

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 14, 1982

ALL-COUNTY INFORMATION NOTICE I-68-82

TO: ALL COUNTY WELFARE DIRECTORS STATISTICAL
REPORTS MANUAL HOLDERS

SUBJECT: ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (ABD 216), INTERIM
ASSISTANCE TO APPLICANTS FOR SSI/SSP - MONTHLY STATISTICAL REPORT
REFERENCE: (FORMER FORM ABD 217), AND CASELOAD AND EXPENDITURES REPORT -
GENERAL RELIEF (FORM GR 237)

Attached are copies of the revised ABD 216, "Adult Program - Monthly Statistical Report" and GR 237, "Caseload and Expenditures Report - General Relief and Interim Assistance to Applicants for SSI/SSP". The revised reporting instructions are also attached.

The ABD 216 revision adds the "Essential Appliances" data element, removes the "Supplemental Moving Expense" sub-items and clarifies reporting instructions.

The GR 237 revision combines the former GR 237 and ABD 217 reports and will eliminate the need for the ABD 217 effective with the July 1982 report month.

The major changes to the GR 237 are as follows:

1. PART A. Caseload (General Relief and Interim Assistance). Includes data for General Home Relief, Miscellaneous GR, Interim Assistance, and Refugees and Entrants (including the 19-36 month RCA's and ECA's) converted to GR.
2. PART A. Sub-items 2a, b, & c have been eliminated.
3. PART B. "Other General Relief" has been eliminated as a separate category.
4. PART B. Cuban Refugee Phasedown data has been eliminated.
5. PART C. Interim Assistance data has been increased. This will eliminate the need for the ABD 217, Interim Assistance Report. Expenditure data is NOT being requested as a separate data item.

Send One Copy To: Department of Social Services
 Statistical Services Branch
 744 P Street, Mail Station 12-81
 Sacramento, CA 95814

**GENERAL RELIEF AND INTERIM ASSISTANCE
 TO APPLICANTS FOR SSI/SSP
 MONTHLY CASELOAD AND EXPENDITURE
 STATISTICAL REPORT**

COUNTY			
FOR MONTH ENDING	MONTH	DAY	YEAR

PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)

1. Cases brought forward from last month (Item 5 last month or explain)
2. Cases added during month
3. Total cases available during the month
4. Cases discontinued during month
5. Cases carried forward to next month (Item 3 minus Item 4 above)

CASES	

PART B. CASELOAD AND EXPENDITURES

6. Total General Relief ((1) + (2); also a + b below)
- (1) Amount in cash
- (2) Amount in kind
- a. Family cases
- b. One-person cases

CASES A	PERSONS B	*AMOUNT C
8	9	\$
13	14	
16	17	

PART C. SSI/SSP INTERIM ASSISTANCE

7. Cases added during month
8. Total SSA checks disposed of during month
- a. Disposed of 1-10 working days of receipt from SSA
9. SSA sent SSI/SSP check directly to recipient
10. Denial notice received
11. Reimbursements during the month (a + b below)
- a. SSA check received
- b. Repaid by recipient

19		
20		
21		
22		
23		
24		
26		\$
28		

PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)

- 12.
- 13.

30	31	\$
33	34	

PART E. NET GENERAL RELIEF EXPENDITURES

(Item 6 minus Item 11 above)

		\$
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PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

Consider a GR case as receiving aid if one or more of the following occurred during the month:

- Cash, or a county warrant, was issued to the recipient or family.
- A vendor order was authorized and issued, irrespective of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or other commodity available through the GR Program was issued to the recipient or family from a county-operated commissary or store.

The amount of assistance issued through vendor orders is that shown on the order or, if an amount does not appear on the order, the estimated amount which the agency expects the vendor to claim in a subsequent month. Since actual claims may differ from the amount authorized or counties may, for purposes of this report, either (1) disregard the difference or (2) adjust their report in a later month to show the net cost to the county. If the report is adjusted, care must be taken to insure that sub-items will add up to the total shown on the report.

