

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-4622



February 15, 1980

ALL COUNTY LETTER NO. 80-12 (CAEC)

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP REFORM QUESTIONNAIRE

REFERENCE:

Attached is the follow-up questionnaire regarding food stamp reform to which we referred in our letter transmitting the FY 1980/81 Cost Control Impact Questionnaire. As a member of the CWDA Food Stamp Task Force, DSS is soliciting information regarding the impact of food stamp reform on welfare operations in California. It is essential that every county respond in order that we may have complete and valid information representative of all counties. All information must be received in the Department of Social Services by March 7, 1980, to enable us to complete our analysis on a timely basis. Completed Questionnaires should be reviewed by both county welfare Program and fiscal staff prior to being submitted.

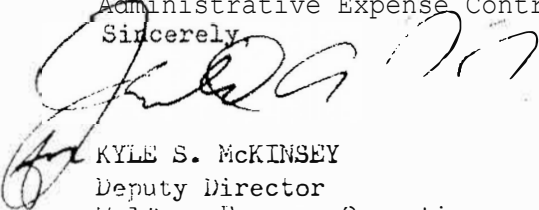
Please respond to all questions as completely as possible. Provide documentation to support your statements, including caseload and workload statistics, and a description of the procedural or organizational changes that have been required. Cite the Manual Sections which have made the change necessary. Attach additional sheets as needed. Also, if you have completed any studies or reports regarding workload or cost effects of food stamp reform, please attach a copy of the report to the completed questionnaire.

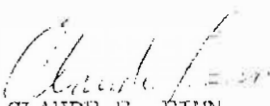
'The questionnaire should be returned to:

Department of Social Services
Food Stamp Program Operations Bureau
744 P Street, N/S 15-54
Sacramento, CA 95814

Thank you for your cooperation. If you should have any policy or regulation questions, please call your analyst in either the Food Stamp Program Operations Bureau at (916) 322-5475 or the AFDC Program Operations Bureau at (916) 445-4458. Any question regarding cost control should be directed to your analyst in the County Administrative Expense Control Bureau at (916) 322-5802.

Sincerely,


KYLE S. MCKINSEY
Deputy Director
Welfare Program Operations


CLAUDE E. FINN
Deputy Director
Administration

FOOD STAMP REFORM QUESTIONNAIRE

County _____

Contact Person _____

Phone _____

Title _____

Please answer the following questions as completely as possible. Attach additional sheets if the space provided is not sufficient. All information should be based on the consideration of actual experiences for the first two quarters of FY 1979/80. Include all areas of impact whether the change has been an increase or a decrease in the items mentioned below.

1. Has Food Stamp Reform impacted the administration of welfare program operations in your county?

2. What program(s) has been affected?

AFDC ☐

NAFS ☐

Other (specify) ☐

Please summarize the overall impact of Food Stamp Reform on the following:

a. AFDC

b. NAFS

b. NAFS

c. Other (specify)

4. Identify what types of costs and the dollar increase or decrease associated with the change. Please identify the cause for each change indicated (increase or decrease) and quantify your statement. Include the documentation on which you base your answer.

a. Staff: AFDC Intake: Increase ☐ Decrease ☐

Amount \$ _____

Explain: