

NOTICE OF FORM CHANGE NO. 06-099

DATE

06/27/2006

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 358S (7/06) - Food Stamp Program Participants By Ethnic Group/State Only

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 7/06	REPLACES 7/05	<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 7/06

USE FORM IN ACCORDANCE WITH

All County Letter No. 06-16
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 x 11, one-sided

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. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

SUBMIT THIS REPORT FORM VIA EMAIL

(see <http://www.cdss.ca.gov/research/>)

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**Food Stamp Program
Participants by Ethnic Group
State-Only**

COUNTY NAME	REPORT MONTH AND YEAR	VERSION
	July 2006	

1. Number of households participating in the Food Stamp Program during July by ethnic group and assistance status - State-Only Households.

Ethnic Group	Medi-Cal Eligibility Code	Number of Households		
		Assistance	Nonassistance	Total
Black (not of Hispanic origin)	3	1	2	3
Hispanic	2	4	5	6
Asian or Pacific Islander	4	7	8	9
American Indian or Alaskan Native	5	10	11	12
White (not of Hispanic origin)	1	13	14	15
Filipino	7	16	17	18
Other		19	20	21
Total		22	23	24

2. Number of Asian-Pacific Islander households participating in the Food Stamp Program during July by ethnic group - State-Only Households (the cells in the "Total" line below must equal the corresponding cells in the "Asian or Pacific Islander" line above).

Ethnic Group	Medi-Cal Eligibility Code	Number of Households		
		Assistance	Nonassistance	Total
Chinese	C	25	26	27
Cambodian	H	28	29	30
Japanese	J	31	32	33
Korean	K	34	35	36
Samoan	M	37	38	39
Asian Indian	N	40	41	42
Hawaiian	P	43	44	45
Guamanian	R	46	47	48
Laotian	T	49	50	51
Vietnamese	V	52	53	54
Other Asian-Pacific Islander	X	55	56	57
Total		58	59	60

COMMENTS

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

**FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP
STATE-ONLY HOUSEHOLDS
DFA 358S (7/06)**

INSTRUCTIONS

CONTENT

The annual DFA 358S report contains statistical information on the number of state households participating in the Food Stamp Program during the month of July by ethnic group and assistance status.

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

PURPOSE

Title 7, Code of Federal Regulations, Part 272.6 g and h, requires states to provide an ethnic and racial breakdown of the households that participate in the Food Stamp Program. This report also provides county and state 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 within 45 days following the end of the July report month. This report may be submitted via email or in hard copy:

Email submission: Download an Excel version of the form from <http://www.cdss.ca.gov/research/> 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.

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 the county name in the box provided near the top of the form.

Make an entry for each item. If there is nothing to report for an item, enter "0". **Do not leave any item blank.**

GENERAL INSTRUCTIONS (Continued)

Enter in the boxes at the end of the form the name, job title or classification, telephone, and fax number 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

Black (not of Hispanic origin): Person having origins in any of the Black racial groups of Africa.

Hispanic: Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the "Filipino" ethnic category.

American Indian or Alaskan Native: Person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White (not of Hispanic origin): Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Filipino: Person whose ancestry or ethnic origin is the Philippine Islands.

Other: Any person not mentioned in the above-listed definitions.

ITEM INSTRUCTIONS

When completing the DFA 358S report, enter the required data/information for each item. If there is nothing to report for an item, enter "0".

1. Number of households participating in the Food Stamp Program during July by ethnic group and assistance status – State-Only Households [Cells 1-24]

If completing an electronic version of this form, skip Cells 7, 8, 9 and the Total (Cells 3, 6, 12, 15, 18, and 21, as well as Cells 22, 23, 24) cells, as these cells will be automatically calculated.

2. Number of Asian-Pacific Islander households participating in the Food Stamp Program during July by ethnic group and assistance status – State-Only Households [Cells 25-60]

If completing an electronic version of this form, skip the Total (Cells 27, 30, 33, 36, 39, 42, 45, 48, 51, 54 and 57, as well as Cells 58, 59, 60) cells, as these cells will be automatically calculated.

