CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

September 23, 2014

ALL COUNTY LETTER (ACL) NO. 14-64

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation
    Change
[ ] Court Order
[ ] Clarification Requested by
    One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
                     ALL CALWORKS PROGRAM SPECIALISTS
                     ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) FAMILY STABILIZATION PROGRAM (FS) QUARTERLY STATUS REPORT FSP 14 (7/14)

REFERENCE: ASSEMBLY BILL (AB) 74 (CHAPTER 21, STATUTES OF 2013); SENATE BILL (SB) 855 (CHAPTER 29, STATUTES OF 2014); WELFARE & INSTITUTIONS (W&I) CODE SECTION 11325.24; ACL NO. 14-12 DATED FEBRUARY 4, 2014, CALWORKs FAMILY STABILIZATION PROGRAM, ACL NO. 14-61 DATED SEPTEMBER 4, 2014, CALWORKs FAMILY STABILIZATION (FS) PROGRAM GUIDANCE, NOTICES, AND REQUEST FORM

This letter informs counties of the new CalWORKs Family Stabilization (FS) statistical data report that is required to be submitted quarterly. ACL 14-12, dated February 4, 2014, instructed counties on the implementation of the FS Program.

Background

Effective January 1, 2014, FS is a new component of the CalWORKs program that provides intensive case management and services to clients that meet the criteria set forth in AB 74 and SB 855. The FS is designed to ensure a basic level of stability within a family prior to, or concurrently with, participation in Welfare-to-Work (WTW) activities. The goal of the FS is to increase client success in light of the flexible WTW 24-Month Time Clock and the effective assignment of clients to activities or barrier removal services and ultimately self-sufficiency. CalWORKs recipients are eligible to participate

in FS if a county determines that a family is experiencing an identified situation and/or crisis that is destabilizing the family and would interfere with adult clients' ability to participate in WTW activities and services.

Additionally, SB 855 establishes that the FS program is a voluntary component of the WTW program intended to provide needed services and constructive interventions for parents and to assist in barrier removal for families facing difficult circumstances. Pursuant to W&I Code Section 11325.24(g), recipients refusing or unable to follow their FS plan without good cause are to be returned to the traditional WTW program.

Family Stabilization Reporting Requirements

Counties must submit the FSP 14 report form to the California Department of Social Services information regarding their FS Program. The FSP 14 collects the following statistical data:

- FS cases that are open;
- Individuals who received FS services;
- FS cases that began participating in WTW;
- FS cases that participated concurrently in WTW;
- FS cases that were provided good cause;
- The number and type of services received by FS individuals;
- The number and type of homeless support/services received by FS cases; and
- A narrative description of any lack of availability of FS services.

Counties are required to use the FSP 14 (7/14) report form beginning with the July through September 2014 report quarter. The report is due on or before the 20th calendar day of the month following the report quarter. For example, the July through September 2014 report is due by October 20, 2014.

To complete the electronic form, counties are to download a copy of the FSP 14 form, which includes links to the form's instructions and validations, from the Data Systems and Survey Design Bureau (DSSDB) website at http://www.cdss.ca.gov/dssdb/. All counties are required to submit the report via e-mail to DSSDB at admfsp14@dss.ca.gov. The FSP 14 form, instructions and validations are attached in PDF format as reference material.

If you have any questions regarding the completion of this report, please contact DSSDB at (916) 651-8269. Program related questions should be directed to the CalWORKs Employment Bureau at (916) 654-2137.

Sincerely,

Original Document Signed By:

AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

CalWORKs Family Stabilization (FS) Program
Quarterly Status Report
FSP 14 (07/14)

DOWNLOAD REPORT FORM FROM:
https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions

EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS:
admFSP14@dss.ca.gov

EMAIL US FOR TECHNICAL SUPPORT QUESTIONS:
admdssdcwts@dss.ca.gov

COUNTY NAME	VERSION	REPORT QUARTER		REPORT YEAR		
Select County Name	**Initial**	**Select Quarter**		**Select Year**		
PART A. FS PARTICIPATION STATUS		**Month 1**	**Month 2**	**Month 3**	**Total**	
1. FS cases that are open during the quarter		1	2	3	4	**0**
2. Of the FS cases in Item 1, Welfare-to-Work (WTW) participation during the quarter		5 **0**	6 **0**	7 **0**	8	**0**
a. FS cases that transitioned to a WTW plan		9	10	11	12	**0**
b. FS cases that participated concurrently in WTW activities		13	14	15	16	**0**
3. Of the FS cases in Item 1, those granted good cause during the quarter		17	18	19	20	**0**
PART B. FS NON-PARTICIPATION STATUS						
4. Cases unable to be provided FS services during the quarter		21 **0**	22 **0**	23 **0**	24	**0**
a. Due to lack of FS funding		25	26	27	28	**0**
b. Due to lack of FS services		29	30	31	32	**0**
5. FS cases denied during the quarter because client does not meet County Family Stabilization eligibility criteria		33	34	35	36	**0**
6. FS cases given the FSP 3, change in program status form, due to refusal or inability to follow their FS plan without good cause during the quarter		37	38	39	40	**0**
PART C. FS SERVICES PROVIDED						
7. Individuals receiving FS services during the quarter		41 **0**	42 **0**	43 **0**	44	**0**
a. Adults receiving FS services		45	46	47	48	**0**
b. Children receiving FS services		49	50	51	52	**0**
8. Of the individuals in Item 7, FS services received during the quarter)		53 **0**	54 **0**	55 **0**	56	**0**
a. Domestic abuse services		57	58	59	60	**0**
b. Mental health services		61	62	63	64	**0**
c. Substance abuse services		65	66	67	68	**0**
d. Other services		69	70	71	72	**0**
9. Of the FS cases in Item 1, Homeless support/services received during the quarter		73 **0**	74 **0**	75 **0**	76	**0**
a. Rental Assistance		77	78	79	80	**0**
b. Security Deposits		81	82	83	84	**0**
c. Utility Payments		85	86	87	88	**0**
d. Moving Cost Assistance		89	90	91	92	**0**
e. Hotel Assistance		93	94	95	96	**0**
f. Other		97	98	99	100	**0**

COMMENTS

Item 4 Explanation

Item 8d Explanation

Item 9f Explanation

Revised Report Explanation

CONTACT PERSON	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	EMAIL	
SUPERVISOR	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	EMAIL	

DATE SUBMITTED

CalWORKs FAMILY STABILIZATION (FS) PROGRAM
QUARTERLY STATUS REPORT
FSP 14 (7/14)

INSTRUCTIONS

CONTENT

The quarterly FSP 14 report contains statistical information for the CalWORKs FS Program during the report quarter. The data includes CalWORKs cases that are receiving FS services, cases denied FS services and cases that are unable to receive FS services. The data also includes the number and type of FS services received at a case and person level.

PURPOSE

The purpose of the FSP 14 report is for counties to provide information regarding their FS Program. Effective January 1, 2014, FS is a new component of the CalWORKs program that provides intensive case management and services to clients that meet the criteria set forth in Assembly Bill 74, Welfare & Institutions Code Section 11325.24, and Senate Bill 855 (Chapter 29, Statutes of 2014). The FS Program is outlined in All County Letters 14-12 and 14-61. This report provides county, state and federal entities with information needed for budgeting, staffing and program planning as well as demographics information, which will be reported on an ongoing basis.

COMPLETION AND SUBMISSION

Each county 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 county and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal.

Reports are to be received on or before the 20th calendar day of the month following the report quarter. If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day.

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

Download an Excel version of the report form from **http://www.cdss.ca.gov/dssdb/**, complete the downloaded form, and e-mail to CDSS, Data Systems and Survey Design Bureau (DSSDB) at **admfsp14@dss.ca.gov**. The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission

of completed forms to DSSDB. The website contains specific instructions and guidance. If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269.

The report's statewide and county specific data is available on the CDSS, Research and Data Reports (RADR) website at **http://www.cdss.ca.gov/research/**. Counties are encouraged to review their data on the website each quarter 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 at **http://www.cdss.ca.gov/research/**.

GENERAL INSTRUCTIONS

Enter the county name, version (Initial or Revised) and the report quarter and year in the boxes provided near the top of the form. Enter the data required for each item. Enter "0" if there is nothing to report for an item. **Do not leave any items blank unless otherwise noted.**

Enter in the boxes at the bottom of the form the name, job title or classification, telephone number, extension, fax number and e-mail address of the person to contact if there are questions about the report. This contact person may or may not be the person who completed the report. Enter the date the report was submitted. This is the date when the report is e-mailed to DSSDB.

DEFINITIONS

The following definitions are to be used when completing the FSP 14. Whenever possible, regulatory cites from the Manual of Policy and Procedures have been provided so that if additional information regarding the definition is needed it can be referenced.

FS Case: For statistical purposes, a FS case is considered a case when a FS plan has been signed.

