

**NOTICE OF FORM CHANGE NO. 03-195**

DATE

11/25/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    **STAT 47 (10/03) - Food Stamp Program Work Registrant, Able-Bodied Adults Without Dependents (ABAWD), and Food Stamp Employment and Training (FSET) Program Caseload Report**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES STAT 40 & STAT 46	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

REPLACES STAT 40 &amp; STAT 46

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

# Food Stamp Program Work Registrant, Able-Bodied Adults Without Dependents (ABAWD), and Food Stamp Employment and Training (FSET) Program Caseload Report

SEND ONE COPY OF THIS REPORT TO:  
California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
**FAX: (916) 657-2074**

COUNTY NAME	REPORT QUARTER		FEDERAL FISCAL YEAR <b>200 /200</b>	
<b>PART A. WORK REGISTRANT AND ABAWD COUNTS DURING THE QUARTER (All Counties)</b>	<b>Month 1 (A)</b>	<b>Month 2 (B)</b>	<b>Month 3 (C)</b>	<b>Quarter Total (D)</b>
1. New work registrants.....	1	2	3	4
2. ABAWDs at beginning of the month.....	5	6	7	8
3. ABAWDs exempt under the 15% criteria.....	9	10	11	12
4. ABAWDs discontinued due to the ABAWD three month time limit.....	13	14	15	16
5. ABAWDs discontinued from the Food Stamp Program.....	17	18	19	20
<b>PART B. FSET COMPONENT PLACEMENTS DURING THE QUARTER (FSET Counties Only)</b>	<b>Month 1 (A)</b>	<b>Month 2 (B)</b>	<b>Month 3 (C)</b>	<b>Quarter Total (D)</b>
6. New job club participants placed (Item 6a plus 6b).....	21	22	23	24
a. ABAWD placements.....	25	26	27	28
b. Non-ABAWD placements.....	29	30	31	32
7. New job search participants placed (Item 7a plus 7b).....	33	34	35	36
a. ABAWD placements.....	37	38	39	40
b. Non-ABAWD placements.....	41	42	43	44
8. New workfare participants placed (Item 8a plus 8b).....	45	46	47	48
a. ABAWD placements.....	49	50	51	52
b. Non-ABAWD placements.....	53	54	55	56
9. New self-initiated workfare participants placed (Item 9a plus 9b).....	57	58	59	60
a. ABAWD placements.....	61	62	63	64
b. Non-ABAWD placements.....	65	66	67	68
10. New on-the-job training participants placed (Item 10a plus 10b).....	69	70	71	72
a. ABAWD placements.....	73	74	75	76
b. Non-ABAWD placements.....	77	78	79	80

COUNTY NAME	REPORT QUARTER		FEDERAL FISCAL YEAR <b>200 /200</b>	
<b>PART B. FSET COMPONENT PLACEMENTS DURING THE QUARTER (FSET Counties Only) (Continued)</b>	<b>Month 1 (A)</b>	<b>Month 2 (B)</b>	<b>Month 3 (C)</b>	<b>Quarter Total (D)</b>
11. New work experience participants placed (Item 11a plus 11b).....	81	82	83	84
a. ABAWD placements.....	85	86	87	88
b. Non-ABAWD placements.....	89	90	91	92
12. New vocational training participants placed (Item 12a plus 12b).....	93	94	95	96
a. ABAWD placements.....	97	98	99	100
b. Non-ABAWD placements.....	101	102	103	104
13. New education participants placed (Item 13a plus 13b).....	105	106	107	108
a. ABAWD placements.....	109	110	111	112
b. Non-ABAWD placements.....	113	114	115	116
14. New participants placed in other components (Item 14a plus 14).....	117	118	119	120
a. ABAWD placements.....	121	122	123	124
b. Non-ABAWD placements.....	125	126	127	128
<b>PART C. FSET COMPONENT PLACEMENTS AND PARTICIPATION DURING THE QUARTER (FSET Counties Only)</b>	<b>Month 1 (A)</b>	<b>Month 2 (B)</b>	<b>Month 3 (C)</b>	<b>Quarter Total (D)</b>
15. Total number of new placements in all component categories (Item 15a plus 15b).....	129	130	131	132
a. ABAWD placements (Add Items 6a through 14a).....	133	134	135	136
b. Non-ABAWD placements (Add Items 6b through 14b).....	137	138	139	140
16. Total number of new individuals placed in FSET components (Item 16a plus 16b).....	141	142	143	144
a. ABAWD individuals.....	145	146	147	148
b. Non-ABAWD individuals.....	149	150	151	152
17. Total number of component months in FSET activities (Item 17a plus 17b).....	153	154	155	156
a. ABAWD participant months.....	157	158	159	160
b. Non-ABAWD participant months.....	161	162	163	164
COMMENTS				
CONTACT PERSON (Print)	TELEPHONE		DATE COMPLETED	
TITLE/CLASSIFICATION	FAX		EMAIL	

