

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



March 12, 1976

ALL-COUNTY LETTER NO. 76-47

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SEMI-ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, AND
NONASSISTANCE FOOD STAMP - ETHNIC ORIGIN AND PRIMARY LANGUAGE
(FORM ABCD 350) - CIVIL RIGHTS PROGRAM

The semi-annual recipient report on ethnic origin and primary language (Form ABCD 350) will, effective with the next report, require an additional report item. To allow for additional lead time for processing of the additional reporting requirement, the regular April report due May 8, 1976, will be changed to a month of May 1976 report due June 8, 1976. The regular April report will be required thereafter.

To the list of primary languages in Part B. of Form ABCD 350, add an Item 7, "English," as the primary language spoken. With the additional reporting of cases which are English speaking, total caseloads for the report month will be shown. The caseload total for AFDC should agree with the total cases reported on Form CA 237 FG/U, Item 8a and Form CA 237 BHI, Item 8a; total Nonassistance Food Stamp cases should agree with the total reported on Form FNS-256, Item 1.a., Column (b). The total Social Services caseload should be consistent with each county's social services reporting under Title XX.

Any questions concerning the report should be directed to the Program Information Bureau at (916) 322-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read "G. Adams".

GARY G. ADAMS
Deputy Director

cc: CWDA