FS Services: Services that are provided the client or other family members as outlined in their FS plan. Individual clients and cases may receive more than one service in a report month; however, even if a client or case received a service multiple times during the month indicate that a service was provided by entering a one in the corresponding month's cell. For example, if a client attends substance abuse counseling every week for a month, the count would only be one for the month. Additionally, if a mother and her two children all received mental health counseling multiple times during the month the count would also only be one for the month.

Good Cause: On a case-by-case basis, as determined by the county, any reason that temporarily prevents or significantly impairs a recipient's ability to work regularly or go to Welfare-to-Work activities.

Homelessness Support/Services: Support and/or services that are provided to support housing under FS in the report quarter. This includes, but not limited to, financial assistance including rental assistance, security deposits, utility payments, moving cost assistance, and hotel assistance. This support/services is to be counted on a one-to-one correspondence. Each homeless support/service is to be counted in the report month.

Participating: Actively following their assigned FS plan and engaged in or receiving services during the report quarter.

COLUMN INSTRUCTIONS

Month 1:   Enter the data for the first month of the applicable quarter.
Month 2:   Enter the data for the second month of the applicable quarter.
Month 3:   Enter the data for the third month of the applicable quarter.
Total: This column is automatically calculated. It is the sum of Columns Month 1, Month 2 and Month 3.

ITEM INSTRUCTIONS

PART A. FS PARTICIPATION STATUS

Part A summarizes the participant/family status, including the data on the number of cases that received good cause for the quarter.

1. FS cases that are open during the quarter: ***Cell 4 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases that are open in each month during the quarter*. [Cells 1-4]*

2. Of the FS cases in Item 1, Welfare-to-Work (WTW) participation during the quarter (Item 2a plus Item 2b): ***This item is automatically calculated. It is the sum of Item 2a and Item 2b.*** *[Cells 5-8]*

   a. FS cases that transitioned to a WTW plan: ***Cell 12 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases that signed a WTW plan and began participating in WTW in each month during the quarter. *[Cells 9-12]*

   b. FS cases that participated concurrently in WTW activities: ***Cell 16 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases that participated in their WTW activities while under a FS plan in each month during the quarter. *[Cells 13-16]*

3. Of the FS cases in Item 1, those granted good cause during the quarter: ***Cell 20***

Total is automatically calculated. Enter the monthly unduplicated number of FS cases that were not participating in WTW and were provided good cause in each month during the quarter. *[Cells 17-20]*

PART B. FS NON-PARTICIPATION STATUS

Part B captures the number of cases in non-participation status during each month during the quarter.

4. Cases unable to be provided FS services during the quarter (Item 4a plus Item 4b): ***This item is automatically calculated. It is the sum of Items 4a and 4b.*** *[Cells 21-24]*

   a. Due to lack of FS funding (Explain in Item 4 Explanation box): ***Cell 28 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases unable to be provided FS due to lack of FS funding in each month during the quarter. *[Cells 25-28]*

   b. Due to lack of FS services (Explain in Item 4 Explanation box): ***Cell 32 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases unable to be provided FS due to lack of FS services in each month during the quarter. *[Cells 29-32]*

5. FS cases denied during the quarter because client does not meet County FS eligibility criteria: ***Cell 36 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases denied because client does not meet County FS eligibility criteria in each month during the quarter. *[Cells 33-36]*

6. FS cases transitioned into WTW program due to refusal or inability to follow their FS plan without good cause during the quarter: ***Cell 40 Total is automatically calculated.*** Enter the monthly unduplicated number of FS cases transitioned into WTW program due to refusal or inability to follow their FS plan without good cause in each month during the quarter. *[Cells 37-40]*

PART C. FS SERVICES PROVIDED

Part C captures ongoing data on the types of services individuals receive when enrolled in the FS program. Service counts are needed to complete Part C; therefore counties must keep a month-to-month cumulative count of all services provided within the quarter**.** Count the monthly FS service(s) received by the cases/participants during the report quarter.