Goods and services available to needy persons through the GR Program and not subject to prior authorization by the reporting agency, such as for medical care, are reported as expenditures in the month the claim for reimbursement is accepted.

- (1) Amount in Cash - Enter the amount of expenditures (Col. C) made in the form of direct payments, including county warrants, to the recipients.
- (2) Amount in-Kind - Enter the amount of obligation (Col. C) incurred by the county in meeting all other subsistence needs of GR recipients.

Aid in Kind includes:

- Commodities issued by the county commissary.
 - The amounts appearing on grocery orders and vouchers for clothing.
 - Other commodities supplied by vendors who will later bill the county for reimbursement.
 - Payments made to landlords on behalf of GR recipients.
- a. Family Cases - Enter in the appropriate column the cases, persons, and expenditures for which the needs of two or more persons living together in the same household are considered and included in a single assistance budget.

- b. One-Person Cases - Enter in the appropriate column the cases, persons, and expenditures for which the need of one person only is considered and included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR.

Although the number of persons in any given number of "one-person" cases is, of course, identical with the number of cases, it is requested that the number reported in Col. A be repeated in Col. B to simplify editing.

26-214.30 PART C. SSI/SSP INTERIM ASSISTANCE

This part of the report collects information on Interim Assistance Caseload and Reimbursements. This is not caseload movement data. These are specific data items required by State Program staff to monitor the I.A. Program.

7. Cases added during month - Enter the number of cases which were added to General Relief and which actually received a grant during the month.
8. Total SSA checks disposed of during the month - Enter the number of cases for which SSA checks received by the county were disposed of during the month by distribution between the county and the recipient or by other means.
 - a. Disposed of 1-10 working days of receipt from SSA - Report the number of checks disposed of within the required 10 working days. Count working days between receipt by the county of SSA check (signaling approval of the SSI/SSP application by SSA) and the exact date of mailing of the county warrant to the recipient. Include checks disposed of where there was no recipient share and the full amount went to reimburse the county.
9. SSA sent SSI/SSP check directly to recipient - Enter the number of Interim Assistance cases where the county discovered during the report month that SSA sent the initial SSI/SSP check directly to the recipient.
10. Denial notices received - Enter the number of cases for which SSA 8125 (Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report) forms were received during the report month, indicating that the recipient has been denied SSI/SSP benefits.
11. Reimbursements during month - Enter in Col. C the TOTAL amount of Interim Assistance reimbursed during the report month (a + b Col. C below). Enter the total number of cases closed due to full reimbursement (a + b, Col. A below).
 - a. SSA Checks received - Enter in Col. A, only the number of cases closed due to reimbursement of I.A. by SSA during the report month. Report the total dollar amount reimbursed (County share) by SSA in Col. C.

- b. Repaid by recipient - Enter in Col. A, only the number of cases closed due to repayment by recipients. Report the total dollar repaid by recipients in Col. C.

NOTE: If the recipient repays the I.A. grant by installments, report the dollar amount monthly (in the report month payment is made); however, report the case count only in the month that full repayment has been made. Do not report in such a way as to cause duplicate case counts.

26-214.50 PART D. (For use only upon instructions from DSS)

26-214.90 FORM GR 237

Fill in the information requested at the top and bottom of the report and show the figures required for each item. If there is nothing to report on an item, enter "0". Do not leave any items blank.





4. Disposed of during the month - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in 4a, 4b, and 4c below.
 - a. Allowed, certified to SSA - Enter the number of requests for certification which were allowed during the month and certified to SSA, by completion and return of Form SSP 22.
 - b. Denied - Enter the number of requests for certification for which the CWD determined the applicant could not be certified for special living arrangements, completed Form SSP 22, and returned it to SSA.
 - c. Withdrawn or canceled - Enter the number of requests for certification which were, during the month, withdrawn by the applicant or canceled due to death of applicant.
5. Pending, end of month - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).
6. Length of time to dispose of requests reported in Item 4 - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a and 6b.

