

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



June 22, 1999

## ALL-COUNTY INFORMATION NOTICE I-42-99

## REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by  
One or More Counties
- ☐ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP  
REPORTS (DFA 358F AND DFA 358S)

This is to remind all counties of the annual requirement to submit the Food Stamp Program Participants by Ethnic Group (DFA 358F and DFA 358S) reports, as called for by Public Law 88.352. This law requires states to provide an ethnic and racial breakdown of the households that participated in the Food Stamp Program.

The DFA 358F and DFA 358S reports collect data on those households that participated in the Food Stamp Program for the month of July each year. Data collected on these reports will contain July 1999 data and is not a duplication of data requested via the Annual Recipient Report on AFDC, Social Services, Nonassistance Food Stamps, GAIN, and RCA Ethnic Origin and Primary Language (ABCD 350).

To accommodate the federal requirement to report the data categorized by "federal" and "state-only" households, report households composed of federal-only and combined federal/state members on the DFA 358F and report households composed of state-only members on the DFA 358S. Copies of both forms are attached.

The completed DFA 358F and DFA 358S must be received in the Data Operations Branch by August 16, 1999, in order for California to meet Federal reporting dates. Combined data reported on the DFA 358F and 358S should correspond to data reported on the Participation and Issuance Report (DFA 256) for July 1999. Completed reports may be submitted by FAX to (916) 322-9254 or sent to:

California Department of Social Services  
Data Operations Branch  
Reports Unit, M.S. 19-81  
P.O. Box 944243  
Sacramento, CA 94244-2430

If you have any questions regarding this report, please contact Ginger Simpson, at (916) 323-7536 or Calnet 8-473-7536.

***Original Document Signed By  
M.S. Howland on June 21, 1999***

M. S. HOWLAND  
Deputy Director  
Program Planning and Performance Division

Attachments

c: CWDA

Send one copy to:

California Department of Social Services  
 Reports Unit, M.S. 19-81  
 P.O. Box 944243  
 Sacramento, CA 94244-2430

# FOOD STAMP PROGRAM

## Participants by Ethnic Group

This report is due by August 16, 1999.

COUNTY	
MONTH	YEAR
JULY	1999

Number of households participating in the Food Stamp Program during the month of July by ethnic group and assistance status.

FEDERAL-ONLY AND COMBINED HOUSEHOLDS		NUMBER OF HOUSEHOLDS		
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL
Black (not of Hispanic origin)	(3)			
Hispanic	(2)			
Asian or Pacific Islander	(4)			
American Indian or Alaskan Native	(5)			
White (not of Hispanic origin)	(1)			
Filipino	(7)			
Other				
<b>TOTAL</b>				
<b>Remarks</b>				
SIGNATURE OF PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE NUMBER	DATE	

### Instructions for Completing Report

Send an original of the completed form to the Data Operations Branch, Reports Unit as soon as possible after the July report month, no later than August 16.

Report the number of households participating for the report month for each ethnic group under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

the ethnic group classification is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received. The number of households should be the same as the corresponding number of households on form DFA 256, Participation and Coupon Issuance Report. Any variance between these reports in the number of households reported of plus or minus two percent is to be explained in the "Remarks" section.

Sign and date the report.

### Ethnic Group Definitions

**Black** - (Not of Hispanic Origin) -- All persons having origins in any of the Black racial groups of Africa.

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, Japan, Korea and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement. Filipinos will be reported separately under the ethnic category, "Filipino".

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**White** - (Not of Hispanic Origin) -- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Filipino** - All persons whose ancestry or ethnic origin is the Philippine Islands.

Please complete the reverse side of this form. Thank you.

## Asian-Pacific Islander Category

Please list the number of Asian-Pacific Islander households by ethnic group as noted below. The total on this page must equal the number listed on page 1, Code 4.

FEDERAL-ONLY AND COMBINED HOUSEHOLDS		NUMBER OF HOUSEHOLDS		
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL
Chinese	C			
Cambodian	H			
Japanese	J			
Korean	K			
Samoan	M			
Asian Indian	N			
Hawaiian	P			
Guamanian	R			
Laotian	T			
Vietnamese	V			
Other Asian-Pacific Islander	X			
TOTAL				

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COUNTY		
MONTH	<b>JULY</b>	YEAR <b>1999</b>

Number of households participating in the Food Stamp Program during the month of July by ethnic group and assistance status.

STATE-ONLY HOUSEHOLDS		NUMBER OF HOUSEHOLDS		
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL
Black (not of Hispanic origin)	(3)			
Hispanic	(2)			
Asian or Pacific Islander	(4)			
American Indian or Alaskan Native	(5)			
White (not of Hispanic origin)	(1)			
Filipino	(7)			
Other				
<b>TOTAL</b>				
<b>Remarks</b>				
SIGNATURE OF PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE NUMBER		DATE

### Instructions for Completing Report

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STATE-ONLY HOUSEHOLDS		NUMBER OF HOUSEHOLDS		
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL
Chinese	C			
Cambodian	H			
Japanese	J			
Korean	K			
Samoan	M			
Asian Indian	N			
Hawaiian	P			
Guamanian	R			
Laotian	T			
Vietnamese	V			
Other Asian-Pacific Islander	X			
TOTAL				