

NOTICE OF FORM CHANGE NO. 03-199

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 48 (10/03) - Annual Work Registrant and Food Stamp Employment and Training (FSET) Program Caseload Report**

ORDER UNIT MASTER ONLY	<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- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> 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 & STAT 46

Check on the internet to see if forms are available at www.dss.cahwnet.gov

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

Annual Work Registrant 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 DATE October 1	FEDERAL FISCAL YEAR 200 /200
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PART A. FOOD STAMP WORK REGISTRATION STATUS ON OCTOBER 1 (All Counties)	October 1
1. Food Stamp work registrants on October 1.....	1
2. Food Stamp work registrants who held a deferral status on October 1.....	2
3. FSET mandatory participants on October 1 (Item 1 minus Item 2).....	3
PART B. FSET COMPONENT PLACEMENTS ON OCTOBER 1 (FSET Counties Only)	October 1
4. Job club participants on October 1 (Item 4a plus Item 4b).....	4
a. ABAWD participants.....	5
b. Non-ABAWD participants.....	6
5. Job search participants on October 1 (Item 5a plus Item 5b).....	7
a. ABAWD participants.....	8
b. Non-ABAWD participants.....	9
6. Workfare participants on October 1 (Item 6a plus Item 6b).....	10
a. ABAWD participants.....	11
b. Non-ABAWD participants.....	12
7. Self-initiated workfare participants on October 1 (Item 7a plus Item 7b).....	13
a. ABAWD participants.....	14
b. Non-ABAWD participants.....	15
8. On-the-job-training participants on October 1 (Item 8a plus Item 8b).....	16
a. ABAWD participants.....	17
b. Non-ABAWD participants.....	18

COUNTY NAME	DATE October 1	FEDERAL FISCAL YEAR 200 /200
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PART B. FSET COMPONENT PLACEMENTS ON OCTOBER 1 (FSET Counties Only) (Continued)	October 1
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9. Work experience participants on October 1 (Item 9a plus Item 9b).....	19
a. ABAWD participants.....	20
b. Non-ABAWD participants.....	21
10. Vocational training participants on October 1 (Item 10a plus Item 10b).....	22
a. ABAWD participants.....	23
b. Non-ABAWD participants.....	24
11. Education participants on October 1 (Item 11a plus Item 11b).....	25
a. ABAWD participants.....	26
b. Non-ABAWD participants.....	27
12. Participants in other components on October 1 (Item 12a plus Item 12b).....	28
a. ABAWD participants.....	29
b. Non-ABAWD participants.....	30
13. Total number of participants in all component categories on October 1 (Item 13a plus Item 13b).....	31
a. ABAWD participants (Add Items 4a through 12a).....	32
b. Non-ABAWD participants (Add Items 4b through 12b).....	33

COMMENTS

CONTACT PERSON (Print)	TELEPHONE	DATE COMPLETED
TITLE/CLASSIFICATION	FAX	EMAIL

**ANNUAL WORK REGISTRANT AND FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM CASELOAD REPORT
STAT 48 (10/03)**

INSTRUCTIONS

CONTENT

The annual STAT 48 report contains statistical information concerning California's Nonassistance Food Stamp (NAFS) recipients. This form collects point-in-time FSET caseload, and work registrant population data in county-administered FSET programs. This data collection is required by the Food Stamp Act of 1977, as amended by Public Law 104-193 in 1996.

PURPOSE

The STAT 48 is used by the United States Department of Agriculture, Food and Nutrition Service, to track Food Stamp work registrants and the FSET program 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 November 15th each year. 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 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 and the federal fiscal year. (The report month and day are pre-printed.)

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any item 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 (Able-Bodied Adults Without Dependents): 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.

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

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.

ITEM INSTRUCTIONS**PART A. FOOD STAMP WORK REGISTRATION STATUS ON OCTOBER 1 (All Counties)**

Enter the total number of placements in an FSET component (include applicant placements) on October 1. This is a duplicated count of participants. Each participant should be counted once for each component placement after he/she begins a specific component.

1. **Food Stamp work registrants on October 1:** Enter the number of persons who are work registered on October 1. Include new Food Stamp applicants and continuing recipients who do not qualify for a work registration exemption, and the monthly count of Food Stamp recipients who have lost their work registration exemption status as of October 1. *[Cell 1]*
2. **Food Stamp work registrants who held a deferral status on October 1:** Enter the total number of work registrants, new and continuing, who held a deferral from FSET participation on October 1. *[Cell 2]*
3. **FSET mandatory participants on October 1 (Item 1 minus Item 2):** Enter the difference between the number of work registrants and the number of work registrants who were deferred from FSET participation on October 1. *[Cell 3]*

ITEM INSTRUCTIONS CONTINUED**PART B. FSET COMPONENT PLACEMENTS ON OCTOBER 1 (FSET Counties Only)**

4. Job club participants on October 1 (Item 4a plus Item 4b): Enter the total persons participating in this component category on October 1. *[Cell 4]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 5]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 6]*
5. Job search participants on October 1 (Item 5a plus Item 5b): Enter the total persons participating in this component category on October 1. *[Cell 7]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 8]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 9]*
6. Workfare participants on October 1 (Item 6a plus Item 6b): Enter the total persons participating in this component category on October 1. *[Cell 10]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 11]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 12]*
7. Self-initiated workfare participants on October 1 (Item 7a plus Item 7b): Enter the total persons participating in this component category on October 1. *[Cell 13]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 14]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 15]*
8. On-the-job-training participants on October 1 (Item 8a plus Item 8b): Enter the total persons participating in this component category on October 1. *[Cell 16]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 17]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 18]*
9. Work experience participants on October 1 (Item 9a plus Item 9b): Enter the total persons participating in this component category on October 1. *[Cell 19]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 20]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 21]*
10. Vocational training participants on October 1 (Item 10a plus Item 10b): Enter the total persons participating in this component category on October 1. *[Cell 22]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 23]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 24]*

ITEM INSTRUCTIONS CONTINUED**PART B. FSET COMPONENT PLACEMENTS ON OCTOBER 1 (FSET Counties Only) Continued**

11. Education participants on October 1 (Item 11a plus Item 11b): Enter the total persons participating in this component category on October 1. *[Cell 25]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 26]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 27]*
12. Participants in other components on October 1 (Item 12a plus 12b): Enter the total persons participating in component categories on October 1. In the Comments section below, specify the other components and the number of ABAWD and Non-ABAWD participants placed in each. *[Cell 28]*
 - a. ABAWD participants: Enter the October 1 count of ABAWD participants. *[Cell 29]*
 - b. Non-ABAWD participants: Enter the October 1 count of Non-ABAWD participants. *[Cell 30]*
13. Total number of participants in all component categories on October 1 (Item 13a plus Item 13b): Enter the total number of placements in an FSET component (include applicant placements) on October 1. This is a duplicated count of participants. Each participant should be counted once for each component placement after he/she begins a specific component. *[Cell 31]*
 - a. ABAWD participants (Add Items 4a through 12a): Enter the October 1 count of total ABAWD participants. *[Cell 32]*
 - b. Non-ABAWD participants (Add Items 4b through 12b): Enter the October 1 count of total Non-ABAWD participants. *[Cell 33]*

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.