

E R R A T A

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP PROGRAM EXPEDITED SERVICE
QUARTERLY STATISTICAL REPORT

REFERENCE: ALL-COUNTY LETTER NO, 89-02

The heading on Attachment B of ACL 89-02 incorrectly refers to form STAT 40 (10/88). The correct reference should be to form DFA 296X (12/88). Please discard the incorrect attachment and replace it with the attached corrected pages,

Attachment

cc: CWDA

FOOD STAMP PROGRAM EXPEDITED SERVICE STATISTICAL REPORT
FORM DFA 296X (12/88)

This report shall cover county activities relating to the processing of requests for Expedited Service (ES) for food stamps during the report quarter. Each county shall prepare one original copy to be submitted to the State Department of Social Services by the twentieth calendar day of the month following the report quarter.

GENERAL INSTRUCTIONS:

PART A.

Item

Enter the number of requests pending a determination as of the last day of the prior quarter. This item will equal Item 5 of last quarter or an explanation must be provided.

Item 2

Enter the total number of requests received during the report quarter.

Item 3

Enter the total number of requests available for processing during the report quarter. This item will equal the sum of Items 1 and 2.

Item 4

Enter the total number of requests processed during the report quarter. This item will equal the sum of Items 4a and 4b.

Note: Item 4a will include households who were entitled to ES but due to proration of benefits received zero benefits in the **initial month**.

Item 4a

Enter the total number of requests in which it was determined that the case was entitled to expedited service during the report quarter. This item will equal the sum of Items 4a(1), 4a(2) and 4a(3).

Item 4a(1)

Enter the number of applications approved for ES and where benefits were issued within 3 days following the date of application. Provide PAFS and NAFS values.

Note: The following items, 4a(2) and 4a(3), can only be the result of a County Welfare Department caused delay. Applicant caused delays (beyond 3 days) will be treated as non-entitlement to ES and reported on line Item 4b.

Item 4a(2)

Enter the number of applications approved for ES and where benefits were issued on the fourth or fifth day following the date of application, Provide PAFS and NAFS values.

Items 4a(3)

Enter the number of applications approved for ES and where benefits were issued beyond five days following the date of application. Provide PAFS and NAFS values.

Item 4b

Indicate the number of requests in which it was determined that the case was not entitled to ES. This item will equal the sum of Items 4b(1) and 4b(2).

Item 4b(1)

Enter the number of requests in which it was determined that the public assistance case was not entitled to ES,

Item 4b(2)

Enter the number of requests in which it was determined that the nonassistance case was not entitled to ES,

Item 5

Enter the number of requests pending at the end of the report quarter. This item will equal the difference of Items 3 and 4,

PART B

Note: Item 6 should reflect the number of households discontinued during the report quarter; it is not dependent on the quarter in which the request for ES was made,

Item 6

Enter the number of cases discontinued due to the recipients' failure to complete the application process for ongoing benefits. For example, when an applicant fails to provide requested information and/or postponed verification, failure of a one-person household to provide or apply for SSN, etc. This item will equal the sum of Items 6a and 6b.

Item 6a

Enter the number of public assistance cases discontinued due to the recipients' failure to complete the application process for ongoing benefits.

Item 6b

Enter the number of nonassistance cases discontinued due to the recipients' failure to complete the application process for ongoing benefits,