

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



December 11, 1974

ALL-COUNTY LETTER NO. 74-253

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (FORM ABD 216)

REFERENCE:

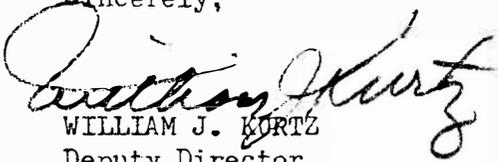
We are enclosing five copies of the subject statistical report, with instructions. This report has been developed to meet the minimum needs of the Department for information on the adult-related programs for out-of-home care, restaurant meals, special circumstance allowances, and allowances for persons with excess value homes.

If a portion of the report does not apply to your county for the report month, write "None" across the corresponding section of the form.

The report is effective commencing with the January 1975 report month, although reports for the month of December 1974 will be welcome and useful.

Questions concerning this new report should be directed to the Information Desk, Program Information Bureau, at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,



WILLIAM J. KORTZ
Deputy Director

cc: CWDA

OBSOLETESuperseded by ACL 77-15Issued 3-17-77

26-216.11 PART A. REQUESTS FOR CERTIFICATION (Continued) 26-216.11

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 sub-items 4a, 4b and 4c, for each column.
 - 4a. 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 SSA 1620 or Form SSA 8221.
 - 4b. 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 SSA 1620 or Form SSA 8221, and returned it to SSA.
 - 4c. Withdrawn or canceled - Enter the number of requests for certification which were, during the month, withdrawn by the applicant or canceled due to death of applicant.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. The entry in each column is the difference between the entries in Item 3 and Item 4. Classify each pending request reported in Item 5 by the length of time elapsed from the date of the SSA request to the end of the report month. Enter total counts in the appropriate subitems, 5a through 5c, according to object of request.

26-216.12 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (S.C.A.) 26-216.12

This Part involves (1) counts of forms, "Application for Special Circumstances Allowances" (Form SSP 4) and "Verification of Need for a Special Circumstances Allowance" (Form SSP 4A) covering applications for special circumstances allowances and approvals during the month and (2) cumulation of the approved dollar amounts shown on Forms SSP 4A.

6. Applications for S.C.A. received during the month - Enter the number of Forms SSP 4 completed by applicants and filed with the county welfare department during the month.
7. Applications for S.C.A. disposed of during the month - Enter the number of Forms SSP 4 on which final action was taken during the month by approval (7a), disapproval (7b), or withdrawal or cancellation (7c). Enter in (7a) the total dollar amount of S.C.A. approved during the month.

STATISTICAL REPORTS

Handbook _____ REPORTS - PUBLIC ASSISTANCE _____ 26-216.14

26-216.12 PART B. SPECIAL CIRCUMSTANCES (Continued) 26-216.12

8. Nonrecurring S.C.A. approved during the month - Enter the sums of the number of cases and amounts approved (rounded to nearest dollar) for the nonrecurring situations or needs identified in subitems 8a, 8b and 8c. Entries in subitem 8a, Catastrophe, are the sums of cases and amounts entered in its subitems 8a(1) and 8a(2). Entries in Item 8 are included in Item 7a.
9. Unmet shelter needs payments authorized - Enter the number of cases and dollar amounts (rounded to nearest dollar) approved during the month for unmet shelter needs, as reported fiscally.

26-216.13 PART C. APPLICATIONS FOR EXCESS VALUE HOME ALLOWANCES 26-216.13

This Part involves (1) counts of forms, "Application and Statement of Facts for Assistance - Supplemental Security Income/State Supplemental Program" (Form SSP 5C or SSP 5I) and (2) actions taken during the month as reflected on these forms. Instructions for Items 10 through 15 are essentially the same as those for corresponding Items 1 through 5c, respectively, in Part A, with the following exceptions:

- a. Part C refers to applications for excess value home allowance; Part A, to requests for certification.
- b. The columnar distribution in Part C refers to adult aid categories; in Part A, to object of request.
- c. Item 5 provides a breakdown of length of pendency of pending requests; Item 14 refers to lengths of time taken to dispose of applications.

26-216.14 PART D. RECERTIFICATIONS AND REDETERMINATIONS 26-216.14

This Part involves (1) reference to the CWD file or record of recertifications for restaurant meals and redeterminations for excess value homes due during the month and (2) a count of Forms SSA 1620 or 8221 for recertifications completed during the month and a count of Forms SSP 5C or 5I for redeterminations completed during the month.

16. Recertifications - restaurant meals - Enter the number of recertifications due (scheduled) to be completed during the report month, and the number actually completed.
17. Redeterminations - excess value homes - Enter the number of redeterminations due (scheduled) to be completed during the report month and the number actually completed.