

NOTICE OF FORM CHANGE NO. 04-224

DATE

08/03/2004

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 ABCD 350 (7/04) - Ethnic Origin and Primary Language 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 7/04	REPLACES 7/03	<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 7/04

USE FORM IN ACCORDANCE WITH

All County Letter No. 04-31
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 x 11, 2-sided

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

For camera-ready copies of English form, please contact the Data Systems and Survey Design Bureau at (916) 651-8269 or by electronic mail at <http://www.dss.cahwnet.gov/research>.

**Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services,
Nonassistance Food Stamps (NAFS), Welfare to Work (WTW),
Refugee Cash Assistance (RCA),
and the Cash Assistance Program for Immigrants (CAPI)
Ethnic Origin and Primary Language**

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 MONTH AND YEAR
	July 2004

PART A. ETHNIC ORIGIN

C O D E	ETHNIC ORIGIN	NUMBER OF CASES											
		CalWORKs					FC	Social Services	NAFS	WTW		RCA	CAPI
		Two Parent	Zero Parent	All Other Families	TANF Timed-Out Cases	Safety Net Cases				Two Parent	All Other Families		
a/ (A)	a/ (B)	a/ (C)	a/ (D)	a/ (E)	b/ (F)	(G)	c/ (H)	d/ (I)	e/ (J)	(K)	f/ (L)		
1	White	1	17	33	49	65	81	97	113	129	145	161	177
2	Hispanic	2	18	34	50	66	82	98	114	130	146	162	178
3	Black	3	19	35	51	67	83	99	115	131	147	163	179
4	Other Asian or Pacific Islander	4	20	36	52	68	84	100	116	132	148	164	180
5	American Indian or Alaska Native	5	21	37	53	69	85	101	117	133	149	165	181
7	Filipino	6	22	38	54	70	86	102	118	134	150	166	182
C	Chinese	7	23	39	55	71	87	103	119	135	151	167	183
H	Cambodian	8	24	40	56	72	88	104	120	136	152	168	184
J	Japanese	9	25	41	57	73	89	105	121	137	153	169	185
K	Korean	10	26	42	58	74	90	106	122	138	154	170	186
M	Samoan	11	27	43	59	75	91	107	123	139	155	171	187
N	Asian Indian	12	28	44	60	76	92	108	124	140	156	172	188
P	Hawaiian	13	29	45	61	77	93	109	125	141	157	173	189
R	Guamanian	14	30	46	62	78	94	110	126	142	158	174	190
T	Laotian	15	31	47	63	79	95	111	127	143	159	175	191
V	Vietnamese	16	32	48	64	80	96	112	128	144	160	176	192
Total		183	194	195	196	197	198	199	200	201	202	203	204

COMMENTS

- a/ Total CalWORKs Two Parent, Zero Parent, All Other Families, TANF Timed-Out Cases, and Safety Net Cases must equal the corresponding case totals on the CA 237 CW, Part B, Item 8.
- b/ Total FC must equal the total cases on the CA 237 FC, Part B, Item 8.
- c/ Total NAFS cases must equal the total cases on the DFA 296, Item 8, NAFS column.
- d/ Total CalWORKs WTW Two Parent cases must equal the total enrollees on the WTW 25A, Part A, Item 1.
- e/ Total CalWORKs WTW All (Other) Families cases must equal the total enrollees on the WTW 25, Part A, Item 1.
- f/ Total CAPI cases must equal the total recipients reported on the CA 1037, Part C, Item 10.

Note: Total in each column of page 1 of this report must equal the total in the corresponding column on page 2.

COUNTY NAME	REPORT MONTH AND YEAR July 2004
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PART B. PRIMARY LANGUAGE SPOKEN

