

**NOTICE OF FORM CHANGE NO. 04-173**

DATE

06/17/2004

**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 DFA 296X (10/04) - Food Stamp Program Expedited Service Quarterly Statistical 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 type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/04	REPLACES 12/88	<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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<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 10/04

## USE FORM IN ACCORDANCE WITH

All County Letter No. 04-21  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at <http://www.dss.cahwnet.gov/research/>

# Food Stamp Program Expedited Service Quarterly Statistical Report

SUBMIT THIS REPORT FORM VIA EMAIL  
(see <http://www.dss.cahwnet.gov/dssdb/>)  
OR SEND ONE COPY 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 <input type="radio"/> Jul-Sep <input type="radio"/> Jan-Mar <input type="radio"/> Oct-Dec <input type="radio"/> Apr-Jun	REPORT YEAR
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**PART A. REQUESTS FOR EXPEDITED SERVICE**

		TOTAL	
1. Expedited service requests carried forward from the last report quarter (Items 1a plus 1b).....	1		
a. Item 5 from last report quarter.....	2		
b. Adjustment to Item 1a (positive or negative number).....	3		
2. Expedited service requests received during the report quarter.....	4		
3. Total expedited service requests on hand during the report quarter (Items 1 plus 2).....	5		
	<b>PAFS (A)</b>	<b>NAFS (B)</b>	
4. Expedited service requests disposed of during the report quarter (Items 4a plus 4b).....	6	7	8
a. Found entitled to expedited service [sum of Items 4a1), 4a2), and 4a3)].....	9	10	11
1) Benefits issued in 1-3 days.....	12	13	14
2) Benefits issued in 4-7 days.....	15	16	17
3) Benefits issued in over 7 days.....	18	19	20
b. Found not entitled to expedited service .....	21	22	23
5. Expedited service requests pending at end of the report quarter (Item 3 minus Item 4 TOTAL).....			24

**PART B. APPLICATION COMPLIANCE INFORMATION**

		PAFS (A)	NAFS (B)	TOTAL (C)
6. Households discontinued due to recipient failure to complete application process for ongoing benefits during the report quarter.....	25	26	27	

COMMENTS

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

**FOOD STAMP PROGRAM EXPEDITED SERVICE  
QUARTERLY STATISTICAL REPORT  
DFA 296X (10/04)**

**INSTRUCTIONS**

**CONTENT**

The quarterly DFA 296X report includes data on the number of food stamp expedited service requests, approvals and disapprovals, processing timeframes, and discontinuances due to recipients' failure to complete the application process for ongoing food stamp benefits.

Copies of the report and instructions can be viewed at or printed from the California Department of Social Services (CDSS), Research and Data Reports website at <http://www.dss.cahwnet.gov/dssdb/>.

**PURPOSE**

The DFA 296X provides data for the federally mandated Program Activity Statement (FNS-366-B). It also allows measurement of program performance in meeting State and Federal expedited service issuance standards. In addition, this report provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

**COMPLETION AND SUBMISSION**

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 20<sup>th</sup> calendar day of the month following the report quarter. This report may be submitted either via email or in hard copy.

Email submission: Download an Excel version of the form from <http://www.dss.cahwnet.gov/dssdb/> to your PC desktop, complete the downloaded form, and email to the CDSS, Data Systems and Survey Design Bureau (DSSDB). The email submission process contains automatic computation of some cells and easy email transmission of completed forms to DSSDB; the website contains specific instructions and guidance.

Hard copy submission: If email submission is not possible, complete a paper copy of the report and mail or fax 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**

If you have questions regarding this report, contact DSSDB at (916) 651-8269.

## GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the county name and the report quarter and year.

Enter the data required for each item. If there is nothing 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

Expedited Service: County Welfare Department approval of recipient access to food stamp benefits within a shortened application period, for households which meet certain criteria contained in regulations. California's standard for expedited service is 3 days due to provision of the Welfare Rights League v. McMahon settlement; federal standard for expedited service is 7 days, per 7 CFR 273.2.

Public Assistance Food Stamps (PAFS) Household: A food stamp household in which all members also receive or are authorized to receive benefits from Temporary Assistance to Needy Families (TANF) or state-funded program.

Nonassistance Food Stamps (NAFS) Household: A food stamp household in which none or less than all members also receive benefits from TANF or state-funded program.