**FOOD STAMP PROGRAM WORK REGISTRANT,  
ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD), AND  
FOOD STAMP EMPLOYMENT AND TRAINING (FSET) PROGRAM CASELOAD REPORT  
STAT 47 (10/03)**

**INSTRUCTIONS**

**CONTENT**

The quarterly STAT 47 report contains statistical information concerning California's Nonassistance Food Stamp (NAFS) recipients: monthly caseload data, the ABAWD population, and the work registrant population both in county-administered FSET programs and non-FSET counties. This data collection is required by the Food Stamp Act of 1977, as amended by Public Law 104-193 in 1996.

**PURPOSE**

STAT 47 data is used by the United States Department of Agriculture (USDA), Food and Nutrition Service, to monitor Food Stamp work registrants, ABAWDs, and the FSET population. This report provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

**DUE DATE AND CONTACT**

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 15th working day of the month following the end of the report quarter. Mail or fax reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

The data from this report, and also the report form and instructions, are available on the California Department of Social Services (CDSS), Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site. If you have questions regarding this report, contact the Data Systems and Survey Design Bureau at (916) 651-8269.

**GENERAL INSTRUCTIONS**

Enter in the boxes provided near the top of the form the county name, the report quarter (e.g., Oct-Dec, Jan-Mar, Apr-Jun, or Jul-Sept) and then enter the federal fiscal year (e.g., 2002/2003).

Enter the data required for each item. If there is no data to report for an item, enter "0". **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone number, fax number, and email address of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

## DEFINITIONS

**ABAWD:** A NAFS recipient who is 18 through 49 years of age and who must meet the federal ABAWD work requirement in order to remain eligible for Food Stamps.

**ABAWD in Non-Qualifying FSET Activities:** An ABAWD who participates only in FSET activities that do not satisfy the ABAWD work rule (e.g., stand-alone job search).

**Federal Fiscal Year:** The federal fiscal year (FFY) is from October 1 through September 30 of the following year. The first quarter of the FFY is from October 1 through December 31 of the same year.

**Food Stamp Work Registrant:** A Food Stamp applicant or recipient who does not qualify for any of the work registration exemptions. (Applicable to all counties.)

**FSET Activities:** Workfare, and education and training activities that are offered by County FSET programs. These activities are:

- Job Search
- Job Club
- Workfare
- Self-initiated Workfare
- Work Experience or On-the-Job Training (OJT)
- Vocational Training
- Education
- Other (specify)

**FSET Component:** A FSET component is an employment and training activity for work registrants. Components include job search, job club, workfare, self-initiated workfare, work experience, on-the-job training, vocational training and education programs.

**FSET County:** A county that offers a State approved FSET program.

**FSET Participant:** A work registrant who is not exempt or deferred from FSET and is participating in an FSET component assigned by the county in order to receive Food Stamps. (Applicable to FSET counties only.)

**Non-ABAWD:** An individual who is exempt from the ABAWD work requirement because he/she is:

- 1) Under age 18 or 50 years of age or older, or
- 2) Pregnant, or
- 3) Resides in a Food Stamp household that contains a dependent child, even if the child is not eligible for Food Stamps, or
- 4) Meets the work registration exemptions at MPP 63-407.21.

