

February 07, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

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

The purpose of this errata is to revise the instructions for the CF 296 Report in All County Letter (ACL) 22-85 to provide clarifications for reporting Semi Annual Reporting SAR 7 discontinuances.



KIM JOHNSON  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

February 07, 2024

ALL COUNTY LETTER NO. 22-85E

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

SUBJECT: ERRATA TO REVISED CALFRESH MONTHLY CASELOAD  
MOVEMENT STATISTICAL REPORT (CF 296 6/19)

REFERENCE: [ACIN I-19-16](#) CALFRESH MONTHLY CASELOAD MOVEMENT  
STATISTICAL REPORT (DISCONTINUANCE OF DFA 296 AND  
DFA 296X AND IMPLEMENTATION OF NEW CF 296)  
[ACL 16-39](#) DISCONTINUANCE OF CALFRESH EXPEDITED  
SERVICE QUARTERLY STATISTICAL REPORT (DFA 296X  
[7/13]) DISCONTINUANCE CALFRESH MONTHLY CASELOAD  
MOVEMENT STATISTICAL REPORT (DFA 296 [1/12]) NEW  
CALFRESH MONTHLY CASELOAD MOVEMENT STATISTICAL  
REPORT (CF 296 [7/16])  
[ACL 16-39E](#) DISCONTINUANCE OF CALFRESH EXPEDITED  
SERVICE QUARTERLY STATISTICAL REPORT (DFA 296X  
[7/13]) DISCONTINUANCE CALFRESH MONTHLY CASELOAD  
MOVEMENT STATISTICAL REPORT (DFA 296 [1/12]) NEW  
CALFRESH MONTHLY CASELOAD MOVEMENT STATISTICAL  
REPORT (CF 296 [7/16])  
[ACL 16-39E2](#) DISCONTINUANCE OF CALFRESH  
EXPEDITEDSERVICE QUARTERLY STATISTICAL REPORT  
(DFA 296X [7/13]) DISCONTINUANCE CALFRESH MONTHLY  
CASELOAD MOVEMENT STATISTICAL REPORT (DFA 296

[1/12]) NEW CALFRESH MONTHLY CASELOAD MOVEMENT  
STATISTICAL REPORT (CF 296 [7/16])  
[ACL 22-85](#) REVISED CALFRESH MONTHLY CASELOAD  
MOVEMENT STATISTICAL REPORT (CF 296 6/19)

The purpose of this errata is to revise instructions for the CF 296 Report in All County Letter (ACL) 22-85 to provide clarification on reporting Semi Annual Reporting (SAR) 7 discontinuances.

The original and revision language for the impacted section is provided below. Additions are included in **bold** (within this ACL).

The original language of the CF 296 instructions reads:

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 Public Assistance CalFresh (PACF) and Non-Assistant CalFresh (NACF) households. [Cells 43- 45]

The revised language on page 8 of the instructions reads:

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. **Example: Case action taken, after the end of the report month (as 6/1) to discontinue CalFresh benefits effective on the last day of the report month (as 5/31) due to failure to provide a completed SAR 7 are NOT reported as carried forward in the report month. SAR 7 discontinued cases may be cases added (line 7) during the next month. Cases discontinued due to SAR 7 before the end of the report month with aid reinstated before the end of the report month ARE reported as carried forward, as the discontinuance is a change within the report month.** The carried forward 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]

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If you have any questions or need additional guidance regarding the information in this letter, contact us using the CF 296 report inbox at [admCF296@dss.ca.gov](mailto:admCF296@dss.ca.gov).

Sincerely,

***Original Document Signed By***

RYAN GILLETTE  
Deputy Director  
Research, Automation, and Data Division

Attachments

CALFRESH MONTHLY CASELOAD MOVEMENT

STATISTICAL REPORT

CF 296

COUNTY NAME

VERSION

Report Month

REPORT YEAR

PART A. APPLICATIONS FOR CALFRESH

1. Applications received during the month

a. Online applications received during the month

2. Applications disposed of during the month

a. Applications approved

1) Of those applications approved in item 2a those approved in over 30 days (CWD caused)

b. Applications denied

1) Applications denied because determined ineligible

2) Applications denied for procedural reasons

3) Applications denied in over 30 days (CWD caused)

c. Applications withdrawn

PART B. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICES (ES)

3. Applications disposed of during the month in item 3, applications processed under ES

a. Found entitled to ES

1) Benefits issued in 1-3 days

2) Benefits issued in 4-7 days

3) Benefits issued in over 7 days

b. Found not entitled to ES

PART C. CERTIFIED CASELOAD MOVEMENT

4. Cases brought forward at the beginning of the month

a. Item 8 from last month's report, as reported to CDSB

b. Adjustment

5. Cases added during the month

Federal

Fed/State

State

Federal

Fed/State

State

a. Applications approved

1) Of those applications approved in item 5a, those approved Overdue Applications with federal funding (Cells 55 + Cell 56 + Cell 58 + Cell 59)

I. 1-30 days

II. 31-60 days

III. 61-90 days

IV. 91+days

b. Change in assistance status from PACF or NACF

c. Incoming Inter-County Transfers

d. Cases with eligibility reinstated and benefits pro-rated during the month

e. Other approvals

6. Total cases open during the month (Certified during the month as eligible to participate)

a. Pure federal cases

Federal Persons

State Persons

1) Federal persons in item 6a cases plus federal persons in item 6b cases

b. Federal/State combined cases

State Persons

Singles

Families

c. Pure state cases

7. Cases discontinued or terminated during the month

a. Households discontinued due to recipient failure to complete application process for ongoing benefits (ES only)

8. Cases brought forward at the end of the month

PART D. RECERTIFICATIONS

9. Recertifications disposed of during the month

Federal

Fed/State

State

Federal

Fed/State

State

a. Determined continuing eligible

1) Recertifications determined continuing eligible in item 9a those approved Overdue recertifications with federal funding (Cell 224 + 225 + 227 + 228)

I. 1-30 days

II. 31-60 days

III. 61-90 days

IV. 91+days

b. Determined ineligible

10. Overdue recertifications (CWD caused) during the month

COMMENTS

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. Example: Case action taken, after the end of the report month (as 6/1) to discontinue CalFresh benefits effective on the last day of the report month (as 5/31) due to failure to provide a completed SAR 7 are NOT reported as carried forward in the report month. SAR 7 discontinued cases may be cases added (line 7) during the next month. Cases discontinued due to SAR 7 before the end of the report month with aid reinstated before the end of the report month ARE reported as carried forward, as the discontinuance is a change within the report month. The carried forward 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]
- i. 1-30 days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 1-30 days overdue. [Cell 120]
  - ii. 31-60 days: Enter the number of recertifications determined continuing eligible in item 9a and were approved recertifications 31-60 days overdue. [Cell 121]
  - iii. 61-90 days: Enter the number of recertifications determined continuing eligible in item 9a and were

approved recertifications 61-90 days overdue. [Cell 122]

- iv. 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