1 Federal Persons must be zero if Item 6a Total (C) plus Item 6b Total (C) is zero**

Cell 87 must be zero if (Cell 86 plus Cell 92) is zero

**(Item 6b State Persons Singles plus Item 6b State Persons Families) must be greater than or equal to Item 6b Total (C)**

(Cell 88 plus Cell 89) must be greater than or equal to (Cell 92)

**(Item 6c State Persons Singles plus Item 6c State Persons Families) must be greater than or equal to Item 6c Total (C)**

(Cell 93 plus Cell 94) must be greater than or equal to Cell 97

**(Item 6c State Persons Singles plus Item 6c State Persons Families) must be zero if Item 6c Total (C) is zero**

(Cell 93 plus Cell 94) must be zero if Cell 97 is zero

**Item 6a1 Federal Persons must be zero if Item 6a Total (C) plus Item 6b Total (C) is zero**

Cell 87 must be zero if (Cell 86 plus Cell 92) is zero

**Item 7a must be less than or equal to Item 7**

Cell 101 must be less than or equal to Cell 98  
Cell 102 must be less than or equal to Cell 99  
Cell 103 must be less than or equal to Cell 100

**Item 8 must be equal to (Item 6 minus Item 7)**

Cell 104 must be equal to (Cell 81 minus Cell 98)  
Cell 105 must be equal to (Cell 82 minus Cell 99)  
Cell 106 must be equal to (Cell 83 minus Cell 100)

**PART D. RECERTIFICATIONS**

**Item 9 must be equal to (Item 9a plus Item 9b)Cell 46 must be greater than or equal to Cell 45**

Cell 107 must be equal to (Cell 116 plus Cell 130)

Cell 108 must be equal to (Cell 117 plus Cell 131)

Cell 109 must be equal to (Cell 118 plus Cell 132)

**Item 10 must be less than or equal to Item 9**

Cell 133 must be less or equal to Cell 107

Cell 134 must be less or equal to Cell 108

Cell 135 must be less or equal to Cell 109

<b>CalFresh</b> <b>Participants by Race/Ethnicity,</b> <b>Sexual Orientation and Gender Identity</b> <b>Federal-Only Households</b> <b>CF 358F</b>						
COUNTY NAME		VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED		REPORT MONTH	REPORT YEAR	
				July		
Number of Federal-Only Households participating in CalFresh during July by race, program, and assistance status:						
Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race		
	PA Households	NA Households	TOTAL Households	PA Households	NA Households	TOTAL Households
<b>1. Household Contacts Who Marked Only One Race</b>						
a. American Indian or Alaska Native	1	2	3	4	5	6
1) American Indian or Alaska Native households in Item 1a those receiving SSI/SSP Only	7	8	9	10	11	12
2) American Indian or Alaska Native households in Item 1a those receiving CalWORKs Only	13	14	15	16	17	18
3) American Indian or Alaska Native households in Item 1a those receiving Tribal TANF Only	19	20	21	22	23	24
4) American Indian or Alaska Native households in Item 1a those receiving GAAGR Only	25	26	27	28	29	30
4) American Indian or Alaska Native households in Item 1a those receiving Multiple PA Programs	31	32	33	34	35	36
6) American Indian or Alaska Native households in Item 1a those receiving Mixed Programs	37	38	39	40	41	42
b. Asian Categories	43	44	45	46	47	48
1) Asian Indian	49	50	51	52	53	54
I. Asian Indian households in Item 1b1 those receiving SSI/SSP Only	55	56	57	58	59	60
II. Asian Indian households in Item 1b1 those receiving CalWORKs Only	61	62	63	64	65	66
III. Asian Indian households in Item 1b1 those receiving Tribal TANF Only	67	68	69	70	71	72
IV. Asian Indian households in Item 1b1 those receiving GAAGR Only	73	74	75	76	77	78
V. Asian Indian households in Item 1b1 those receiving Multiple PA Programs	79	80	81	82	83	84
VI. Asian Indian households in Item 1b1 those receiving Mixed Programs	85	86	87	88	89	90
2) Cambodian	91	92	93	94	95	96
I. Cambodian households in Item 1b2 those receiving SSI/SSP Only	97	98	99	100	101	102
II. Cambodian households in Item 1b2 those receiving CalWORKs Only	103	104	105	106	107	108
III. Cambodian households in Item 1b2 those receiving Tribal TANF Only	109	110	111	112	113	114
IV. Cambodian households in Item 1b2 those receiving GAAGR Only	115	116	117	118	119	120
V. Cambodian households in Item 1b2 those receiving Multiple PA Programs	121	122	123	124	125	126
VI. Cambodian households in Item 1b2 those receiving Mixed Programs	127	128	129	130	131	132
3) Chinese	133	134	135	136	137	138
I. Chinese households in Item 1b3 those receiving SSI/SSP Only	139	140	141	142	143	144
II. Chinese households in Item 1b3 those receiving CalWORKs Only	145	146	147	148	149	150
III. Chinese households in Item 1b3 those receiving Tribal TANF Only	151	152	153	154	155	156
IV. Chinese households in Item 1b3 those receiving GAAGR Only	157	158	159	160	161	162
V. Chinese households in Item 1b3 those receiving Multiple PA Programs	163	164	165	166	167	168
VI. Chinese households in Item 1b3 those receiving Mixed Programs	169	170	171	172	173	174
4) Japanese	175	176	177	178	179	180