This part involves (1) counts of Forms SSP 4A, "Application and Verification for Special Circumstances Allowances" covering applications received and applications disposed of during the month, and (2) cumulation of the approved dollar amounts (rounded to nearest dollar) shown on Form SSP 4A. (Ref. EAS 46-425)

Because of the interrelationship between various circumstances and amounts of allowances that may be authorized, each line item instruction in Part B., Section **II**, includes a reference to the corresponding EAS manual section. It is highly desirable that county reporting staff become thoroughly familiar with those manual sections in order to assure proper reporting of data required for each item.

I. APPLICATIONS FOR S.C.A.

1. Pending from preceding month - Enter the number of applications for S.C.A. which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month or explain in a footnote.
2. Received during the month - Enter the number of Forms SSP 4A completed by applicants and filed with the county welfare department during the month.
3. Total on hand during the month - Enter the sum of the entries in Items 1 and 2.

26-216 ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (FORM ABD 216) 26-216

26-216.01 CONTENT 26-216.01

This report provides information on (1) Out-of-Home Care certifications and (2) Special Circumstance allowances.

26-216.02 PURPOSE 26-216.02

Data collected through this report is needed by the Department of Social Services to monitor changes in the magnitude of the Certification of Out-of-Home Care and Special Circumstance programs.

26-216.03 DISTRIBUTION 26-216.03

Data from these reports are compiled and published in the monthly statistical summary, Public Welfare in California, for distribution to program managers, county welfare departments and other interested agencies and individuals.

26-216.04 DUE DATE 26-216.04

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

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

When data is unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

26-216.10 INSTRUCTIONS 26-216.10

26-216.20 PART A. REQUESTS FOR CERTIFICATION 26-216.20

This part involves (1) counts of "Authorization for Non medical Out-of-Home Care (Board and Care)" (Form SSP 22) and (2) actions taken during the month as reflected on this form.

1. Pending from preceding month - Enter the number of requests for certification to SSA as to non-medical out-of-home care which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. Received during the month - Enter the number of requests for certification to SSA received during the report month.
3. Total on hand during the month - Enter the total of requests for certification on hand during the month, the sum of the entries in Items 1 and 2.

4. Disposed of during the month - Enter the number of Forms SSP 4A on which final action was taken during the month by CWD approval (4a), disapproval (4b), or withdrawal or cancellation (4c).
5. Pending end of month (not disposed of) - Enter the number of S.C.A. applications on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).

II. ALLOWANCES AND EXPENDITURES

6. Total - Enter the total number and dollar amount of allowances during the report month (Sum of Items 7-13). Because two or more types of S.C.A. allowances may be approved on the basis of a single application, the total "Allowances" in this section will not necessarily agree with the number of approved applications reported in Item 4a. If an allowance for catastrophe includes both (a) Household furniture and equipment and (b) Clothing, it would be reported as an allowance in each of the Items 7a and 7b, but as ONE allowance in Item 7.

Similarly, if an allowance includes Household furniture and equipment, Housing repairs \$300 and under, and Supplemental moving allowances to secure rental housing, it would be reported as ONE allowance in each of the Items 7, 7a, 8, 8a, 11 and 11a. Only under this procedure can correct line item averages be computed.

Dollar amounts, reported in Column 2, are not duplicative and are readily assigned to the proper line items. ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.

7. Catastrophe - In the "Allowances column (col. 1) enter the total number of allowances approved for the two catastrophic circumstances identified in Items 7a and 7b. In the "Expenditures" column (col. 2) enter the sum of the amounts reported in Items 7a and 7b. (Ref.: EAS 46-425.6)
 - a. Household Furniture and Equipment - Enter the number and amounts of allowances approved for household furniture and equipment. (Ref.: EAS 46-425.612)
 - b. Clothing - Enter the number and amounts of allowances approved for clothing. (Ref.: EAS 46-425.62)
8. Repairs (\$300 maximum) - Enter the number and amounts of allowances approved for the repair categories (\$300 and under) identified in 8a and 8b. (Ref.: EAS 46-425.6)
 - a. Housing - Enter the number and amounts of allowances approved for housing repairs. (Ref.: EAS 46-425.63)
 - b. Essential Appliances - Enter the number and amounts of allowances approved for repair of essential appliances. (Ref.: EAS 46-425.61)