7. Individuals receiving FS services during the quarter (Item 7a plus Item 7b): ***This***

item is automatically calculated. It is the sum of Items 7a and 7b. *[Cells 41-44]*

    a. <u>Adults receiving FS services</u>: ***Cell 48 Total is automatically calculated.*** Enter the number of all adults receiving FS services in each month during the quarter. *[Cells 45-48]*

    b. <u>Children receiving FS services</u>: ***Cell 52 Total is automatically calculated.*** Enter the number of all children receiving FS services in each month during the quarter. *[Cells 49-52]*

8. <u>Of the individuals in Item 7, FS services received during the quarter (Sum of Items 8a through 8d)</u>: ***This item is automatically calculated. It is the sum of Items 8a through 8d.*** *[Cells 53-56]*

    a. <u>Domestic abuse services</u>: ***Cell 60 Total is automatically calculated.*** Enter the number of all domestic abuse services received in each month during the quarter. *[Cells 57-60]*

    b. <u>Mental health services</u>: ***Cell 64 Total is automatically calculated.*** Enter the number of all mental health services received in each month during the quarter. *[Cells 61-64]*

    c. <u>Substance abuse services</u>: ***Cell 68 Total is automatically calculated.*** Enter the number of all substance abuse services received in each month during the quarter. *[Cells 65-68]*

    d. <u>Other services</u>: ***Cell 72 Total is automatically calculated.*** Enter the number of all FS services received in each month during the quarter. *[Cells 69-72]*

9. <u>Of the FS cases in Item 1, Homeless support/services received during the quarter (Sum of Items 9a through 9f)</u>: ***This item is automatically calculated. It is the sum of Items 9a through 9f.*** *[Cells 73-76]*

    a. <u>Rental Insurance</u>: ***Cell 80 Total is automatically calculated.*** Enter the number of all FS cases receiving rental insurance in each month during the report quarter. *[Cells 77-80]*

    b. <u>Security Deposits</u>: ***Cell 84 Total is automatically calculated.*** Enter the number of all FS cases receiving security deposits in each month during the report quarter. *[Cells 81-84]*

    c. <u>Utility Payments</u>: ***Cell 88 Total is automatically calculated.*)** Enter the

number of all FS cases receiving utility payments in each month during the report quarter. *[Cells 85-88]*

d. <u>Moving Cost Assistance</u>: ***Cell 92 Total is automatically calculated.*** Enter the number of all FS cases receiving moving cost assistance in each month during the report quarter. *[Cells 89-92]*

e. <u>Hotel Assistance</u>: ***Cell 96 Total is automatically calculated.*** Enter the number of all FS cases receiving hotel assistance in each month during the report quarter. *[Cells 93-96]*

f. <u>Other</u>: ***Cell 100 Total is automatically calculated.*** Enter the number of all FS cases receiving other homelessness support/services in each month during the report quarter.   *[Cells 97-100]*

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data in the Comments box.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data, in the Comments box.
- Explain Item 4a lack of funding and 4b lack of services in the Item 4 Explanation box.
- Explain the reason for a revised report in the Revised Report Explanation box.

CalWORKs Family Stabilization (FS) Program
Quarterly Status Report
FSP 14

VALIDATION RULES AND EDITS

CELLS
1 – 100

Data cells in this report must be greater than or equal to 0. Enter whole numbers only: 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. FAMILY STABILIZATION PARTICIPATION STATUS

ITEM 1	Item 1 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 4	**Cell 4** must be equal to (Cell 1 plus Cell 2 plus Cell 3)

ITEM 2	Item 2 must be less than or equal to Item 1
CELL 5	**Cell 5** must be less than or equal to Cell 1
CELL 6	**Cell 6** must be less than or equal to Cell 2
CELL 7	**Cell 7** must be less than or equal to Cell 3
CELL 8	**Cell 8** must be less than or equal to Cell 4

ITEM 2	Item 2 must be equal to (Item 2a plus Item 2b)
CELL 5	**Cell 5** must be equal to (Cell 9 plus Cell 13)
CELL 6	**Cell 6** must be equal to (Cell 10 plus Cell 14)
CELL 7	**Cell 7** must be equal to (Cell 11 plus Cell 15)
CELL 8	**Cell 8** must be equal to (Cell 12 plus Cell 16)

ITEM 2	Item 2 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 8	**Cell 8** must be equal to (Cell 5 plus Cell 6 plus Cell 7)

ITEM 2a	Item 2a Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 12	**Cell 12** must be equal to (Cell 9 plus Cell 10 plus Cell 11)

ITEM 2b	Item 2b Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 16	**Cell 16** must be equal to (Cell 13 plus Cell 14 plus Cell 15)

ITEM 3	Item 3 must be less than or equal to (Item 1 minus Item 2)
CELL 17	**Cell 17** must be less than or equal to (Cell 1 minus Cell 5)
CELL 18	**Cell 18** must be less than or equal to (Cell 2 minus Cell 6)
CELL 19	**Cell 19** must be less than or equal to (Cell 3 minus Cell 7)
CELL 20	**Cell 20** must be less than or equal to (Cell 4 minus Cell 8)