I. Japanese households in Item 1b4 those receiving SSI/SSP Only	181	182	183	184	185	186
II. Japanese households in Item 1b4 those receiving CalWORKs Only	187	188	189	190	191	192
III. Japanese households in Item 1b4 those receiving Tribal TANF Only	193	194	195	196	197	198
IV. Japanese households in Item 1b4 those receiving GAAGR Only	199	200	201	202	203	204
V. Japanese households in Item 1b4 those receiving Multiple PA Programs	205	206	207	208	209	210
VI. Japanese households in Item 1b4 those receiving Mixed Programs	211	212	213	214	215	216
5) Filipino	217	218	219	220	221	222
I. Filipino households in Item 1b5 those receiving SSI/SSP Only	223	224	225	226	227	228
II. Filipino households in Item 1b5 those receiving CalWORKs Only	229	230	231	232	233	234
III. Filipino households in Item 1b5 those receiving Tribal TANF Only	235	236	237	238	239	240
IV. Filipino households in Item 1b5 those receiving GAAGR Only	241	242	243	244	245	246
V. Filipino households in Item 1b5 those receiving Multiple PA Programs	247	248	249	250	251	252
VI. Filipino households in Item 1b5 those receiving Mixed Programs	253	254	255	256	257	258
6) Korean	259	260	261	262	263	264
I. Korean households in Item 1b6 those receiving SSI/SSP Only	265	266	267	268	269	270
II. Korean households in Item 1b6 those receiving CalWORKs Only	271	272	273	274	275	276
III. Korean households in Item 1b6 those receiving Tribal TANF Only	277	278	279	280	281	282
IV. Korean households in Item 1b6 those receiving GAAGR Only	283	284	285	286	287	288
V. Korean households in Item 1b6 those receiving Multiple PA Programs	289	290	291	292	293	294
VI. Korean households in Item 1b6 those receiving Mixed Programs	295	296	297	298	299	300
7) Lactian	301	302	303	304	305	306
I. Lactian households in Item 1b7 those receiving SSI/SSP Only	307	308	309	310	311	312
II. Lactian households in Item 1b7 those receiving CalWORKs Only	313	314	315	316	317	318
III. Lactian households in Item 1b7 those receiving Tribal TANF Only	319	320	321	322	323	324
IV. Lactian households in Item 1b7 those receiving GAAGR Only	325	326	327	328	329	330
V. Lactian households in Item 1b7 those receiving Multiple PA Programs	331	332	333	334	335	336
VI. Lactian households in Item 1b7 those receiving Mixed Programs	337	338	339	340	341	342
8) Vietnamese	343	344	345	346	347	348
I. Vietnamese households in Item 1b8 those receiving SSI/SSP Only	349	350	351	352	353	354
II. Vietnamese households in Item 1b8 those receiving CalWORKs Only	355	356	357	358	359	360
III. Vietnamese households in Item 1b8 those receiving Tribal TANF Only	361	362	363	364	365	366
IV. Vietnamese households in Item 1b8 those receiving GAAGR Only	367	368	369	370	371	372
V. Vietnamese households in Item 1b8 those receiving Multiple PA Programs	373	374	375	376	377	378
VI. Vietnamese households in Item 1b8 those receiving Mixed Programs	379	380	381	382	383	384
9) Other Asian (not included above)	385	386	387	388	389	390
I. Other Asian households in Item 1b9 those receiving SSI/SSP Only	391	392	393	394	395	396
II. Other Asian households in Item 1b9 those receiving CalWORKs Only	397	398	399	400	401	402
III. Other Asian households in Item 1b9 those receiving Tribal TANF Only	403	404	405	406	407	408
IV. Other Asian households in Item 1b9 those receiving GAAGR Only	409	410	411	412	413	414
V. Other Asian households in Item 1b9 those receiving Multiple PA Programs	415	416	417	418	419	420
VI. Other Asian households in Item 1b9 those receiving Mixed Programs	421	422	423	424	425	426
10) Reporting More Than One Asian Group	427	428	429	430	431	432
I. Reporting More Than One Asian households in Item 1b10 those receiving SSI/SSP Only	433	434	435	436	437	438
II. Reporting More Than One Asian households in Item 1b10 those receiving CalWORKs Only	439	440	441	442	443	444
III. Reporting More Than One Asian households in Item 1b10 those receiving Tribal TANF Only	445	446	447	448	449	450
IV. Reporting More Than One Asian households in Item 1b10 those receiving GAAGR Only	451	452	453	454	455	456
V. Reporting More Than One Asian households in Item 1b10 those receiving Multiple PA Programs	457	458	459	460	461	462
VI. Reporting More Than One Asian households in Item 1b10 those receiving Mixed Programs	463	464	465	466	467	468
c. Black or African American	469	470	471	472	473	474
1) Black or African American households in Item 1c those receiving SSI/SSP Only	475	476	477	478	479	480
2) Black or African American households in Item 1c those receiving CalWORKs Only	481	482	483	484	485	486
3) Black or African American households in Item 1c those receiving Tribal TANF Only	487	488	489	490	491	492
4) Black or African American households in Item 1c those receiving GAAGR Only	493	494	495	496	497	498
4) Black or African American households in Item 1c those receiving Multiple PA Programs	499	500	501	502	503	504



STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
RESEARCH, AUTOMATION AND DATA DIVISION

6) Black or African American households in Item 1c those receiving Mixed Programs	207			208		
d. Native Hawaiian or Other Pacific Islander	209	210	211	212	213	214
1) Native Hawaiian	209	210	211	212	213	214
I. Native Hawaiian households in Item 1d1 those receiving SSI/SSP Only	211			212		
II. Native Hawaiian households in Item 1d1 those receiving CalWORKs Only	213			214		
III. Native Hawaiian households in Item 1d1 those receiving Tribal TANF Only	214			215		
IV. Native Hawaiian households in Item 1d1 those receiving GAAGR Only	217			218		
V. Native Hawaiian households in Item 1d1 those receiving Multiple PA Programs	219			220		
VI. Native Hawaiian households in Item 1d1 those receiving Mixed Programs	221			222		
2) Guamanian	223	224	225	226	227	228
I. Guamanian households in Item 1d2 those receiving SSI/SSP Only	223			224		
II. Guamanian households in Item 1d2 those receiving CalWORKs Only	225			226		
III. Guamanian households in Item 1d2 those receiving Tribal TANF Only	227			228		
IV. Guamanian households in Item 1d2 those receiving GAAGR Only	229			230		
V. Guamanian households in Item 1d2 those receiving Multiple PA Programs	231			232		
VI. Guamanian households in Item 1d2 those receiving Mixed Programs	233			234		
3) Samoan	235	236	237	238	239	240
I. Samoan households in Item 1d3 those receiving SSI/SSP Only	235			236		
II. Samoan households in Item 1d3 those receiving CalWORKs Only	237			238		
III. Samoan households in Item 1d3 those receiving Tribal TANF Only	239			240		
IV. Samoan households in Item 1d3 those receiving GAAGR Only	241			242		
V. Samoan households in Item 1d3 those receiving Multiple PA Programs	243			244		
VI. Samoan households in Item 1d3 those receiving Mixed Programs	245			246		
4) Other Pacific Islander (not included above)	247	248	249	250	251	252
I. Other Pacific Islander households in Item 1d4 those receiving SSI/SSP Only	247			248		
II. Other Pacific Islander households in Item 1d4 those receiving CalWORKs Only	249			250		
III. Other Pacific Islander households in Item 1d4 those receiving Tribal TANF Only	251			252		
IV. Other Pacific Islander households in Item 1d4 those receiving GAAGR Only	253			254		
V. Other Pacific Islander households in Item 1d4 those receiving Multiple PA Programs	255			256		
VI. Other Pacific Islander households in Item 1d4 those receiving Mixed Programs	257			258		
5) Reporting More than one Native Hawaiian or Pacific Islander Group	259	260	261	262	263	264
I. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving SSI/SSP Only	259			260		
II. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving CalWORKs Only	261			262		
III. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Tribal TANF Only	263			264		
IV. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving GAAGR Only	265			266		
V. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Multiple PA Programs	267			268		
VI. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Mixed Programs	269			270		
e. White	271	272	273	274	275	276
1) White households in Item 1e those receiving SSI/SSP Only	271			272		
2) White households in Item 1e those receiving CalWORKs Only	273			274		
3) White households in Item 1e those receiving Tribal TANF Only	275			276		
4) White households in Item 1e those receiving GAAGR Only	277			278		
5) White households in Item 1e those receiving Multiple PA Programs	279			280		
6) White households in Item 1e those receiving Mixed Programs	281			282		
2. Household Contacts Who Marked Two Races	283	284	285	286	287	288
a. American Indian or Alaska Native and White	283	284	285	286	287	288
1) American Indian or Alaska Native and White households in Item 2a those receiving SSI/SSP Only	283			284		
2) American Indian or Alaska Native and White households in Item 2a those receiving CalWORKs Only	285			286		
3) American Indian or Alaska Native and White households in Item 2a those receiving Tribal TANF Only	287			288		
4) American Indian or Alaska Native and White households in Item 2a those receiving GAAGR Only	289			290		
5) American Indian or Alaska Native and White households in Item 2a those receiving Multiple PA Programs	291			292		
6) American Indian or Alaska Native and White households in Item 2a those receiving Mixed Programs	293			294		
b. Asian and White	295	296	297	298	299	300
1) Asian and White households in Item 2b those receiving SSI/SSP Only	295			296		
2) Asian and White households in Item 2b those receiving CalWORKs Only	297			298		
3) Asian and White households in Item 2b those receiving Tribal TANF Only	299			300		
4) Asian and White households in Item 2b those receiving GAAGR Only	301			302		
5) Asian and White households in Item 2b those receiving Multiple PA Programs	303			304		
6) Asian and White households in Item 2b those receiving Mixed Programs	305			306		
c. Black or African American and White	307	308	309	310	311	312
1) Black or African American and White households in Item 2c those receiving SSI/SSP Only	307			308		
2) Black or African American and White households in Item 2c those receiving CalWORKs Only	309			310		
3) Black or African American and White households in Item 2c those receiving Tribal TANF Only	311			312		
4) Black or African American and White households in Item 2c those receiving GAAGR Only	313			314		
5) Black or African American and White households in Item 2c those receiving Multiple PA Programs	315			316		
6) Black or African American and White households in Item 2c those receiving Mixed Programs	317			318		
d. American Indian or Alaska Native and Black or African American	319	320	321	322	323	324
1) American Indian or Alaska Native and Black or African American households in Item 2d those receiving SSI/SSP Only	319			320		
2) American Indian or Alaska Native and Black or African American households in Item 2d those receiving CalWORKs Only	321			322		
3) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Tribal TANF Only	323			324		
4) American Indian or Alaska Native and Black or African American households in Item 2d those receiving GAAGR Only	325			326		
5) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Multiple PA Programs	327			328		
6) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Mixed Programs	329			330		
3. Other Household Contacts Who Chose Racial Combinations Not Included Above (Reporting Race(s) Not Included Above)	331	332	333	334	335	336
a. Households who chose racial combinations not included above in Item 3 those receiving SSI/SSP Only	331			332		
b. Households who chose racial combinations not included above in Item 3 those receiving CalWORKs Only	333			334		
c. Households who chose racial combinations not included above in Item 3 those receiving Tribal TANF Only	335			336		
d. Households who chose racial combinations not included above in Item 3 those receiving GAAGR Only	337			338		
e. Households who chose racial combinations not included above in Item 3 those receiving Multiple PA Programs	339			340		
f. Households who chose racial combinations not included above in Item 3 those receiving Mixed Programs	341			342		
4. Household contacts where race/ethnicity is unknown or declined to state	343	344	345	346	347	348
a. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving SSI/SSP Only	343			344		
b. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving CalWORKs Only	345			346		
c. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Tribal TANF Only	347			348		
d. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving GAAGR Only	349			350		
e. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Multiple PA Programs	351			352		
f. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Mixed Programs	353			354		
5. Totals	355	356	357	358	359	360
a. Total households in Item 5 those receiving SSI/SSP Only	355			356		
b. Total households in Item 5 those receiving CalWORKs Only	357			358		
c. Total households in Item 5 those receiving Tribal TANF Only	359			360		
d. Total households in Item 5 those receiving GAAGR Only	361			362		
e. Total households in Item 5 those receiving Multiple PA Programs	363			364		
f. Total households in Item 5 those receiving Mixed Programs	365			366		
Sexual Orientation and Gender Identity	C. Number of Household Contacts by Sexual Orientation and Gender Identity					
						TOTAL Households

<b>6. The sexual orientation that household contacts marked</b>			
Straight/heterosexual			415
Gay or lesbian			416
Bisexual			417
Queer			418
Another sexual orientation			419
Unknown			420
Decline to state			421
<b>7. The gender identity that household contacts marked</b>			
Female			422
Male			423
Transgender: male to female			424
Transgender: female to male			425
Non-Binary (neither male nor female)			426
Other gender identity			427
Decline to state			428
Unknown gender identity			429
<b>COMMENTS</b>			
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	