9. Supplemental Repairs (additional \$450) - Enter the number and amounts of allowances approved for supplemental repairs identified in 9a and 9b. This is an additional allowance for repairs/replacement of housing and essential appliances. (Ref.: EAS 46-425.64)
- a. Housing - Enter the number and amounts of allowances approved for supplemental housing repairs.
- EXAMPLE:** An application is approved for the repair of a roof in the amount of \$365. Report one allowance in 8a, col. 1 (Repairs - Maximum \$300) and the amount of \$300 in 8a, col. 2. Also report one allowance in 9a, col. 1 (supplemental repairs) and the amount of \$65 in 9a, col. 2.
- b. Essential Appliances - Enter the number and amounts of allowances approved for supplemental essential appliance repairs.
10. Moving Expenses - Enter the number and amounts of allowances approved for packing, storage and moving expenses. (Ref.: EAS 46-425.65)
11. Supplemental Moving Expenses - Enter the number and amount of allowances approved for securing suitable housing. (Ref.: EAS 46-425.66)
12. Home Modifications - Enter the number and amounts of allowances approved for home modifications. (Ref.: EAS 46-425.67)
13. Payments to Prevent Foreclosure - Enter the number and amounts of allowances approved to prevent foreclosure. (Ref.: EAS 46-425.68)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

SPECIAL INSTRUCTIONS
GR 237-PART D

Effective for period 7/1/82 through 12/31/82.

GR 237, PART D.

Line Item 12, Column B - Report the total number of 19-36 month Refugee Resettlement Program recipients added to General Relief (GR) during the month. These recipients are also included in PART A, Item 2, Cases.

Line Item 13, Column B - Report the total number of 19-36 month Cuban/Haitian Entrants added to GR during the month. These cases are also included in PART A, Item 2, Cases.

Please provide the above data for the six-month period of July 1, 1982, through December 31, 1982. Report only persons who were added to GR and actually received a grant during the month.

Any questions regarding these Special Instructions should be directed to Statistical Services at (916) 445-3645 or (ATSS) 485-3645.



Send One Copy To: Department of Social Services
 Statistical Services Branch
 744 P Street, Mail Station 12-81
 Sacramento, CA 95814

**GENERAL RELIEF AND INTERIM ASSISTANCE
 TO APPLICANTS FOR SSI/SSP
 MONTHLY CASELOAD AND EXPENDITURE
 STATISTICAL REPORT**

COUNTY _____
 FOR MONTH ENDING _____ MONTH DAY YEAR _____

PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)

CASES	

1. Cases brought forward from last month (Item 5 last month or explain)
2. Cases added during month
3. Total cases available during the month
4. Cases discontinued during month
5. Cases carried forward to next month (Item 3 minus Item 4 above)

PART B. CASELOAD AND EXPENDITURES

	CASES A	PERSONS B	*AMOUNT C
6. Total General Relief ((1) + (2); also a + b below)	8	9	\$ 10
(1) Amount in cash			11
(2) Amount in kind			12
a. Family cases	13	14	15
b. One-person cases	16	17	18

PART C. SSI/SSP INTERIM ASSISTANCE

7. Cases added during month	19		
8. Total SSA checks disposed of during month	20		
a. Disposed of 1-10 working days of receipt from SSA	21		
9. SSA sent SSI/SSP check directly to recipient	22		
10. Denial notice received	23		
11. Reimbursements during the month (a + b below)	24		\$ 25
a. SSA check received	26		27
b. Repaid by recipient	28		29

PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)

12.	30	31	\$ 32
13.	33	34	35

PART E. NET GENERAL RELIEF EXPENDITURES

(Item 6 minus Item 11 above)

		\$ 3
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PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE



26-214 GENERAL RELIEF and Interim Assistance
to Applicants for SSI/SSP - Caseload
and Expenditure Report (Form GR 237)

26-214.01 CONTENT

This report provides monthly information on General Relief caseload movement and expenditures and total Net expenditures in the General Relief Program. This report also collects caseload data on the Interim Assistance Program, under which Aged, Blind and Disabled applicants for SSI/SSP may be granted county funds as interim assistance until the Social Security Administration (SSA) acts upon their application.

