

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



April 15, 1975

ALL-COUNTY LETTER NO. 75-84

• TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP - MONTHLY ACTIVITY AND EXPENDITURES REPORT (FORM ABD 217)

REFERENCE:

We are transmitting instructions and a small supply of report forms for the new subject report, which is needed for required reporting to the Social Security Administration under PL 93-368 and for the use of the Adult Program Management Branch, DBP, which has responsibility for state administration of the Interim Assistance program.

For a given county, this program becomes effective upon the execution of the contract between the county and DBP. Each county should begin reporting on Form ABD 217 for the month in which its state-county contract becomes effective. For a few counties, contracts will become effective during the month of April 1975, and these counties should report commencing in May for the month of April.

Form ABD 217 and the instructions for its preparation will be incorporated into Division 26 of the DPB Manual as soon as possible.

Questions concerning Form ABD 217 should be addressed to the Information Desk, Program Information Bureau, DBP, at 744 P Street, Sacramento 95814 or by telephone at (916) 322-2230 or (ATSS) 492-2230.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'William J. Kurtz'.

WILLIAM J. KURTZ
Deputy Director

Attachments

cc: CWDA

GEN 654 (2/74)

26-217 INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP - 26-217
MONTHLY ACTIVITY AND EXPENDITURES REPORT (FORM ABD 217)

26-217.01 CONTENT 26-217.01

This report collects caseload and expenditure 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 SSA acts upon their application. The case movement, promptness of county payments to approved SSI/SSP applicants, number and amounts of SSA checks disposed of during the month, and county and recipient shares of SSA checks distributed are items for which data are to be reported.

26-217.02 PURPOSE 26-217.02

These data are needed by the Adult Program Management Branch, and by individual counties, to monitor (1) county compliance with federal regulations requiring prompt payment to Interim Assistance recipients approved for SSI/SSP benefits, (2) caseload and expenditure developments and trends in the Interim Assistance program.

26-217.03 DISTRIBUTION OF REPORTED INFORMATION 26-217.03

Data in these reports are compiled into (1) monthly summaries for use of department management and staff of the Adult Program Management Branch and (2) reports required by the Social Security Administration.

26-217.04 DUE DATE 26-217.04

One copy of this report is to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

Program Information Bureau
Department of Benefit Payments
744 P Street, Mail Station 12-81
Sacramento, California 95814

When all data are 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 they are available.

26-217.10 INSTRUCTIONS FOR PART A, INTERIM ASSISTANCE 26-217.10
(I.A. ACTIVITY)

1. I.A. cases carried over from preceding month - Enter the number of I.A. cases on hand at the end of the preceding month, which were carried forward as open I.A. cases into the report month. The entry in Item 1 should be the same as the entry in Item 5 of the preceding month's report. Explain any differences in a footnote to the report.

26-217.10 INSTRUCTIONS FOR PART A, INTERIM ASSISTANCE
(I.A. ACTIVITY) (CONTINUED)

26-217.10

2. I.A. cases added during the month - Enter the number of cases opened for Interim Assistance during the report month, whether or not such I.A. was actually granted during the month.
3. Total I.A. cases open during the month - Enter the sum of the entries in Items 1 and 2.
4. I.A. cases closed during the month - Enter the number of I.A. cases closed during the month.
 - a. CWD mailed county warrant to recipient - Enter the number of I.A. cases in which a county warrant was issued the recipient during the month as a result of receiving an SSA check by county welfare department for the recipient's SSI/SSP grant. In sub-items (1), (2), and (3), classify such disbursements by the number of working days between (a) receipt by the county of the SSA check signaling acceptance of the I.A. case by SSA and (b) the exact date of mailing of the county warrant to the recipient.
 - b. CWD received denial notice from SSA - Enter the number of I.A. cases closed during the month because the county welfare department received a notice (Form SSA 8030) from SSA, that the I.A. recipient had been denied SSI/SSP.
 - c. Other reason for closing I.A. case - Enter the number of I.A. cases closed for reasons other than (a) or (b) above. (Income in excess of need, death, removal from county)
5. I.A. cases carried forward to next month - Enter the number of I.A. cases remaining open pending SSA action, at the end of the report month, to be carried forward into the succeeding month. This entry should equal the difference between the entries in Item 3 and Item 4.