<b>CalFresh</b> <b>Participants by Race/Ethnicity,</b> <b>Sexual Orientation and Gender Identity</b> <b>Federal-Only Households</b> <b>CF 358S</b>						
COUNTY NAME			VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED		REPORT MONTH July	REPORT YEAR
Number of State-Only Households participating in CalFresh during July by race, program, and assistance status.						
Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race		
	PA Households	NA Households	TOTAL Households	PA Households	NA Households	TOTAL Households
<b>1. Household Contacts Who Marked Only One Race</b>	1	2	3	4	5	6
a. American Indian or Alaska Native	7	8	9	10	11	12
1) American Indian or Alaska Native households in Item 1a those receiving SSI/SSP Only	13			14		
2) American Indian or Alaska Native households in Item 1a those receiving CalWORKs Only	15			16		
3) American Indian or Alaska Native households in Item 1a those receiving Tribal TANF Only	17			18		
4) American Indian or Alaska Native households in Item 1a those receiving GA/GR Only	19			20		
5) American Indian or Alaska Native households in Item 1a those receiving Multiple PA Programs	21			22		
6) American Indian or Alaska Native households in Item 1a those receiving Mixed Programs	23			24		
b. Asian Categories	25	26	27	28	29	30
1) Asian Indian	31	32	33	34	35	36
I. Asian Indian households in Item 1b1 those receiving SSI/SSP Only	37			38		
II. Asian Indian households in Item 1b1 those receiving CalWORKs Only	39			40		
III. Asian Indian households in Item 1b1 those receiving Tribal TANF Only	41			42		
IV. Asian Indian households in Item 1b1 those receiving GA/GR Only	43			44		
V. Asian Indian households in Item 1b1 those receiving Multiple PA Programs	45			46		
VI. Asian Indian households in Item 1b1 those receiving Mixed Programs	47			48		
2) Cambodian	49	50	51	52	53	54
I. Cambodian households in Item 1b2 those receiving SSI/SSP Only	55			56		
II. Cambodian households in Item 1b2 those receiving CalWORKs Only	57			58		
III. Cambodian households in Item 1b2 those receiving Tribal TANF Only	59			60		
IV. Cambodian households in Item 1b2 those receiving GA/GR Only	61			62		
V. Cambodian households in Item 1b2 those receiving Multiple PA Programs	63			64		
VI. Cambodian households in Item 1b2 those receiving Mixed Programs	65			66		
3) Chinese	67	68	69	70	71	72
I. Chinese households in Item 1b3 those receiving SSI/SSP Only	73			74		
II. Chinese households in Item 1b3 those receiving CalWORKs Only	75			76		
III. Chinese households in Item 1b3 those receiving Tribal TANF Only	77			78		
IV. Chinese households in Item 1b3 those receiving GA/GR Only	79			80		
V. Chinese households in Item 1b3 those receiving Multiple PA Programs	81			82		
VI. Chinese households in Item 1b3 those receiving Mixed Programs	83			84		
4) Japanese	85	86	87	88	89	90
I. Japanese households in Item 1b4 those receiving SSI/SSP Only	91			92		
II. Japanese households in Item 1b4 those receiving CalWORKs Only	93			94		
III. Japanese households in Item 1b4 those receiving Tribal TANF Only	95			96		
IV. Japanese households in Item 1b4 those receiving GA/GR Only	97			98		
V. Japanese households in Item 1b4 those receiving Multiple PA Programs	99			100		
VI. Japanese households in Item 1b4 those receiving Mixed Programs	101			102		
5) Filipino	103	104	105	106	107	108
I. Filipino households in Item 1b5 those receiving SSI/SSP Only	109			110		
II. Filipino households in Item 1b5 those receiving CalWORKs Only	111			112		
III. Filipino households in Item 1b5 those receiving Tribal TANF Only	113			114		
IV. Filipino households in Item 1b5 those receiving GA/GR Only	115			116		
V. Filipino households in Item 1b5 those receiving Multiple PA Programs	117			118		
VI. Filipino households in Item 1b5 those receiving Mixed Programs	119			120		
6) Korean	121	122	123	124	125	126
I. Korean households in Item 1b6 those receiving SSI/SSP Only	127			128		
II. Korean households in Item 1b6 those receiving CalWORKs Only	129			130		
III. Korean households in Item 1b6 those receiving Tribal TANF Only	131			132		
IV. Korean households in Item 1b6 those receiving GA/GR Only	133			134		
V. Korean households in Item 1b6 those receiving Multiple PA Programs	135			136		
VI. Korean households in Item 1b6 those receiving Mixed Programs	137			138		
7) Laotian	139	140	141	142	143	144
I. Laotian households in Item 1b7 those receiving SSI/SSP Only	145			146		
II. Laotian households in Item 1b7 those receiving CalWORKs Only	147			148		
III. Laotian households in Item 1b7 those receiving Tribal TANF Only	149			150		
IV. Laotian households in Item 1b7 those receiving GA/GR Only	151			152		
V. Laotian households in Item 1b7 those receiving Multiple PA Programs	153			154		
VI. Laotian households in Item 1b7 those receiving Mixed Programs	155			156		
8) Vietnamese	157	158	159	160	161	162
I. Vietnamese households in Item 1b8 those receiving SSI/SSP Only	163			164		
II. Vietnamese households in Item 1b8 those receiving CalWORKs Only	165			166		
III. Vietnamese households in Item 1b8 those receiving Tribal TANF Only	167			168		
IV. Vietnamese households in Item 1b8 those receiving GA/GR Only	169			170		
V. Vietnamese households in Item 1b8 those receiving Multiple PA Programs	171			172		
VI. Vietnamese households in Item 1b8 those receiving Mixed Programs	173			174		
9) Other Asian (not included above)	175	176	177	178	179	180
I. Other Asian households in Item 1b9 those receiving SSI/SSP Only	181			182		
II. Other Asian households in Item 1b9 those receiving CalWORKs Only	183			184		
III. Other Asian households in Item 1b9 those receiving Tribal TANF Only	185			186		
IV. Other Asian households in Item 1b9 those receiving GA/GR Only	187			188		
V. Other Asian households in Item 1b9 those receiving Multiple PA Programs	189			190		
VI. Other Asian households in Item 1b9 those receiving Mixed Programs	191			192		
10) Reporting More Than One Asian Group	193	194	195	196	197	198
I. Reporting More Than One Asian households in Item 1b10 those receiving SSI/SSP Only	199			200		
II. Reporting More Than One Asian households in Item 1b10 those receiving CalWORKs Only	201			202		
III. Reporting More Than One Asian households in Item 1b10 those receiving Tribal TANF Only	203			204		
IV. Reporting More Than One Asian households in Item 1b10 those receiving GA/GR Only	205			206		
V. Reporting More Than One Asian households in Item 1b10 those receiving Multiple PA Programs	207			208		
VI. Reporting More Than One Asian households in Item 1b10 those receiving Mixed Programs	209			210		
c. Black or African American	211	212	213	214	215	216
1) Black or African American households in Item 1c those receiving SSI/SSP Only	217			218		
2) Black or African American households in Item 1c those receiving CalWORKs Only	219			220		
3) Black or African American households in Item 1c those receiving Tribal TANF Only	221			222		
4) Black or African American households in Item 1c those receiving GA/GR Only	223			224		