26-214.02 PURPOSE

The report is designed to collect statewide and county data comparable to that obtained for the AFDC Program so that statistics on all Public Assistance Programs in California will be available. The data on Interim Assistance is needed by the Adult Program Management Branch, and by individual counties, to monitor (1) county compliance with certain Federal regulations and (2) caseload developments and trends in the Interim Assistance Program.

26-214.03 DISTRIBUTION

Data from the General Relief reports are compiled and submitted monthly to the Department of Health and Human Services on Federal Report SSA 3637 (Statistical Report on Recipients Under Public Assistance Programs). Data for both General Relief and Interim Assistance are also published in the monthly and annual statistical summaries, Public Welfare in California, for distribution to program managers, County Welfare Departments and other interested agencies and individuals.

26-214.04 DUE DATE

Reports are to be received in Sacramento on or before the 8th working day of the month following the report month. Send one copy to:

Department of Social Services
Statistical Services Branch
744 P Street, M.S. 12-81
Sacramento, CA 95814

When all data is not available, transmit a report by the due date containing all information that is available at that time. Attach an explanation for the delay and indicate when the Department can expect to receive the completed report. Transmit the missing data as soon as it is available.

26-214.06 DEFINITIONS

The General Relief (GR) Program is that program administered by the County Welfare Departments which provides assistance to needy persons from county funds only. There is no reimbursement from state or federal funds for General Relief.

Interim Assistance is payment made to SSI/SSP applicants from GR funds until SSA acts upon their application. County aid expenditures are reimbursed by SSA if the recipient's application for SSI/SSP is approved.

26-214.07 EXCLUSIONS FROM STATISTICAL REPORTING

The following are not to be reported on this form:

- Social Service only cases for which financial need is not a problem to be met from county indigent or other public assistance funds.
- Aid to Families with Dependent Children cases which receive supplemental aid from county funds. These expenditures are to be reported on the AFDC Caseload and Expenditure Reports, Form CA 237 FG/U and CA 237 FC.
- Special Circumstance money, which is reported on the Adult Program Monthly Statistical Report (ABD 216).
- Administrative costs.

26-214.10 INSTRUCTIONS

26-214.20 PART A. CASELOAD (General Relief & Interim Assistance)

Report the number of cases for ALL General Relief including General Home Relief, Miscellaneous General Relief, Interim Assistance and Refugees and Entrants (includes the 19-36 month RCA's and ECA's) converted to GR.

1. Cases brought forward from last month - Entry will equal Item 5 of the previous month's report or be explained in a footnote.
2. Cases added during month - Enter the total cases added during the month. This count will include new or reapplications, restorations, and other cases approved during the month (such as cases erroneously denied, erroneously discontinued, etc.).
3. Total Cases available during month - Enter the sum of Item 1 and Item 2.
4. Cases discontinued during the month - Enter the number of cases which were terminated from GR during the report month.
5. Cases carried forward to next month - Enter the number of cases carried forward to the next month (Item 3 minus Item 4 above).

26-214.25 PART B. CASELOAD AND EXPENDITURES

6. Total General Relief - Enter in the appropriate column, the total number of cases, persons, and expenditures or obligations incurred during the report month. Item 6, Col. C, is the sum of (1) plus (2), Col. C. Item 6, Columns A, B, & C are the sum of a plus b, Columns A, B & C respectively.

Consider a GR case as receiving aid if one or more of the following occurred during the month:

- Cash, or a county warrant, was issued to the recipient or family.
- A vendor order was authorized and issued, irrespective of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or other commodity available through the GR Program was issued to the recipient or family from a county-operated commissary or store.