## ITEM INSTRUCTIONS

### PART A. REQUESTS FOR EXPEDITED SERVICE

Part A summarizes food stamp expedited service request processing activity during the report quarter.

1. Expedited service requests carried forward from the last report quarter (Items 1a plus 1b): Skip this item if completing the Excel version; it will be automatically calculated. Enter the number of requests pending a determination as of the last day of the prior report quarter. If this item is not equal to Item 5 of the last report quarter, enter the difference in 1b below as a positive or negative number, and provide an explanation of the difference in the Comments section. *[Cell 1]*
  - a. Item 5 from last report quarter: Enter Item 5, Expedited service requests pending at the end of the report quarter, **from the last report quarter**. *[Cell 2]*
  - b. Adjustment to Item 1a: If Item 1 above is equal to Item 5 from last quarter, enter zero (0) to indicate no adjustment was needed. If Item 1 of this report quarter does not equal Item 5 of the last report quarter, enter a positive or negative adjustment. If an adjustment was needed, indicate the reason in the Comments section. *[Cell 3]*
2. Expedited service requests received during the report quarter: Enter the total number of requests for expedited service received during the report quarter. *[Cell 4]*
3. Total expedited service requests on hand during the report quarter (Items 1 plus 2): Skip this item if completing the Excel version; it will be automatically calculated. Enter the total number of expedited service requests available for processing during the report quarter. *[Cell 5]*
4. Expedited service requests disposed of during the report quarter (Items 4a plus 4b): Skip this item if completing the Excel version; it will be automatically calculated. Enter the total number of expedited service requests for which a determination was made during the report quarter. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. *[Cells 6-8]*

**ITEM INSTRUCTIONS, Continued**

- a. Found entitled to expedited service [sum of Items 4a1), 4a2), and 4a3)]: Skip this item if completing the Excel version; it will be automatically calculated. Enter the total number of requests for which it was determined, during the report quarter, the household was entitled to expedited service. Include households that were entitled to expedited service, but, due to prororation of benefits, received zero benefits in the initial month. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. *[Cells 9-11]*

- 1) Benefits issued in 1-3 days: Enter the number of applications which were approved for expedited service and benefits were issued within three days following the date of application. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. (Note: TOTAL will be automatically calculated in the Excel version.) *[Cells 12-14]*

NOTE: Items 4a2) and 4a3) are CWD caused delays only. Do not include approvals which were delayed due to applicant action or inaction. Applicant caused delays that resulted in approvals being granted more than three days after the day of application will be counted as non-entitlement to expedited service and reported in Item 4b.

- 2) Benefits issued in 4-7 days: Enter the number of applications which were approved for expedited service and benefits were issued on the fourth through seventh day following the date of application. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. (Note: TOTAL will be automatically calculated in the Excel version.) *[Cells 15-17]*

- 3) Benefits issued in over 7 days: Enter the number of applications which were approved for expedited service and benefits were issued more than seven days following the date of application. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. (Note: TOTAL will be automatically calculated in the Excel version.) *[Cells 18-20]*

- b. Found not entitled to expedited service: Enter the number of requests for which it was determined, during the report quarter, that the public assistance food stamp (PAFS) and the nonassistance food stamp (NAFS) household was **not entitled** to expedited service. Include expedited service approvals that occurred more than three days after application due to delays caused by the applicant. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. (Note: TOTAL will be automatically calculated in the Excel version.) *[Cells 21-23]*

5. Expedited service requests pending at end of the report quarter (Item 3 minus Item 4 TOTAL): Skip this item if completing the Excel version; it will be automatically calculated. Enter the number of expedited service requests for which a finding has not been made at the end of the report quarter. *[Cell 24]*

**PART B. APPLICATION COMPLIANCE INFORMATION**

Part B provides information regarding the number of food stamp cases discontinued after issuance of the expedited food stamps due to the recipients' failure to complete the application process for ongoing food stamp benefits.

6. Number of households discontinued due to recipients' failure to complete the application process for ongoing benefits during the report quarter: Enter the number of cases discontinued because the recipient failed to complete the application process for ongoing benefits. For example: applicant failed to provide requested information and/or postponed verification or a one-person household failed to provide or apply for a Social Security Number. Provide the data by food stamp household type: PAFS, NAFS, and TOTAL. (Note: TOTAL will be automatically calculated in the Excel version.) *[Cells 25-27]*

## **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.