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
RESEARCH, AUTOMATION AND DATA DIVISION

4) Black or African American households in Item 1c those receiving Multiple PA Programs	228			228		
6) Black or African American households in Item 1c those receiving Mixed Programs	221			221		
d. Native Hawaiian or Other Pacific Islander	229	229	229	229	229	229
1) Native Hawaiian	229	229	229	229	229	229
I. Native Hawaiian households in Item 1d1 those receiving SSI/SSP Only	241			241		
II. Native Hawaiian households in Item 1d1 those receiving CalWORKs Only	243			243		
III. Native Hawaiian households in Item 1d1 those receiving Tribal TANF Only	245			245		
IV. Native Hawaiian households in Item 1d1 those receiving GAAGR Only	247			247		
V. Native Hawaiian households in Item 1d1 those receiving Multiple PA Programs	249			249		
VI. Native Hawaiian households in Item 1d1 those receiving Mixed Programs	251			251		
2) Guamanian	253	253	253	253	253	253
I. Guamanian households in Item 1d2 those receiving SSI/SSP Only	259			259		
II. Guamanian households in Item 1d2 those receiving CalWORKs Only	261			261		
III. Guamanian households in Item 1d2 those receiving Tribal TANF Only	263			263		
IV. Guamanian households in Item 1d2 those receiving GAAGR Only	265			265		
V. Guamanian households in Item 1d2 those receiving Multiple PA Programs	267			267		
VI. Guamanian households in Item 1d2 those receiving Mixed Programs	269			269		
3) Samoan	271	271	271	271	271	271
I. Samoan households in Item 1d3 those receiving SSI/SSP Only	277			277		
II. Samoan households in Item 1d3 those receiving CalWORKs Only	279			279		
III. Samoan households in Item 1d3 those receiving Tribal TANF Only	281			281		
IV. Samoan households in Item 1d3 those receiving GAAGR Only	283			283		
V. Samoan households in Item 1d3 those receiving Multiple PA Programs	285			285		
VI. Samoan households in Item 1d3 those receiving Mixed Programs	287			287		
4) Other Pacific Islander (not included above)	289	289	289	289	289	289
I. Other Pacific Islander households in Item 1d4 those receiving SSI/SSP Only	295			295		
II. Other Pacific Islander households in Item 1d4 those receiving CalWORKs Only	297			297		
III. Other Pacific Islander households in Item 1d4 those receiving Tribal TANF Only	299			299		
IV. Other Pacific Islander households in Item 1d4 those receiving GAAGR Only	301			301		
V. Other Pacific Islander households in Item 1d4 those receiving Multiple PA Programs	303			303		
VI. Other Pacific Islander households in Item 1d4 those receiving Mixed Programs	305			305		
5) Reporting More than one Native Hawaiian or Pacific Islander Group	307	307	307	307	307	307
I. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving SSI/SSP Only	313			313		
II. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving CalWORKs Only	315			315		
III. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Tribal TANF Only	317			317		
IV. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving GAAGR Only	319			319		
V. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Multiple PA Programs	321			321		
VI. Reporting More than one Native Hawaiian or Pacific Islander households in Item 1d5 those receiving Mixed Programs	323			323		
e. White	325	325	325	325	325	325
1) White households in Item 1e those receiving SSI/SSP Only	331			331		
2) White households in Item 1e those receiving CalWORKs Only	333			333		
3) White households in Item 1e those receiving Tribal TANF Only	335			335		
4) White households in Item 1e those receiving GAAGR Only	337			337		
4) White households in Item 1e those receiving Multiple PA Programs	339			339		
6) White households in Item 1e those receiving Mixed Programs	341			341		
2. Household Contacts Who Marked Two Races	343	343	343	343	343	343
a. American Indian or Alaska Native and White	349	349	349	349	349	349
1) American Indian or Alaska Native and White households in Item 2a those receiving SSI/SSP Only	355			355		
2) American Indian or Alaska Native and White households in Item 2a those receiving CalWORKs Only	357			357		
3) American Indian or Alaska Native and White households in Item 2a those receiving Tribal TANF Only	359			359		
4) American Indian or Alaska Native and White households in Item 2a those receiving GAAGR Only	361			361		
4) American Indian or Alaska Native and White households in Item 2a those receiving Multiple PA Programs	363			363		
6) American Indian or Alaska Native and White households in Item 2a those receiving Mixed Programs	365			365		
b. Asian and White	367	367	367	367	367	367
1) Asian and White households in Item 2b those receiving SSI/SSP Only	373			373		
2) Asian and White households in Item 2b those receiving CalWORKs Only	375			375		
3) Asian and White households in Item 2b those receiving Tribal TANF Only	377			377		
4) Asian and White households in Item 2b those receiving GAAGR Only	379			379		
4) Asian and White households in Item 2b those receiving Multiple PA Programs	381			381		
6) Asian and White households in Item 2b those receiving Mixed Programs	383			383		
c. Black or African American and White	385	385	385	385	385	385
1) Black or African American and White households in Item 2c those receiving SSI/SSP Only	391			391		
2) Black or African American and White households in Item 2c those receiving CalWORKs Only	393			393		
3) Black or African American and White households in Item 2c those receiving Tribal TANF Only	395			395		
4) Black or African American and White households in Item 2c those receiving GAAGR Only	397			397		
4) Black or African American and White households in Item 2c those receiving Multiple PA Programs	399			399		
6) Black or African American and White households in Item 2c those receiving Mixed Programs	401			401		
d. American Indian or Alaska Native and Black or African American	403	403	403	403	403	403
1) American Indian or Alaska Native and Black or African American households in Item 2d those receiving SSI/SSP Only	409			409		
2) American Indian or Alaska Native and Black or African American households in Item 2d those receiving CalWORKs Only	411			411		
3) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Tribal TANF Only	413			413		
4) American Indian or Alaska Native and Black or African American households in Item 2d those receiving GAAGR Only	415			415		
4) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Multiple PA Programs	417			417		
6) American Indian or Alaska Native and Black or African American households in Item 2d those receiving Mixed Programs	419			419		
3. Other--Household Contacts Who Chose Racial Combinations Not Included Above (Reporting Race(s) Not Included Above)	421	421	421	421	421	421
a. Households who chose racial combinations not included above in Item 3 those receiving SSI/SSP Only	427			427		
b. Households who chose racial combinations not included above in Item 3 those receiving CalWORKs Only	429			429		
c. Households who chose racial combinations not included above in Item 3 those receiving Tribal TANF Only	431			431		
d. Households who chose racial combinations not included above in Item 3 those receiving GAAGR Only	433			433		
e. Households who chose racial combinations not included above in Item 3 those receiving Multiple PA Programs	435			435		
f. Households who chose racial combinations not included above in Item 3 those receiving Mixed Programs	437			437		
4. Household contacts where race/ethnicity is unknown or declined to state	439	439	439	439	439	439
a. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving SSI/SSP Only	445			445		
b. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving CalWORKs Only	447			447		
c. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Tribal TANF Only	449			449		
d. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving GAAGR Only	451			451		
e. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Multiple PA Programs	453			453		
f. Household contacts where race/ethnicity is unknown or declined to state in Item 4 those receiving Mixed Programs	455			455		
5. Totals	457	457	457	457	457	457
a. Total households in Item 5 those receiving SSI/SSP Only	463			463		
b. Total households in Item 5 those receiving CalWORKs Only	465			465		
c. Total households in Item 5 those receiving Tribal TANF Only	467			467		
d. Total households in Item 5 those receiving GAAGR Only	469			469		
e. Total households in Item 5 those receiving Multiple PA Programs	471			471		
f. Total households in Item 5 those receiving Mixed Programs	473			473		