**Number of ABAWDs Exempt Under the County's 15% Criteria:** A State is permitted to exempt 15 percent of its ABAWD population in danger of losing Food Stamp eligibility due to not meeting the ABAWD work rule. Each county receives an annual allocation of 15% ABAWD exemptions based on its NAFS caseload. *On Table 1B of the Annual FSET Plan, each county enters their criteria for applying the 15% exemption.* (Applicable to all counties.)

**Time Limit for ABAWDs:** An ABAWD cannot receive Food Stamps for more than three full benefit months within a 36-month period, unless he/she satisfies the ABAWD work requirement or qualifies for one of the ABAWD exemptions. Within the 36-month period, an individual who regains eligibility and stops meeting the ABAWD requirement for reasons such as layoff may receive Food Stamps for one additional period of three consecutive months.

**DEFINITIONS CONTINUED**

Waived Area: A county may request a time-limited ABAWD waiver for a geographic area that has an unemployment rate of over 10 percent or lack of a sufficient number of jobs to employ individuals living in the area. Such requests must be sent to CDSS and are subject to approval by the Secretary of the USDA. (Applies to all counties.)

**ITEM INSTRUCTIONS**

**All counties must complete Part A and FSET counties must complete Parts A, B, and C.**

**PART A. WORK REGISTRANT AND ABAWD COUNTS DURING THE QUARTER (All Counties)**

All counties, both FSET and non-FSET, including waived counties, must report the ABAWD population.

1. New work registrants: Enter the monthly and quarterly count of all Food Stamp applicants who do not qualify for work registration exemption, including the count of Food Stamp recipients who have lost their work registration exemption status. This is an unduplicated count; an individual is counted as work registered only once during a federal fiscal year. [Cells 1, 2, 3, 4]

**Note:** When completing this report, it is important to remember that individuals are counted as work registrants only once during a federal fiscal year (October 1 through September 30). Part A. Item 1 counts “new” work registrants for the report month. All persons who do not qualify for a work registration exemption must be work registered. The work registrant count excludes work registered applicants who were placed in a FSET component at the time of application, but were later either denied eligibility for reasons other than noncompliance with FSET requirements or became eligible for an exemption from work registration prior to Food Stamp certification. Participants who qualify for an exemption after certification should not be subtracted from the registrant count.

2. ABAWDs at beginning of the month: Enter the monthly and quarterly count of ABAWDs in the county on the first day of each month. Include all ABAWDs without an exemption from work registration requirements (MPP 63-407.21) even if the county is a waived area. All counties must report ABAWDs at the beginning of the month. [Cells 5, 6, 7, 8]
3. ABAWDs exempt under the 15% criteria: Enter the monthly and quarterly count of ABAWDs in danger of losing Food Stamp program eligibility that are currently exempted under the county’s 15% criteria. [Cells 9, 10, 11, 12]
4. ABAWDs discontinued due to the ABAWD three month time limit: Enter the monthly and quarterly count of ABAWDs discontinued due to exhaustion of the ABAWD time limit during the report quarter. [Cells 13, 14, 15, 16]
5. ABAWDs discontinued from the Food Stamp Program: Enter the monthly and quarterly count of ABAWDs discontinued from the Food Stamp program for all reasons during the report quarter. [Cells 17, 18, 19, 20]

**ITEM INSTRUCTIONS CONTINUED****PART B. FSET COMPONENT PLACEMENTS DURING THE QUARTER (FSET Counties Only)**

Part B lists federally approved FSET components offered by the county and documents the number of Food Stamp applicants/recipients who are placed in each component. Each count in a. (ABAWD) is an ABAWD placed in a component and each count in b. (Non-ABAWD) is all other participants placed in a component.

6. New job club participants placed (Item 6a plus 6b): Enter the monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 6a and Item 6b. *[Cells 21, 22, 23, 24]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 25, 26, 27, 28]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 29, 30, 31, 32]*
7. New job search participants placed (Item 7a plus 7b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 7a and Item 7b. *[Cells 33, 34, 35, 36]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 37, 38, 39, 40]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 41, 42, 43, 44]*
8. New workfare participants placed (Item 8a plus 8b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 8a and Item 8b. *[Cells 45, 46, 47, 48]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 49, 50, 51, 52]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 53, 54, 55, 56]*
9. New self-initiated workfare participants placed (Item 9a plus 9b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 9a and Item 9b. *[Cells 57, 58, 59, 60]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 61, 62, 63, 64]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 65, 66, 67, 68]*
10. New on-the-job training participants placed (Item 10a plus 10b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 10a and Item 10b. *[Cells 69, 70, 71, 72]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 73, 74, 75, 76]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 77, 78, 79, 80]*