The amount of assistance issued through vendor orders is that shown on the order or, if an amount does not appear on the order, the estimated amount which the agency expects the vendor to claim in a subsequent month. Since actual claims may differ from the amount authorized or counties may, for purposes of this report, either (1) disregard the difference or (2) adjust their report in a later month to show the net cost to the county. If the report is adjusted, care must be taken to insure that sub-items will add up to the total shown on the report.

Goods and services available to needy persons through the GR Program and not subject to prior authorization by the reporting agency, such as for medical care, are reported as expenditures in the month the claim for reimbursement is accepted.

- (1) Amount in Cash - Enter the amount of expenditures (Col. C) made in the form of direct payments, including county warrants, to the recipients.
- (2) Amount in-Kind - Enter the amount of obligation (Col. C) incurred by the county in meeting all other subsistence needs of GR recipients.

Aid in Kind includes:

- Commodities issued by the county commissary.
 - The amounts appearing on grocery orders and vouchers for clothing.
 - Other commodities supplied by vendors who will later bill the county for reimbursement.
 - Payments made to landlords on behalf of GR recipients.
- a. Family Cases - Enter in the appropriate column the cases, persons, and expenditures for which the needs of two or more persons living together in the same household are considered and included in a single assistance budget.

- b. One-Person Cases - Enter in the appropriate column the cases, persons, and expenditures for which the need of one person only is considered and included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR.

Although the number of persons in any given number of "one-person" cases is, of course, identical with the number of cases, it is requested that the number reported in Col. A be repeated in Col. B to simplify editing.

26-214.30 PART C. SSI/SSP INTERIM ASSISTANCE

This part of the report collects information on Interim Assistance Caseload and Reimbursements. This is not caseload movement data. These are specific data items required by State Program staff to monitor the I.A. Program.

7. Cases added during month - Enter the number of cases which were added to General Relief and which actually received a grant during the month.
8. Total SSA checks disposed of during the month - Enter the number of cases for which SSA checks received by the county were disposed of during the month by distribution between the county and the recipient or by other means.
 - a. Disposed of 1-10 working days of receipt from SSA - Report the number of checks disposed of within the required 10 working days. Count working days between receipt by the county of SSA check (signaling approval of the SSI/SSP application by SSA) and the exact date of mailing of the county warrant to the recipient. Include checks disposed of where there was no recipient share and the full amount went to reimburse the county.
9. SSA sent SSI/SSP check directly to recipient - Enter the number of Interim Assistance cases where the county discovered during the report month that SSA sent the initial SSI/SSP check directly to the recipient.
10. Denial notices received - Enter the number of cases for which SSA 8125 (Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report) forms were received during the report month, indicating that the recipient has been denied SSI/SSP benefits.
11. Reimbursements during month - Enter in Col. C the TOTAL amount of Interim Assistance reimbursed during the report month {a + b Col. C below}. Enter the total number of cases closed due to full reimbursement (a + b, Col. A below).
 - a. SSA Checks received - Enter in Col. A, only the number of cases closed due to reimbursement of I.A. by SSA during the report month. Report the total dollar amount reimbursed (County share) by SSA in Col. C.

- b. Repaid by recipient - Enter in Col. A, only the number of cases closed due to repayment by recipients. Report the total dollar repaid by recipients in Col. C.

NOTE: If the recipient repays the I.A. grant by installments, report the dollar amount monthly (in the report month payment is made); however, report the case count only in the month that full repayment has been made. Do not report in such a way as to cause duplicate case counts.

26-214.50 PART D. (For use only upon instructions from DSS)

26-214.90 FORM GR 237

Fill in the information requested at the top and bottom of the report and show the figures required for each item. If there is nothing to report on an item, enter "0". **Do not leave any items blank.**

Send One Copy to:

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

ADULT PROGRAMS MONTHLY STATISTICAL REPORT

COUNTY	1	FOR MONTH ENDING	MONTH	DAY	YEAR 2

PART A. REQUESTS FOR CERTIFICATION — OUT-OF-HOME CARE

REQUESTS

1. Pending from preceding month
2. Received during the month
3. Total on hand during the month (1 + 2)
4. Disposed of during the month (a + b + c)
- a. Allowed, certified to Social Security Administration
- b. Denied
- c. Withdrawn or cancelled
5. Pending, end of month (3 minus 4).....
6. Length of time to dispose of requests reported in Item 4
- a. 13 working days or less
- b. Over 13 working days

	3
	4
	5
	6
7	
8	
9	
	10
	11
12	
13	

PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (S.C.A.)