Sexual Orientation and Gender Identity		C. Number of Household Contacts by Sexual Orientation and Gender Identity	
			TOTAL Households
<b>6. The sexual orientation that household contacts marked</b>			
Straight/heterosexual			415
Gay or lesbian			416
Bisexual			417
Queer			418
Another sexual orientation			419
Unknown			420
Decline to state			421
<b>7. The gender identity that household contacts marked</b>			
Female			422
Male			423
Transgender, male to female			424
Transgender, female to male			425
Non-Binary (neither male nor female)			426
Other gender identity			427
Decline to state			428
Unknown gender identity			429
<b>COMMENTS</b>			
General Comments			
Revised Report Explanation ( <i>If Revised is selected</i> )			
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 (7/22)  
AND  
STATE-ONLY HOUSEHOLDS  
CF 358S (8/22)**

**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). Government Code section 8310.8 requires the California Department of Social Services (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, Research Automation and Data Division (RADD), located at: [CF358F/S](#). Complete the downloaded form, and e-mail to the designated CF 358F/S report inbox at [admCF358FS@dss.ca.gov](mailto:admCF358FS@dss.ca.gov). 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 [admCF358FS@dss.ca.gov](mailto:admCF358FS@dss.ca.gov) or (916) 651-8269.

For reference purposes, the CDSS and county specific CF 358 F/S data is available on the CDSS website on the [Research and Data Reports webpage](#) within the [Data Tables](#) section. CWDs are encouraged to review their data on the website each month to confirm the county's data coincides with the data on file at CDSS.

## **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**

**Non-Public Assistance CalFresh (NACF):** A CalFresh household in which all members do not receive some type of public assistance in addition to CalFresh, including California Work Opportunity and Responsibility to Kids (CalWORKs), Tribal Temporary Assistance for Needy Families (TANF), Supplemental Security Income/State Supplementary Payment (SSI/SSP), and General Assistance/General Relief (GA/GR).

**Public Assistance (PA):** A program funded under Title IV-A of the Social Security Act of 1935, as amended, or matching state funds for public assistance programs. Programs must be means-tested, and all household members must be receiving or authorized to receive benefits from TANF, or state-funded program [\[MPP 63-102\(p\)\(12\)\]](#).

**Public Assistance CalFresh (PACF):** A CalFresh household in which members receive some type of public assistance in addition to CalFresh, including CalWORKs, Tribal TANF, SSI/SSP, and GA/GR. Under the umbrella category of PACF household, CDSS has established six subcategories based on the public assistance benefits received by

each household member. These PACF household subcategories and definitions are provided below:

- PACF CalWORKs-Only Household: A CalFresh household in which all included members also receive CalWORKs cash benefits. NOTE: This does not include WINS.
- PACF Tribal TANF-Only Household: A CalFresh household in which all included members also receive Tribal TANF cash benefits.
- PACF SSI/SSP-Only Household: A CalFresh household in which all included members also receive SSI and/or SSP benefits.
- PACF GA/GR-Only Household: A CalFresh household in which all included members also receive GA/GR benefits.
- PACF Multiple PA: A CalFresh household in which all included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP, and/or GA/GR).
- PACF Mixed: A CalFresh household in which one or more included members receive public assistance from any combination of the previously mentioned public assistance program types (i.e., CalWORKs, Tribal TANF, SSI/SSP and/or GA/GR) and one or more included members receive only CalFresh.

## **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, individual use they and their as gender-neutral singular pronouns. Others use ze (sometimes spelled zie) and hir or the pronouns xe and xer.

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

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

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

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

## **ITEM INSTRUCTIONS**

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

Enter the number of households participating for the July report month for each race under the applicable Public Assistance (PA) or Non-Public Assistance (NA) column. PA Households are further detailed by six subcategories listed in the definitions section. 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 household contacts 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 household contacts reported in column A, 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.

Item 1, Household contacts who marked only one race: 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 who marked only one race. A household contact is the person who completes the application or is interviewed.

**Column A and Column B Total Households are automatically calculated. [Cells 1 to 342]**

Item 2, Household contacts who marked two races: 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 who marked two races. A household contact is the person who completes the application or is interviewed.