**ITEM INSTRUCTIONS CONTINUED****PART B. FSET COMPONENT PLACEMENTS DURING THE QUARTER (Continued)**

11. New work experience participants placed (Item 11a plus 11b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 11a and Item 11b. *[Cells 81, 82, 83, 84]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 85, 86, 87, 88]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 89, 90, 91, 92]*
  
12. New vocational training participants placed (Item 12a plus 12b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 12a and Item 12b. *[Cells 93, 94, 95, 96]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 97, 98, 99, 100]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 101, 102, 103, 104]*
  
13. New education participants placed (Item 13a plus 13b): Enter the total monthly and quarterly total of participants newly placed in this component category during the report quarter. This is the sum of Item 13a and Item 13b. *[Cells 105, 106, 107, 108]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 109, 110, 111, 112]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 113, 114, 115, 116]*
  
14. New participants placed in other components (Item 14a plus 14b): Enter the total monthly and quarterly total of participants newly placed in component categories not listed above, during the report quarter. This is the sum of Item 14a and Item 14b. In the Comments section below, specify the other components and the number of ABAWD and Non-ABAWD participants placed in each. *[Cells 117, 118, 119, 120]*
  - a. ABAWD placements: Enter the monthly and quarterly count of ABAWD placements. *[Cells 121, 122, 123, 124]*
  - b. Non-ABAWD placements: Enter the monthly and quarterly count of Non-ABAWD placements. *[Cells 125, 126, 127, 128]*



**ITEM INSTRUCTIONS CONTINUED****PART C. FSET COMPONENT PLACEMENTS AND PARTICIPATION DURING THE QUARTER  
(FSET Counties Only)**

15. Total number of new placements in all component categories (Item 15a plus 15b): Enter the monthly and quarterly count of FSET participants who are newly placed in an FSET component (include applicant placements). This is a count of new component placements not individuals. Each new participant should be counted once for each component placement after he/she begins a specific component. This is the sum of Item 15a and 15b. *[Cells 129, 130, 131, 132]*
- a. ABAWD participants (Add Items 6a through 14a): Enter the monthly and quarterly count of ABAWD participants. *[Cells 133, 134, 135, 136]*
- b. Non-ABAWD participants (Add Items 6b through 14b): Enter the monthly and quarterly count of Non-ABAWD participants. *[Cells 137, 138, 139, 140]*
16. Total number of new individuals placed in FSET components (Item 16a plus 16b): Enter the total monthly and quarterly total of individuals newly placed in component categories. This is the sum of Item 16a and Item 16b. *[Cells 141, 142, 143, 144]*

**Note:** Count the number of FSET participants and recipients who newly participated in at least one FSET component. This is an unduplicated count of individuals: each person is counted only once in Item 16 during each FFY, regardless of the number of components in which he/she has participated.

- a. ABAWD individuals: Enter the total monthly and quarterly count of ABAWD participants. *[Cells 145, 146, 147, 148]*
- b. Non-ABAWD individuals: Enter the monthly and quarterly count of Non-ABAWD participants. *[Cells 149, 150, 151, 152]*
17. Total number of component months in FSET activities (Item 17a plus 17b): Enter the total monthly and quarterly count of component months. This is the sum of Item 17a and Item 17b. *[Cells 153, 154, 155, 156]*

**Note:** This is an ongoing count of component months. If a person participates in a component for three months, then that person's participation would be counted three times for the quarter, once for each month in either the ABAWD or Non-ABAWD categories.

- a. ABAWD participant months: Enter the monthly and quarterly count of ABAWD participant months. *[Cells 157, 158, 159, 160]*
- b. Non-ABAWD participant months: Enter the monthly and quarterly count of Non-ABAWD participant months, including ABAWDs in non-qualifying activities. *[Cells 161, 162, 163, 164]*

**COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.