I. APPLICATIONS FOR S.C.A.

APPLICATIONS

1. Pending from preceding month
2. Received during the month
3. Total on hand during the month (1 + 2)
4. Disposed of during the month (a + b + c)
- a. Approved
- b. Disapproved
- c. Withdrawn or cancelled
5. Pending, end of month (3 minus 4).....

	14
	15
	16
	17
18	
19	
20	
	21

II. ALLOWANCES AND EXPENDITURES

ALLOWANCES (1)

EXPENDITURES (2)

6. Total (sum of 7 through 13).....
7. Catastrophe (column 2, a + b).....
- a. Household furniture and equipment
- b. Clothing
8. Repairs-maximum \$300 (column 2, a + b)
- a. Housing
- b. Essential appliances
9. Supplemental repair-additional \$450 (column 2, a + b)
- a. Housing
- b. Essential appliances
10. Moving expense
11. Supplemental moving expense.....
12. Home modification
13. Payment to prevent foreclosure

	22		23
			\$
	24		25
26		\$	27
28			29
	30		31
32			33
34			35
	36		37
38			39
40			41
	42		43
	44		45
	46		47
	48		49

PERSON TO CONTACT REGARDING TIME REPORT

TELEPHONE NUMBER

DATE REPORT PREPARED

()



26-216 ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (FORM ABD 216) 26-216

26-216.01 CONTENT 26-216.01

This report provides information on (1) Out-of-Home Care certifications and (2) Special Circumstance allowances.

26-216.02 PURPOSE 26-216.02

Data collected through this report is needed by the Department of Social Services to monitor changes in the magnitude of the Certification of Out-of-Home Care and Special Circumstance programs.

26-216.03 DISTRIBUTION 26-216.03

Data from these reports are compiled and published in the monthly statistical summary, Public Welfare in California, for distribution to program managers, county welfare departments and other interested agencies and individuals.

26-216.04 DUE DATE 26-216.04

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

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

When data is unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

26-216.10 INSTRUCTIONS 26-216.10

26-216.20 PART A. REQUESTS FOR CERTIFICATION 26-216.20

This part involves (1) counts of "Authorization for Non medical Out-of-Home Care (Board and Care)" (Form SSP 22) and (2) actions taken during the month as reflected on this form.

1. Pending from preceding month - Enter the number of requests for certification to SSA as to non-medical out-of-home care which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. Received during the month - Enter the number of requests for certification to SSA received during the report month.
3. Total on hand during the month - Enter the total of requests for certification on hand during the month, the sum of the entries in Items 1 and 2.

4. Disposed of during the month - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in 4a, 4b, and 4c below.
 - a. Allowed, certified to SSA - Enter the number of requests for certification which were allowed during the month and certified to SSA, by completion and return of Form SSP 22.
 - b. Denied - Enter the number of requests for certification for which the CWD determined the applicant could not be certified for special living arrangements, completed Form SSP 22, and returned it to SSA.
 - c. Withdrawn or canceled - Enter the number of requests for certification which were, during the month, withdrawn by the applicant or canceled due to death of applicant.
5. Pending, end of month - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).
6. Length of time to dispose of requests reported in Item 4 - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a and 6b.

This part involves (1) counts of Forms SSP 4A, "Application and Verification for Special Circumstances Allowances" covering applications received and applications disposed of during the month, and (2) cumulation of the approved dollar amounts (rounded to nearest dollar) shown on Form SSP 4A. (Ref. EAS 46-425)

Because of the interrelationship between various circumstances and amounts of allowances that may be authorized, each line item instruction in Part B., Section **II**, includes a reference to the corresponding EAS manual section. It is highly desirable that county reporting staff become thoroughly familiar with those manual sections in order to assure proper reporting of data required for each item.