Report the number of households participating for the July report month for each ethnic group under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

The ethnic group classification is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received.

NOTE: The totals for the Asian-Pacific Islander section must equal the Asian or Pacific Islander line (i.e., Cells 58, 59, and 60 must equal Cells 7, 8, and 9, respectively). (NOTE: If completing an electronic version of this form, Cells 7, 8, and 9, will automatically calculate, after filling in Item 2.)

ITEM INSTRUCTIONS (Continued)

The number of households should be the same as the corresponding number of households on the Food Stamp Program Participation and Benefit Issuance Report (DFA 256) for July. Explain any difference between the number of households reported in the Comments section.

COMMENTS

Use the Comments section to:

- Explain differences in the number of households between this report and the DFA 256.
- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide any other comments the county determines necessary.

**Food Stamps Program
Participants by Ethnic Group
State-Only****VALIDATION RULES AND EDITS****1. Number of households participating in the Food Stamp Program during July by ethnic group and assistance status – State-Only Households**

- CELL 3:** Cell 3 must equal to (Cell 1 plus Cell 2)
CELL 6: Cell 6 must equal to (Cell 4 plus Cell 5)
CELL 7: Cell 7 must equal to (Cell 58)
CELL 8: Cell 8 must equal to (Cell 59)
CELL 9: Cell 9 must equal to (Cell 60)
CELL 12: Cell 12 must equal to (Cell 10 plus Cell 11)
CELL 15: Cell 15 must equal to (Cell 13 plus Cell 14)
CELL 18: Cell 18 must equal to (Cell 16 plus Cell 17)
CELL 21: Cell 21 must equal to (Cell 19 plus Cell 20)
CELL 22: Cell 22 must equal to (Cell 1 plus Cell 4 plus Cell 7 plus Cell 10 plus Cell 13 plus Cell 16 plus Cell 19)
CELL 23: Cell 23 must equal to (Cell 2 plus Cell 5 plus Cell 8 plus Cell 11 plus Cell 14 plus Cell 17 plus Cell 20)
CELL 24: Cell 24 must equal to (Cell 3 plus Cell 6 plus Cell 9 plus Cell 12 plus Cell 15 plus Cell 18 plus Cell 21)

2. Number of Asian-Pacific Islander households participating the Food Stamp Program during July by ethnic group – State-Only Households

- CELL 27:** Cell 27 must equal to (Cell 25 plus Cell 26)
CELL 30: Cell 30 must equal to (Cell 28 plus Cell 29)
CELL 33: Cell 33 must equal to (Cell 31 plus Cell 32)
CELL 36: Cell 36 must equal to (Cell 34 plus Cell 35)
CELL 39: Cell 39 must equal to (Cell 37 plus Cell 38)
CELL 42: Cell 42 must equal to (Cell 40 plus Cell 41)
CELL 45: Cell 45 must equal to (Cell 43 plus Cell 44)
CELL 48: Cell 48 must equal to (Cell 46 plus Cell 47)
CELL 51: Cell 51 must equal to (Cell 49 plus Cell 50)
CELL 54: Cell 54 must equal to (Cell 52 plus Cell 53)
CELL 57: Cell 57 must equal to (Cell 55 plus Cell 56)
CELL 58: Cell 58 must equal to (Cell 25 plus Cell 28 plus Cell 31 plus Cell 34 plus Cell 37 plus Cell 40 plus Cell 43 plus Cell 46 plus Cell 49 plus Cell 52 plus Cell 55)
CELL 59: Cell 59 must equal to (Cell 26 plus Cell 29 plus Cell 32 plus Cell 35 plus Cell 38 plus Cell 41 plus Cell 44 plus Cell 47 plus Cell 50 plus Cell 53 plus Cell 56)
CELL 60: Cell 60 must equal to (Cell 27 plus Cell 30 plus Cell 33 plus Cell 36 plus Cell 39 plus Cell 42 plus Cell 45 plus Cell 48 plus Cell 51 plus Cell 54 plus Cell 57)