26-217.20 INSTRUCTIONS FOR PART B, EXPENDITURE DATA

26-217.20

Note: Round expenditure figures (Amount column) to the nearest dollar.

6. SSA checks carried over from the preceding month - Enter the number of SSA checks which (1) had been received by the county welfare department in prior months on behalf of persons accepted for SSI/SSP benefits but (2) had not been processed by the end of the previous month. This might occur because the SSA check was received too late in the month for processing or because there was some problem in processing it promptly.
7. SSA checks received during the month - Enter the number of SSA checks (on behalf of persons accepted for SSI/SSP benefits) received by the county welfare department during the report month.

26-217.20 INSTRUCTIONS FOR PART B, EXPENDITURE DATA (Continued) 26-217.20

8. Total SSA checks on hand during the month - Enter the sum of the entries in Item 6 and Item 7. These entries present the welfare department's total accountability for SSA checks during the report month.

9. SSA checks disposed of during the month - Enter the number and amounts of SSA checks disposed of during the report month by distribution between the county and the recipients or by other means.
 - a. Original SSA checks (before CWD deductions and mailing of county warrants to recipients) - Enter the number and amounts of those SSA checks from which, during the report month, the county deducted its proper shares of I.A. advanced to the recipient and remitted the balances to the recipients. In Items 9a(1) and 9a(2), enter respectively, (1) the number and amounts of the warrants sent as the recipients' shares and (2) the number and amounts of deductions retained as the county's share.

 - b. Other dispositions - Enter the numbers and amounts of those SSA checks which the county disposed of during the month by means other than distributing their proceeds between the recipients and the county. Explain in footnote.

10. SSA checks on hand at end of month - Enter the number of SSA checks on hand in possession of the county welfare department at the end of the month. These will represent SSA checks for which processing is incomplete. The entry for this item should equal the difference between the NUMBER entries in Item 8 and Item 9.

Person to contact - Enter name of person preparing report, as well as telephone number and date.

County Welfare Director Certification - County Auditor/Controller Certification - Appropriate signatures of these officials or their officially designated representatives. These certifications are needed for budget purposes and will obviate the need for additional control reports.

Send on copy to:

DEPARTMENT OF BENEFIT PAYMENTS
 PROGRAM INFORMATION BUREAU
 744 P STREET, MAIL STATION 12-81
 SACRAMENTO, CALIFORNIA 95814

INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP - MONTHLY ACTIVITY AND EXPENDITURES REPORT

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

PART A. INTERIM ASSISTANCE (I.A. ACTIVITY)	NUMBER OF CASES
1. I.A. cases carried over from preceding month	_____
2. I.A. cases added during the month.	_____
3. Total I.A. cases open during the month (1 + 2, above)	_____
4. I.A. 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. CWD received denial notice from SSA.	_____
c. Other reasons for closing I.A. case (Explain in footnote)	_____
5. I.A. cases carried forward to next month (3 - 4, above)	_____

PART B. EXPENDITURE DATA (Round to nearest dollar)	NUMBER	AMOUNT
6. SSA checks carried over from preceding month	_____	X X X
7. SSA checks received during the month	_____	X X X
8. Total SSA checks on hand during the month (6 + 7, above)	_____	X X X
9. SSA checks disposed of during the month.	_____	_____
a. Original SSA checks (before CWD deductions, and mailing of county warrant to recipient ((1) + (2), below)	_____	_____
(1) County warrant (recipient's share)	_____	_____
(2) CWD deduction (county's share)	_____	_____
b. Other dispositions (Explain in footnote).	_____	_____
10. SSA checks on hand at end of month (processing incomplete) (8 - 9, above)	_____	X X X

PERSON TO CONTACT REGARDING THIS REPORT _____ TELEPHONE _____ DATE _____

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 Benefit Payments.

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 Sections 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 Benefit Payments.

SIGNATURE OF COUNTY WELFARE DIRECTOR _____ DATE _____ SIGNATURE OF COUNTY AUDITOR OR CONTROLLER _____ DATE _____