

DEPARTMENT OF BENEFIT PAYMENTS  
744 P Street, Sacramento, CA 95814



April 24, 1978

ALL-COUNTY LETTER NO. 78-12 (Data, Mgmt, Analysis Bureau)

TO: ALL COUNTY WELFARE DIRECTORS  
HOLDERS OF STATISTICAL REPORTS MANUAL

SUBJECT: REVISION TO FORM ABCD 350, "SEMI-ANNUAL RECIPIENT REPORT ON  
AFDC, SOCIAL SERVICES, MEDI-CAL-ONLY, AND NONASSISTANCE FOOD  
STAMP-ETHNIC ORIGIN AND PRIMARY LANGUAGE"

In order to comply with recent federal changes in the definitions of the racial/ethnic categories used to meet the requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 d to 2000 d-4), certain revisions have been made to the recipient report on ethnic origin/primary language (Form ABCD 350). The ethnic group classifications have been redefined and expanded, and the classification "Other non-white" has been excluded to conform with federal requirements.

In addition to the revised ethnic group definitions, a change has been made to the report format. An additional column has been added to both Part A (Ethnic Origin) and Part B (Primary Language Spoken) for reporting data on Medi-Cal-Only recipients and cases (i.e., Medically Needy and Medically Indigent). However, Medi-Cal-Only data will not be required for the April 1978 report but will be required for the subsequent October 1978 report.

Attached are copies of the revised Form ABCD 350 and instructions. Questions regarding the changes should be directed to the Information Desk, Data Management and Analysis Bureau at (916) 322-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read 'R. E. Reich'.

R. E. REICH  
Deputy Director

Attachments

cc: CWDA