

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-5462



February 27, 1979

## ALL-COUNTY INFORMATION NOTICE I-20-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED ABD 217 AND GR 237 FORMS

## REFERENCE:

Attached is a copy of revised Form ABD 217, "Interim Assistance to Applicants for SSI/SSP - Monthly Statistical Report," and Form GR 237, "Caseload and Expenditures Report - General Relief and Aid to Potentially Self-Supporting Blind." A supply of the revised forms will be arriving shortly. These forms are to be used effective with the April 1979 report month. A Manual Letter is shortly forthcoming that will transmit the revised reporting instructions.

Do not destroy your supply of the present forms until such time as the March 1979 report month reports have been received and accepted by the Statistical Services Bureau (formerly the Data Management and Analysis Bureau).

Should there be any questions or concerns, please contact the Statistical Services Bureau at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. E. Reich".

R. E. REICH  
Deputy Director

cc: CWDA

Attachments

**SEND ONE COPY TO:**

Department of Social Services  
 Statistical Services Bureau  
 744 P Street, Mail Station 12-81  
 Sacramento, California 95814

**CASELOAD AND EXPENDITURES REPORT**

**General Relief and Aid to Potentially Self-Supporting Blind**

COUNTY		
FOR MONTH ENDING (MONTH	DAY	YEAR)

**PART I. GENERAL RELIEF**

**SECTION A. GENERAL HOME RELIEF (GHR) CASELOAD MOVEMENT AND EXPENDITURES**

1. Cases brought forward from last month (Item 5 last month, or explain) . . . . .	_____
2. Cases added during month (Sum of a, b, & c, below) . . . . .	_____
a. New or Reapplication . . . . .	_____
b. Restored . . . . .	_____
c. Other approvals . . . . .	_____
3. Total during the month (Sum of 1 & 2; also a plus b, below) . . . . .	_____
a. Received GHR (Same as Item 6, Column (A) Total) . . . . .	_____
b. Did not receive GHR . . . . .	_____
4. Cases discontinued during month . . . . .	_____
5. Cases carried forward to next month (3 minus 4) . . . . .	_____

6. Total General Home Relief((1) + (2); also a + b). . . . .	_____
(1) Amount in Cash . . . . .	XXX
(2) Amount in Kind . . . . .	XXX
a. Family Cases . . . . .	_____
b. One-person Cases . . . . .	_____

CASES (A)	PERSONS (B)	AMOUNT (C)
_____	_____	\$ _____
XXX	XXX	( _____ )
XXX	XXX	( _____ )
_____	_____	_____
_____	_____	_____
_____	_____	\$ _____
_____	_____	\$ _____ a/
XXX	XXX	\$ _____
_____	XXX	_____
_____	XXX	_____

**SECTION B. OTHER GENERAL RELIEF**

7. Miscellaneous General Relief . . . . .	_____	\$ _____
8. Cuban Refugee Program . . . . .	_____	\$ _____ a/
9. Total Net SSI/SSP Interim Assistance (a minus b, below)	XXX	\$ _____
a. I. A. Expenditures during month . . . . .	_____	_____
b. I. A. Reimbursed during month . . . . .	XXX	_____
10. TOTAL GENERAL RELIEF EXPENDITURES (Sum of 6 + 7 + 8 + 9, above) . . . . .	_____	\$ _____
11. Amount of Federal Share for Cuban Refugee Program . . . . .	_____	\$ _____

**PART II. APSB**

1. Persons receiving cash grant . . . . .	_____
2. Total net expenditures . . . . .	\$ _____

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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id one copy to:

DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES BUREAU  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

**INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP -  
MONTHLY STATISTICAL REPORT**

COUNTY
FOR MONTH ENDING (MONTH, DAY, YEAR) _____, 19__

PART A. INTERIM ASSISTANCE CASELOAD MOVEMENT	NUMBER OF CASES
1. Cases brought forward from last month (Item 5 last month or explain) . . . . .	_____
2. Cases added during the month . . . . .	_____
3. Total open during the month (Sum of 1 & 2, above) . . . . .	_____
4. Cases closed during the month (a + b + c, below) . . . . .	_____
a. CWD mailed county warrant to recipient . . . . .	_____
Warrant mailed within:	
(1) 1-5 working days of receipt from SSA . . . . .	_____
(2) 6-10 working days of receipt from SSA . . . . .	_____
(3) Over 10 working days of receipt from SSA . . . . .	_____
b. SSA sent SSI/SSP check directly to recipient . . . . .	_____
c. Other reasons for closing (include cases <u>closed</u> due to receipt of denial notice, not cases left <u>open</u> after receipt of denial notice) . . . . .	_____
5. Cases carried forward to next month (3 minus 4, above) . . . . .	_____
6. Denial notices received from SSA . . . . .	_____

PART B. SSA CHECKS PROCESSING	NUMBER	AMOUNT
7. SSA checks carried over from preceding month . . . . .	_____	XXX
8. SSA checks received during the month . . . . .	_____	XXX
9. Total SSA checks on hand during the month (7 + 8, above) . . . . .	_____	XXX
10. SSA checks disposed of during the month (a + b, below) . . . . .	_____	_____
a. Original SSA checks (before CWD deductions, and mailing of county warrant to recipient) ((1) + (2) below, amount column only) . . . . .	_____	_____
(1) County warrant (recipient's share) . . . . .	_____	_____
(2) CWD deduction (county's share) . . . . .	_____	_____
b. Other dispositions (Explain in footnote). . . . .	_____	_____
11. SSA checks on hand at end of month (processing incomplete) (9 - 10, above) . . . . .	_____	XXX
12. SSA checks disposed of without receipt of SSA approval notice . . . . .	_____	XXX

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE	DATE
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<p><i>I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the interim Assistance Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.</i></p>	<p><i>I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code, that the amounts claimed herein are in accordance with authorizations for Interim Assistance made by the county; that said amounts correctly reflect county shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.</i></p>
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SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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