C O D E	LANGUAGE	NUMBER OF CASES											
		CalWORKs					FC	Social Services	NAFS	WTW		RCA	CAPI
		Two Parent	Zero Parent	All (Other) Families	TANF Timed-Out Cases	Safety Net Cases				Two Parent	All (Other) Families		
a/ (A)	a/ (B)	a/ (C)	a/ (D)	a/ (E)	b/ (F)	(G)	c/ (H)	d/ (I)	e/ (J)	(K)	f/ (L)		
0	American Sign Language	205	234	283	292	321	350	379	408	437	466	495	524
1	Spanish	206	236	284	293	322	351	380	409	438	467	496	525
2	Cantonese	207	238	285	294	323	352	381	410	439	468	497	526
3	Japanese	208	237	286	295	324	353	382	411	440	469	498	527
4	Korean	209	238	287	296	325	354	383	412	441	470	499	528
5	Tagalog	210	239	288	297	326	355	384	413	442	471	500	529
6	Other Non-English (specify)	211	240	289	298	327	356	385	414	443	472	501	530
7	English	212	241	270	299	328	357	386	415	444	473	502	531
A	Other Sign Language	213	242	271	300	329	358	387	416	445	474	503	532
B	Mandarin	214	243	272	301	330	359	388	417	446	475	504	533
C	Other Chinese Languages	215	244	273	302	331	360	389	418	447	476	505	534
D	Cambodian	216	245	274	303	332	361	390	419	448	477	506	535
E	Armenian	217	246	275	304	333	362	391	420	449	478	507	536
F	Ilocano	218	247	276	305	334	363	392	421	450	479	508	537
G	Mein	219	248	277	306	335	364	393	422	451	480	509	538
H	Hmong	220	249	278	307	336	365	394	423	452	481	510	539
I	Lao	221	250	279	308	337	366	395	424	453	482	511	540
J	Turkish	222	251	280	309	338	367	396	425	454	483	512	541
K	Hebrew	223	252	281	310	339	368	397	426	455	484	513	542
L	French	224	253	282	311	340	369	398	427	456	485	514	543
M	Polish	225	254	283	312	341	370	399	428	457	486	515	544
N	Russian	226	255	284	313	342	371	400	429	458	487	516	545
P	Portuguese	227	256	285	314	343	372	401	430	459	488	517	546
Q	Italian	228	257	286	315	344	373	402	431	460	489	518	547
R	Arabic	229	258	287	316	345	374	403	432	461	490	519	548
S	Samoan	230	259	288	317	346	375	404	433	462	491	520	549
T	Thai	231	260	289	318	347	376	405	434	463	492	521	550
U	Farsi	232	261	290	319	348	377	406	435	464	493	522	551
V	Vietnamese	233	262	291	320	349	378	407	436	465	494	523	552
Total		553	554	555	556	557	558	559	560	561	562	563	564

CONTACT PERSON (Print)	TELEPHONE (xxx)xxx-xxxx	DATE COMPLETED (MM/DD/YY)
TITLE/CLASSIFICATION	FAX (xxx)xxx-xxxx	

Note: Total in each column of page 2 of this report must equal the total in the corresponding column on page 1.

**ANNUAL RECIPIENT REPORT ON CalWORKs, FOSTER CARE,
SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS,
WELFARE TO WORK, REFUGEE CASH ASSISTANCE, AND THE
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
ETHNIC ORIGIN AND PRIMARY LANGUAGE
ABCD 350 (7/04)**

INSTRUCTIONS

CONTENT

The annual ABCD 350 report contains statistical information on the ethnic origin and primary language of recipients of CalWORKs, Foster Care (FC), Social Services, Nonassistance Food Stamps (NAFS), Welfare to Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI).

PURPOSE

This report provides data that can be used to 1) assess the need for county bilingual services, 2) identify problems with the delivery of services to recipients, and 3) facilitate compliance with California Department of Social Services (CDSS), Manual of Policies and Procedures, Division 21, requirements.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this annual report based on the July 2004 caseload 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. Please submit only one report per county. Reports are to be received on or before Friday, August 27, 2004.

A downloadable Excel version of the report form is available on the California Department of Social Services (CDSS), Research and Data Reports (RADR) website at: <http://www.dss.cahwnet.gov/research/>. The completed Excel version may be e-mailed to Lynne.Shearer@dss.ca.gov. Copies of the form and instructions in Adobe Acrobat (PDF) may be printed from the same website and hard copies can be faxed or mailed 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 Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

GENERAL INSTRUCTIONS

- Enter the county name in the boxes provided on pages 1 and 2 of the report.
- Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**
- Explain adjustments or provide any other comments or explanations regarding the data in this report in the Comments section on page 1. Additional pages may be attached if necessary.
- Enter on page 2 the name, title or job classification, and the telephone and fax numbers of the person to contact if there are questions about the report. This may or may not be the person who completed the report. Enter the date the report was completed.