**Column A and Column B Total Households are automatically calculated. [Cells 343 to 420]**

Item 3, Other--Household contacts who chose racial combinations not included above (reporting race(s) not included above): Column A (PA and NA) and Column B (PA and NA): Enter the total number of household contacts that participated (received CalFresh benefits) during July, who chose racial combinations that are not included in Items 1 and 2. **Column A and Column B Total Households are automatically calculated. [Cell 421 to 438]**

Item 4, Household contacts where race/ethnicity is unknown or declined to state: Enter the total number of Households contacts where race/ethnicity is unknown/or declined to state. **Column A and Column B Total Households are automatically calculated. [Cell 439 to 456]**

Item 5, Totals: 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 457 to 474]**

C. Number of Household Contacts by sexual orientation and gender identity [Column C]

Item 6, The sexual orientation that household contacts marked: Enter the total number of household contacts who selected a sexual orientation. NOTE: If the household contact selected “Decline to state”, then the contact would be marked in Cell 1071 (Decline to State). If no sexual orientation was marked, the household contact would be marked in Cell 1070 (Unknown). *[Cells 475 to 481]*

Item 7, The gender identity that household contacts marked: Enter the total number of household contacts who selected a gender identity. NOTE: If the household contact selected “Decline to state”, then the contact would be marked in Cell 1079 (Decline to State). If no sexual orientation was marked, the household contact would be marked in Cell 1070 (Unknown). *[Cells 482 to 489]*

<b>COMMENTS</b>
-----------------

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 (8/22)  
AND  
STATE-ONLY HOUSEHOLDS  
CF 358S (8/22)**

**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 1 must be equal to the sum of Cells 7, 25, 211, 229, and 325  
Cell 7 must be equal to the sum of Cells 13, 15, 17, 19, 21, and 23  
Cell 25 must be equal to the sum of Cells 31, 49, 67, 85, 103, 121, 139, 157, 175, and 193  
Cell 31 must be equal to the sum of Cells 37, 39, 41, 43, 45, and 47  
Cell 49 must be equal to the sum of Cells 55, 57, 59, 61, 63, and 65  
Cell 67 must be equal to the sum of Cells 73, 75, 77, 79, 81, and 83  
Cell 85 must be equal to the sum of Cells 91, 93, 95, 97, 99, and 101  
Cell 103 must be equal to the sum of Cells 109, 111, 113, 115, 117, and 119  
Cell 121 must be equal to the sum of Cells 127, 129, 131, 133, 135, and 137  
Cell 139 must be equal to the sum of Cells 145, 147, 149, 151, 153, and 155  
Cell 157 must be equal to the sum of Cells 163, 165, 167, 169, 171, and 173  
Cell 175 must be equal to the sum of Cells 181, 183, 185, 187, 189, and 191  
Cell 211 must be equal to the sum of Cells 217, 219, 221, 223, 225, and 227  
Cell 229 must be equal to the sum of Cells 235, 253, 271, 289, and 307  
Cell 235 must be equal to the sum of Cells 241, 243, 245, 247, 249, and 251

Cell 253 must be equal to the sum of Cells 259, 261, 263, 265, 267, and 269  
Cell 271 must be equal to the sum of Cells 277, 279, 281, 283, 285, and 287  
Cell 289 must be equal to the sum of Cells 295, 297, 299, 301, 303, and 305  
Cell 307 must be equal to the sum of Cells 313, 315, 317, 319, 321, and 323  
Cell 325 must be equal to the sum of Cells 331, 333, 335, 337, 339, and 341  
Cell 343 must be equal to the sum of Cells 349, 367, 385, and 403  
Cell 349 must be equal to the sum of Cells 355, 357, 359, 361, 363, and 365  
Cell 367 must be equal to the sum of Cells 373, 375, 377, 379, 381, and 383  
Cell 385 must be equal to the sum of Cells 391, 393, 395, 397, 399, and 401  
Cell 403 must be equal to the sum of Cells 409, 411, 413, 415, 417, and 419  
Cell 421 must be equal to the sum of Cells 427, 429, 431, 433, 435, and 437  
Cell 439 must be equal to the sum of Cells 445, 447, 449, 451, 453, and 455  
Cell 457 must be equal to the sum of Cells 463, 465, 467, 469, 471, and 473  
Cell 457 must be equal to the sum of Cells 1, 343, 421, and 439

#### **NA Households Column**

Cell 2 must be equal to the sum of Cells 8, 26, 212, 230, and 326  
Cell 26 must be equal to the sum of Cells 32, 50, 68, 86, 104, 122, 140, 158, 176, and 194  
Cell 230 must be equal to the sum of Cells 236, 254, 272, 290, and 308  
Cell 344 must be equal to the sum of Cells 350, 368, 386, and 404  
Cell 458 must be equal to the sum of Cells 2, 344, 422, and 440

#### **Total Households Column**

Cell 3 must be equal to the sum of Cells 1 and 2  
Cell 3 must be equal to the sum of Cells 9, 27, 213, 231, and 327  
Cell 9 must be equal to the sum of Cells 7 and 8  
Cell 27 must be equal to the sum of Cells 25 and 26  
Cell 27 must be equal to the sum of Cells 33, 51, 69, 87, 105, 123, 141, 159, 177, and 195  
Cell 33 must be equal to the sum of Cells 31 and 32  
Cell 51 must be equal to the sum of Cells 49 and 50  
Cell 69 must be equal to the sum of Cells 67 and 68  
Cell 87 must be equal to the sum of Cells 85 and 86  
Cell 105 must be equal to the sum of Cells 103 and 104  
Cell 123 must be equal to the sum of Cells 121 and 122  
Cell 141 must be equal to the sum of Cells 139 and 140  
Cell 159 must be equal to the sum of Cells 157 and 158  
Cell 177 must be equal to the sum of Cells 175 and 176  
Cell 195 must be equal to the sum of Cells 193 and 194  
Cell 213 must be equal to the sum of Cells 211 and 212