ITEM 3	Item 3 must be equal to Month 1 plus Month 2 plus Month 3
CELL 20	**Cell 20** must be equal to (Cell 17 plus Cell 18 plus Cell 19)

PART B. FAMILY STABILIZATION NON-PARTICIPATION STATUS

ITEM 4	Item 4 must be equal to (Item 4a plus Item 4b)
CELL 21	**Cell 21** must be equal to (Cell 25 plus Cell 29)
CELL 22	**Cell 22** must be equal to (Cell 26 plus Cell 30)
CELL 23	**Cell 23** must be equal to (Cell 27 plus Cell 31)
CELL 24	**Cell 24** must be equal to (Cell 28 plus Cell 32)

ITEM 4	Item 4 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 24	**Cell 24** must be equal to (Cell 21 plus Cell 22 plus Cell 23)

ITEM 4a	Item 4a Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 28	**Cell 28** must be equal to (Cell 25 plus Cell 26 plus Cell 27)

ITEM 4b	Item 4b Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 32	**Cell 32** must be equal to (Cell 29 plus Cell 30 plus Cell 31)

ITEM 5	Item 5 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 36	**Cell 36** must be equal to (Cell 33 plus Cell 34 plus Cell 35)

ITEM 6	Item 6 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 40	**Cell 40** must be equal to (Cell 37 plus Cell 38 plus Cell 39)

PART C. FAMILY STABILIZATION SERVICES PROVIDED

ITEM 7	Item 7 must be equal to (Item 7a plus Item 7b)
CELL 41	**Cell 41** must be equal to (Cell 45 plus Cell 49)
CELL 42	**Cell 42** must be equal to (Cell 46 plus Cell 50)
CELL 43	**Cell 43** must be equal to (Cell 47 plus Cell 51)
CELL 44	**Cell 44** must be equal to (Cell 48 plus Cell 52)

ITEM 7	Item 7 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 44	**Cell 44** must be equal to (Cell 41 plus Cell 42 plus Cell 43)

ITEM 7a	Item 7a Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 48	**Cell 48** must be equal to (Cell 45 plus Cell 46 plus Cell 47)

ITEM 7b	Item 7b Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 52	**Cell 52** must be equal to (Cell 49 plus Cell 50 plus Cell 51)

ITEM 8	Item 8 must be equal to (Item 8a plus Item 8b plus Item 8c plus Item 8d)
CELL 53	**Cell 53** must be equal to (Cell 57 plus Cell 61 plus Cell 65 plus Cell 69)
CELL 54	**Cell 54** must be equal to (Cell 58 plus Cell 62 plus Cell 66 plus Cell 70)
CELL 55	**Cell 55** must be equal to (Cell 59 plus Cell 63 plus Cell 67 plus Cell 71)
CELL 56	**Cell 56** must be equal to (Cell 60 plus Cell 64 plus Cell 68 plus Cell 72)

ITEM 8	Item 8 Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 56	**Cell 56** must be equal to (Cell 53 plus Cell 54 plus Cell 55)

ITEM 8a	Item 8a must be less than or equal to Item 7

CELL 57 **Cell 57** must be less than or equal to Cell 41
CELL 58 **Cell 58** must be less than or equal to Cell 42
CELL 59 **Cell 59** must be less than or equal to Cell 43
CELL 60   **Cell 60** must be less than or equal to Cell 44

ITEM 8a	Item 8a Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 60   **Cell 60** must be equal to (Cell 57 plus Cell 58 plus Cell 59)

ITEM 8b	Item 8b must be less than or equal to Item 7

CELL 61 **Cell 61** must be less than or equal to Cell 41
CELL 62 **Cell 62** must be less than or equal to Cell 42
CELL 63 **Cell 63** must be less than or equal to Cell 43
CELL 64   **Cell 64** must be less than or equal to Cell 44

ITEM 8b	Item 8b Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 64   **Cell 64** must be equal to (Cell 61 plus Cell 62 plus Cell 63)

ITEM 8c	Item 8c must be less than or equal to Item 7

CELL 65 **Cell 65** must be less than or equal to Cell 41
CELL 66 **Cell 66** must be less than or equal to Cell 42
CELL 67 **Cell 67** must be less than or equal to Cell 43
CELL 68   **Cell 68** must be less than or equal to Cell 44