DETERMINING ETHNIC ORIGIN AND PRIMARY LANGUAGE

Ethnic origin and primary language are determined by asking the applicant or by having the applicant complete the appropriate section of the application form. If the applicant does not provide the information, it is the responsibility of the CWD to make a determination of ethnic origin based on observation. The information must be documented in the case file. The CWD must inform the applicant of the right to request a change in his/her primary language designation.

DEFINITIONS

Ethnic Origin: Ethnic origin can be viewed as the heritage, nationality group, lineage, or country of birth of a person or a person's parents or ancestors.

CODE	ETHNIC ORIGIN	Includes all persons having origins in any of the original peoples of:
1	White	Europe, North Africa, or the Middle East
2	Hispanic	Mexico, Puerto Rico, Cuba, Central/South America, or other Spanish culture regardless of race
3	Black	The black racial groups of Africa
4	Other Asian or Pacific Islander	Far East, Southeast Asia, Indian subcontinent or the Pacific Islands (other than those mentioned below)
5	American Indian or Alaska Native	North America and who maintain cultural identification through tribal affiliation or community recognition
7	Filipino	Philippine Islands
C	Chinese	China
H	Cambodian	Cambodia
J	Japanese	Japan
K	Korean	Korea (North or South)
M	Samoa	Samoa
N	Asian Indian	Indian subcontinent
P	Hawaiian	Hawaiian Islands
R	Guamanian	Guam
T	Laotian	Laos
V	Vietnamese	Vietnam

Primary Language: Primary language is the language an individual uses to communicate effectively. If an individual can communicate effectively in both English and another language, English should be noted as the primary language. If an individual identifies a non-English primary language, but requests documents in English, the non-English language should still be noted as the primary language.

CODE	PRIMARY LANGUAGE	CODE	PRIMARY LANGUAGE
0	American Sign Language	H	Hmong
1	Spanish	I	Lao
2	Cantonese	J	Turkish
3	Japanese	K	Hebrew
4	Korean	L	French
5	Tagalog	M	Polish
6	Other Non-English (specify)	N	Russian
7	English	P	Portuguese
A	Other Sign Language	Q	Italian
B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoan
D	Cambodian	T	Thai
E	Armenian	U	Farsi
F	Ilocano	V	Vietnamese
G	Mien		

DEFINITIONS (continued)

Social Services: Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults. California addresses the federal service goals under Title XX through an array of service programs, eight of which are mandated and thirteen of which are optional based on local needs, priorities and resources. The mandated and optional social services are:

Mandated Services

- ◆ Information and Referral
- ◆ Emergency Response
- ◆ Family Maintenance
- ◆ Family Reunification
- ◆ Permanent Placement
- ◆ Out-of-Home Care for Adults
- ◆ In-Home Supportive Services
- ◆ Adult Protective Services

Optional Services

- ◆ Special Care for Children in their Own Home
- ◆ Home Management and Other Functional Educational Services
- ◆ Employment/Education Training
- ◆ Services for Children with Special Problems
- ◆ Services to Alleviate or Prevent Family Problems
- ◆ Sustenance
- ◆ Housing Referral Services
- ◆ Legal Referral Services
- ◆ Diagnostic Treatment Services for Children
- ◆ Special Services for the Blind
- ◆ Special Services for Adults
- ◆ Services for Disabled Individuals
- ◆ Services to County Jail Inmates

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE

For purposes of this report, use the criteria described below to determine the ethnic origin and primary language of recipient cases in the specified program areas.

◆ **CalWORKs Two Parent, Zero Parent, All (Other) Families, TANF Timed-Out, and Safety Net Cases**

The ethnic origin and primary language of the head of household should be used in CalWORKs Two Parent, All (Other) Families, TANF Timed-Out, and Safety Net Cases categories, regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category. If available, the ethnic origin and primary language of the adult with the primary responsibility for the care and safety of the assisted children in the household should be used for Zero Parent cases. If this information is not available, the ethnicity and primary language of the child (or the eldest child in sibling cases) should be used for Zero Parent cases, regardless of the ethnic origin and primary language of other members of the family in the same household.

◆ **Foster Care (FC)**

Each foster care child represents one case. Report the ethnic origin and primary language of the child for whom assistance is being received.