Cell 231 must be equal to the sum of Cells 229 and 230  
Cell 237 must be equal to the sum of Cells 235 and 236  
Cell 231 must be equal to the sum of Cells 237, 255, 273, 291, and 309  
Cell 255 must be equal to the sum of Cells 253 and 254  
Cell 273 must be equal to the sum of Cells 271 and 272  
Cell 291 must be equal to the sum of Cells 289 and 290  
Cell 309 must be equal to the sum of Cells 307 and 308  
Cell 327 must be equal to the Sum of Cells 325 and 326  
Cell 345 must be equal to the sum of Cells 343 and 344  
Cell 345 must be equal to the sum of Cells 351, 369, 387, and 405  
Cell 351 must be equal to the sum of Cells 349 and 350  
Cell 369 must be equal to the sum of Cells 367 and 368  
Cell 387 must be equal to the sum of Cells 385 and 386  
Cell 405 must be equal to the sum of Cells 403 and 404  
Cell 423 must be equal to the sum of Cells 421 and 422  
Cell 441 must be equal to the sum of Cells 439 and 440  
Cell 459 must be equal to the sum of Cells 457 and 458  
Cell 459 must be equal to the sum of Cells 3, 345, 423, and 441

#### **COLUMN B**

#### **PA Households Column**

Cell 4 must be equal to the sum of Cells 10, 28, 214, 232, 280, and 328  
Cell 10 must be equal to the sum of Cells 14, 16, 18, 20, 22, and 24  
Cell 28 must be equal to the sum of Cells 34, 52, 70, 88, 106, 124, 160, 178, and 196  
Cell 34 must be equal to the sum of Cells 38, 40, 42, 44, 46, and 48  
Cell 52 must be equal to the sum of Cells 56, 58, 60, 62, 64, and 66  
Cell 70 must be equal to the sum of Cells 74, 76, 78, 80, 82, and 84  
Cell 88 must be equal to the sum of Cells 92, 94, 96, 98, 100, and 102  
Cell 106 must be equal to the sum of Cells 110, 112, 114, 116, 118, and 120  
Cell 124 must be equal to the sum of Cells 128, 130, 132, 134, 136, and 138  
Cell 142 must be equal to the sum of Cells 146, 148, 150, 152, 154, and 156  
Cell 160 must be equal to the sum of Cells 164, 166, 168, 170, 172, and 174  
Cell 178 must be equal to the sum of Cells 182, 184, 186, 188, 190, and 192  
Cell 196 must be equal to the sum of Cells 200, 202, 204, 206, 208, and 210  
Cell 214 must be equal to the sum of Cells 218, 220, 222, 224, 226, and 228  
Cell 232 must be equal to the sum of Cells 238, 256, 274, 292, and 310  
Cell 238 must be equal to the sum of Cells 242, 244, 246, 248, 250, and 252  
Cell 256 must be equal to the sum of Cells 260, 262, 264, 266, 268, and 270  
Cell 274 must be equal to the sum of Cells 278, 280, 282, 284, 286, and 288  
Cell 292 must be equal to the sum of Cells 296, 298, 300, 302, 304, and 306  
Cell 310 must be equal to the sum of Cells 314, 316, 318, 320, 322, and 324  
Cell 328 must be equal to the sum of Cells 332, 334, 336, 338, 340, and 342

Cell 346 must be equal to the sum of Cells 352, 370, 388, and 406  
Cell 352 must be equal to the sum of Cells 356, 358, 360, 362, 364, and 366  
Cell 370 must be equal to the sum of Cells 374, 376, 378, 380, 382, and 384  
Cell 388 must be equal to the sum of Cells 392, 394, 396, 398, 400, and 402  
Cell 406 must be equal to the sum of Cells 410, 412, 414, 416, 418, and 420  
Cell 424 must be equal to the sum of Cells 428, 430, 432, 434, 436, and 438  
Cell 442 must be equal to the sum of Cells 446, 448, 450, 452, 454, and 456  
Cell 460 must be equal to the sum of Cells 4, 346, 424, and 442  
Cell 460 must also be equal to the sum of Cells 464, 466, 468, 470, 472, and 474

#### **NA Households Column**

Cell 5 must be equal to the sum of Cells 11, 29, 215, 233, and 329  
Cell 29 must be equal to the sum of Cells 35, 53, 71, 89, 107, 125, 143, 161, 179, and 197  
Cell 233 must be equal to the sum of Cells 239, 257, 275, 293, and 311  
Cell 347 must be equal to the sum of Cells 353, 371, 389, and 407  
Cell 461 must be equal to the sum of Cells 5, 347, 425, and 443

#### **Total Households Column**

Cell 6 must be equal to the sum of Cells 4 and 5  
Cell 6 must be equal to the sum of Cells 12, 30, 216, 234, and 330  
Cell 12 must be equal to the sum of Cells 10 and 11  
Cell 30 must be equal to the sum of Cells 28 and 29  
Cell 30 must be equal to the sum of Cells 36, 54, 72, 90, 108, 126, 144, 162, 180, and 198  
Cell 36 must be equal to the sum of Cells 34 and 35  
Cell 54 must be equal to the sum of Cells 52 and 53  
Cell 72 must be equal to the sum of Cells 70 and 71  
Cell 90 must be equal to the sum of Cells 88 and 89  
Cell 108 must be equal to the sum of Cells 106 and 107  
Cell 126 must be equal to the sum of Cells 124 and 125  
Cell 144 must be equal to the sum of Cells 142 and 143  
Cell 162 must be equal to the sum of Cells 160 and 161  
Cell 180 must be equal to the sum of Cells 178 and 179  
Cell 198 must be equal to the sum of Cells 196 and 197  
Cell 216 must be equal to the sum of Cells 214 and 215  
Cell 234 must be equal to the sum of Cells 232 and 233  
Cell 234 must be equal to the sum of Cells 240, 258, 276, 294, and 312  
Cell 240 must be equal to the sum of Cells 238 and 239  
Cell 258 must be equal to the sum of Cells 256 and 257  
Cell 276 must be equal to the sum of Cells 274 and 275



Cell 294 must be equal to the sum of Cells 292 and 293  
Cell 312 must be equal to the Sum of Cells 310 and 311  
Cell 330 must be equal to the sum of Cells 328 and 329  
Cell 348 must be equal to the sum of Cells 346 and 347  
Cell 348 must be equal to the sum of Cells 354, 372, 390, and 408  
Cell 354 must be equal to the sum of Cells 352 and 353  
Cell 372 must be equal to the sum of Cells 370 and 371  
Cell 390 must be equal to the sum of Cells 388 and 389  
Cell 408 must be equal to the sum of Cells 406 and 407  
Cell 426 must be equal to the sum of Cells 424 and 425  
Cell 444 must be equal to the sum of Cells 442 and 443  
Cell 462 must be equal to the sum of Cells 460 and 461  
Cell 462 must be equal to the sum of Cells 6, 348, 426, and 444