I. APPLICATIONS FOR S.C.A.

1. Pending from preceding month - Enter the number of applications for S.C.A. which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month or explain in a footnote.
2. Received during the month - Enter the number of Forms SSP 4A completed by applicants and filed with the county welfare department during the month.
3. Total on hand during the month - Enter the sum of the entries in Items 1 and 2.

4. Disposed of during the month - Enter the number of Forms SSP 4A on which final action was taken during the month by CWD approval (4a), disapproval (4b), or withdrawal or cancellation (4c).
5. Pending end of month - Enter the number of S.C.A. applications on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).

II. ALLOWANCES AND EXPENDITURES

6. Total - Enter the total number and dollar amount of allowances during the report month (Sum of Items 7-13). Because two or more types of S.C.A. allowances may be approved on the basis of a single application, the total "Allowances" in this section will not necessarily agree with the number of approved applications reported in Item 4a. If an allowance for catastrophe includes both (a) Household furniture and equipment and (b) Clothing, it would be reported as an allowance in each of the Items 7a and 7b, but as ONE allowance in Item 7.

Similarly, if an allowance includes Household furniture and equipment, Housing repairs \$300 and under, and Supplemental moving allowances to secure rental housing, it would be reported as ONE allowance in each of the Items 7, 7a, 8, 8a, 11 and 11a. Only under this procedure can correct line item averages be computed.

Dollar amounts, reported in Column 2, are not duplicative and are readily assigned to the proper line items. ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.

7. Catastrophe - In the "Allowances column (col. 1) enter the total number of allowances approved for the two catastrophic circumstances identified in Items 7a and 7b. In the "Expenditures" column (col. 2) enter the sum of the amounts reported in Items 7a and 7b. (Ref.: EAS 46-425.6)
 - a. Household Furniture and Equipment - Enter the number and amounts of allowances approved for household furniture and equipment. (Ref.: EAS 46-425.612)
 - b. Clothing - Enter the number and amounts of allowances approved for clothing. (Ref.: EAS 46-425.62)
8. Repairs (\$300 maximum) - Enter the number and amounts of allowances approved for the repair categories (\$300 and under) identified in 8a and 8b. (Ref.: EAS 46-425.6)
 - a. Housing - Enter the number and amounts of allowances approved for housing repairs. (Ref.: EAS 46-425.63)
 - b. Essential Appliances - Enter the number and amounts of allowances approved for repair of essential appliances. (Ref.: EAS 46-425.61)

9. Supplemental Repairs (additional \$450) - Enter the number and amounts of allowances approved for supplemental repairs identified in 9a and 9b. This is an additional allowance for repairs/replacement of housing and essential appliances. (Ref.: EAS 46-425.64)
- a. Housing - Enter the number and amounts of allowances approved for supplemental housing repairs.
- EXAMPLE: An application is approved for the repair of a roof in the amount of \$365. Report one allowance in 8a, col. 1 (Repairs - Maximum \$300) and the amount of \$300 in 8a, col. 2. Also report one allowance in 9a, col. 1 (supplemental repairs) and the amount of \$65 in 9a, col. 2.
- b. Essential Appliances - Enter the number and amounts of allowances approved for supplemental essential appliance repairs.
10. Moving Expenses - Enter the number and amounts of allowances approved for packing, storage and moving expenses. (Ref.: EAS 46-425.65)
11. Supplemental Moving Expenses - Enter the number and amount of allowances approved for securing suitable housing. (Ref.: EAS 46-425.66)
12. Home Modifications - Enter the number and amounts of allowances approved for home modifications. (Ref.: EAS 46-425.67)
13. Payments to Prevent Foreclosure - Enter the number and amounts of allowances approved to prevent foreclosure. (Ref.: EAS 46-425.68)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.