ITEM 8c	Item 8c Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 68   **Cell 68** must be equal to (Cell 65 plus Cell 66 plus Cell 67)

ITEM 8d	Item 8d must be less than or equal to Item 7

CELL 69 **Cell 69** must be less than or equal to Cell 41
CELL 70 **Cell 70** must be less than or equal to Cell 42
CELL 71 **Cell 71** must be less than or equal to Cell 43
CELL 72   **Cell 60** must be less than or equal to Cell 44

ITEM 8d	Item 8d Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 72   **Cell 72** must be equal to (Cell 69 plus Cell 70 plus Cell 71)

ITEM 9	Item 9 must be equal to (Item 9a plus Item 9b plus Item 9c plus Item 9d plus Item 9e plus Item 9f)

CELL 73   **Cell 73** must be equal to (Cell 77 plus Cell 81 plus Cell 85 plus Cell 89 plus Cell 93 plus Cell 97)
CELL 74   **Cell 74** must be equal to (Cell 78 plus Cell 82 plus Cell 86 plus Cell 90 plus Cell 94 plus Cell 98)
CELL 75   **Cell 75** must be equal to (Cell 79 plus Cell 83 plus Cell 87 plus Cell 91 plus Cell 95 plus Cell 99)
CELL 76   **Cell 76** must be equal to (Cell 80 plus Cell 84 plus Cell 88 plus Cell 92 plus Cell 96 plus Cell 100)

ITEM 9	Item 9 Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 76   **Cell 76** must be equal to (Cell 73 plus Cell 74 plus Cell 75)

ITEM 9a	Item 9a must be less than or equal to Item 1

CELL 77 **Cell 77** must be less than or equal to Cell 1
CELL 78 **Cell 78** must be less than or equal to Cell 2
CELL 79 **Cell 79** must be less than or equal to Cell 3
CELL 80   **Cell 80** must be less than or equal to Cell 4

ITEM 9a	Item 9a Total must be equal to Month 1 plus Month 2 plus Month 3

CELL 80   **Cell 80** must be equal to (Cell 77 plus Cell 78 plus Cell 79)

ITEM 9b	Item 9b must be less than or equal to Item 1
CELL 81	**Cell 81** must be less than or equal to Cell 1
CELL 82	**Cell 82** must be less than or equal to Cell 2
CELL 83	**Cell 83** must be less than or equal to Cell 3
CELL 84	**Cell 84** must be less than or equal to Cell 4

ITEM 9b	Item 9b Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 84	**Cell 84** must be equal to (Cell 81 plus Cell 82 plus Cell 83)

ITEM 9c	Item 9c must be less than or equal to Item 1
CELL 85	**Cell 85** must be less than or equal to Cell 1
CELL 86	**Cell 86** must be less than or equal to Cell 2
CELL 87	**Cell 87** must be less than or equal to Cell 3
CELL 88	**Cell 88** must be less than or equal to Cell 4

ITEM 9c	Item 9c Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 88	**Cell 88** must be equal to (Cell 85 plus Cell 86 plus Cell 87)

ITEM 9d	Item 9d must be less than or equal to Item 1
CELL 89	**Cell 89** must be less than or equal to Cell 1
CELL 90	**Cell 90** must be less than or equal to Cell 2
CELL 91	**Cell 91** must be less than or equal to Cell 3
CELL 92	**Cell 92** must be less than or equal to Cell 4

ITEM 9d	Item 9d Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 92	**Cell 92** must be equal to (Cell 89 plus Cell 90 plus Cell 91)

ITEM 9e	Item 9e must be less than or equal to Item 1
CELL 93	**Cell 93** must be less than or equal to Cell 1
CELL 94	**Cell 94** must be less than or equal to Cell 2
CELL 95	**Cell 95** must be less than or equal to Cell 3
CELL 96	**Cell 96** must be less than or equal to Cell 4

ITEM 9e	Item 9e Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 96	**Cell 96** must be equal to (Cell 93 plus Cell 94 plus Cell 95)

ITEM 9f	Item 9f must be less than or equal to Item 1
CELL 97	**Cell 97** must be less than or equal to Cell 1
CELL 98	**Cell 98** must be less than or equal to Cell 2
CELL 99	**Cell 99** must be less than or equal to Cell 3
CELL 100	**Cell 100** must be less than or equal to Cell 4

ITEM 9f	Item 9f Total must be equal to Month 1 plus Month 2 plus Month 3
CELL 100	**Cell 100** must be equal to (Cell 97 plus Cell 98 plus Cell 99)