◆ **Social Services**

Report ethnic origin and primary language for all cases in which social services were provided directly by the CWD in July 2004. Do not include cases for which services are purchased from other organizations or for which only information and referral services are given. Report each case only once, regardless of the number of services from any Social Services programs that may have been provided during the report month.

◆ **Nonassistance Food Stamps (NAFS)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic category and one primary language category.

◆ **Welfare to Work (WTW)**

For WTW enrollees in either the Two Parent or All (Other) Families category, report the ethnic origin and primary language of the enrollee, regardless of the ethnic origin and primary language of other members of the family in the same household. Report each case in only one ethnic category and one primary language category.

◆ **Refugee Cash Assistance (RCA)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category.

◆ **Cash Assistance Program for Immigrants (CAPI)**

Each CAPI case represents one CAPI recipient. The ethnic origin and primary language of that recipient should be used. Report each case in only one ethnic and one primary language category.

ITEM INSTRUCTIONS

PART A. ETHNIC ORIGIN (CASES)

For July 2004, report the number of recipient cases in each ethnic category in the appropriate column for each of the following programs:

- ◆ CalWORKs Two Parent, Zero Parent (child only), All (Other) Families, TANF Timed-Out, and Safety Net Cases categories [Cells 1-80]
- ◆ Foster Care [Cells 81-96]
- ◆ Social Services [Cells 97-112]
- ◆ Nonassistance Food Stamps [Cells 113-128]
- ◆ Welfare to Work Two Parent and All (Other) Families categories [Cells 129-160]
- ◆ Refugee Cash Assistance [Cells 161-176]
- ◆ Cash Assistance Program for Immigrants [Cells 177-192]

Report only one ethnicity for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2004 are **not** to be reported.

Totals

Total cases for the CalWORKs Two Parent, Zero Parent, All (Other) Families, TANF Timed-Out, and Safety Net Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the July 2004 report month. *[Cells 193-197]*

Total cases for the FC column must equal the total cases (children) reported in Part B, Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2004 report month. *[Cell 198]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2004 report month. *[Cell 199]*

Total cases for the NAFS column must equal the total cases reported in Part B, Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2004 report month. *[Cell 200]*

Total cases for the WTW Two Parent column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2004 report month. *[Cell 201]*

Total cases for the WTW All (Other) Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2004 report month. *[Cell 202]*

Total cases for CAPI must equal the total recipients reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2004 report month. *[Cell 204]*

Important Note: Totals for each column on page 1 of the ABCD 350 must equal totals for the corresponding columns on page 2 of the ABCD 350.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)
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For July 2004, report the number of recipient cases for each primary language in the appropriate column for each of the following programs:

- ◆ CalWORKs Two Parent, Zero Parent (child only), All (Other) Families, TANF Timed-Out, and Safety Net Cases categories *[Cells 205-349]*
- ◆ Foster Care *[Cells 350-378]*
- ◆ Social Services *[Cells 379-407]*
- ◆ Nonassistance Food Stamps *[Cells 408-436]*
- ◆ Welfare to Work Two Parent and All (Other) Families categories *[Cells 437-494]*
- ◆ Refugee Cash Assistance *[Cells 495-523]*
- ◆ Cash Assistance Program for Immigrants *[Cells 524-552]*

Report only one primary language for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2004 are **not** to be reported.

In the Comments section on page 1 of the report, specify by language and number of cases any entries in Part B, Primary Language Spoken, Code 6, Other Non-English.

Totals

Total cases for the CalWORKs Two Parent, Zero Parent, All (Other) Families, TANF Timed-Out, and Safety Net Cases columns must equal the total cases in each category reported in Part B, Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement Report (CA 237 CW) for the July 2004 report month. [Cells 553-557]

Total cases for the FC column must equal the total cases (children) reported in Part B, Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2004 report month. [Cell 558]

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2004 report month. [Cell 559]

Total cases for the NAFS column must equal with the total cases reported in Part B, Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2004 report month. [Cell 560]

Total cases for the WTW Two Parent column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2004 report month. [Cell 561]

Total cases for the WTW All (Other) Families column must equal the total enrollees in Part A, Item 1, of the CalWORKs Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2004 report month. [Cell 562]

Total cases for CAPI must equal the total recipients reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2004 report month. [Cell 564]

Important Note: Totals for each column on page 2 of the ABCD 350 must equal totals for the corresponding columns on page 1 of the ABCD 350.