



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

August 30, 2018

ALL COUNTY INFORMATION NOTICE NO. I-55-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL CIVIL RIGHTS COORDINATORS
ALL CALFRESH COORDINATORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA PROJECT MANAGERS

FROM: M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

SUBJECT: ANNUAL CALFRESH PARTICIPANTS BY RACE/ETHNICITY
GROUP REPORTS DFA 358 F (7/18) AND DFA 358S (7/18)

REFERENCE: [ACIN I-41-17](#); [ACL 07-07](#); [ACL 07-07E](#)

This letter serves as a reminder to counties of the annual requirement to submit the CalFresh Participants by Race/Ethnicity Federal-Only and Combined Households (DFA 358F) and CalFresh Participants by Race/Ethnicity State-Only Households (DFA 358S) reports. The DFA 358F and DFA 358S reports collect data each year on households that participate in CalFresh during the month of July.

Title 7, Code of Federal Regulations, Section [272.6](#) (g) and (h), require states to provide an ethnic and racial breakdown of the households that participate in the Supplemental Nutrition Assistance Program (SNAP). In addition, CalFresh regulation, Manual of Policies and Procedures section [63-104.21](#) (f), provides authority for collecting data for the California Food Assistance Program. Moreover, data collected on these reports are not a duplication of data requested via the Annual Recipient Report on California Work Opportunity and Responsibility to Kids (CaWORKs), Foster Care, Social Services, Non-assistance Food Stamps, Welfare to Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants Ethnic Origin and Primary Language ([ABCD 350](#)).

Accordingly, there is a federal requirement to categorize reported data by federal" and "state-only" households. To meet this requirement, households composed of federal-only and combined federal/state members are reported on the DFA 358F report and households composed of state-only members are reported on the DFA 358S report. The DFA 358F and DFA 358S annual reports incorporate the racial and ethnic data collection and reporting requirements for SNAP (refer to All County Letter No. [07-07 \[07-07E\]](#) dated January 22, 2007). Ethnicity and race data are to be collected at the time of application (for new applicants) and recertification. When the county performs a certification or recertification, the guidelines for the collection of ethnic and race data require that the household contact must first be asked about his/her Hispanic or Latino ethnicity, followed by race.

In order for California to meet the federal reporting deadline, the completed DFA 358F and DFA 358S reports must be received by the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB), by **August 24, 2018**. The total number of households reported on the DFA 358F and DFA 358S should correspond to the total number of households on the CalFresh Participation and Benefit Issuance Report (DFA 256) for July 2018.

To complete the electronic form, counties are to download a copy of the ABCD 350 form using the following link: [California Department of Social Services, Data Systems and Survey Design Bureau \(DSSDB\) website](#). The electronic form links to the instructions and validations.

All counties are required to submit the report via e-mail to the California Department of Social Services, Data Systems and Survey Design Bureau (DSSDB) at the designated [DFA 358 report inbox](#) by August 24, 2018. The DFA 358F and DFA 358S forms, instructions and validations are attached in PDF format as reference materials.

If you have any questions regarding the completion of this report, please contact DSSDB at (916) 651-8269. Program related questions should be directed to your CalFresh county consultant or call the CalFresh Branch at (916) 651-8047.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

ALL COUNTY INFORMATION NOTICE NO. I-55-18

Page Two

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DATA SYSTEMS AND SURVEY DESIGN BUREAU

CalFresh
Participants by Race/Ethnicity
State-Only Households
DFA 358S

DOWNLOAD REPORT FORM FROM:
<http://www.cdss.ca.gov/Winforsource/Research-and-Data/CDSSDB>
E-MAIL COMPLETED REPORT FORM TO:
adm.dfs358@cdss.ca.gov

Please keep the file in .xls or .xlsx extension

COUNTY NAME	VERSION	REPORT MONTH	REPORT YEAR			
Select County Name	Initial	July	2018			
Number of State-Only Households participating in CalFresh during July by race and assistance status.						
Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household		
	PA CF	NACF	TOTAL	PA CF	NACF	TOTAL
1. Household Contacts Who Marked Only One Race						
American Indian or Alaska Native	1	2	3	0	4	6
Asian Categories	7	0	8	0	10	12
Asian Indian	13	14	15	0	16	18
Cambodian	19	20	21	0	22	24
Chinese	25	26	27	0	28	30
Japanese	31	32	33	0	34	36
Filipino	37	38	39	0	40	42
Korean	43	44	45	0	46	48
Laotian	49	50	51	0	52	54
Vietnamese	55	56	57	0	58	60
Other Asian (not included above)	61	62	63	0	64	66
Reporting More Than One Asian Group	67	68	69	0	70	72
Black or African American	73	74	75	0	76	78
Native Hawaiian or Other Pacific Islander	79	0	80	0	82	84
Native Hawaiian	85	86	87	0	88	90
Guamanian	91	92	93	0	94	96
Samoan	97	98	99	0	100	102
Other Pacific Islander (not included above)	103	104	105	0	106	108
Reporting More Than One Native Hawaiian or Pacific	109	110	111	0	112	114
White	115	116	117	0	118	120
2. Household Contacts Who Marked Two Races						
American Indian or Alaska Native and White	121	122	123	0	124	126
Asian and White	127	128	129	0	130	132
Black or African American and White	133	134	135	0	136	138
American Indian or Alaska Native and	139	140	141	0	142	144
3. Other--Household Contacts Who Chose Racial Combinations Not Included Above						
Reporting Race(s) Not Included Above	145	146	147	0	148	150
4. Nonreporting Household Contacts Where Worker						
Worker Unable to Determine Race	151	152	153	0	154	156
5. Totals	157	0	158	0	160	162
Cell 17 from the DFA 256 for July, as submitted to CDSS						
Adjustment from Cell 159			0			
COMMENTS						
Item 5 (Cell 159) Adjustment Explanation (If Cell 159 does not equal Cell 17 on the DFA 256, explain the reason in the box below.)						
Revised Report Explanation (if Revised is selected)						
CONTACT PERSON		TELEPHONE	EXTENSION	FAX		
JOB TITLE/CLASSIFICATION		E-MAIL		DATE SUBMITTED		

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DATA SYSTEMS AND SURVEY DESIGN BUREAU

CalFresh
Participants by Race/Ethnicity
Federal-Only and Combined Households
DFA 358F

DOWNLOAD REPORT FORM FROM:
<http://www.cdss.ca.gov/infocore/inf/research-and-data/CDSSDB>
E-MAIL COMPLETED REPORT FORM TO:
sdm.dfa358@cdss.ca.gov

Please keep the file in .xls or .xlsx extension

COUNTY NAME	VERSION	REPORT MONTH	REPORT YEAR			
Select County Name	Initial	July	2018			
Number of Federal-Only and Combined Households participating in CalFresh during July by race and assistance status.						
Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race		
	PACF Households	NACF Households	TOTAL Households	PACF Households	NACF Households	TOTAL Households
1. Household Contacts Who Marked Only One Race						
American Indian or Alaska Native	1	2	3	0	4	0
Asian Categories	7	8	9	0	10	0
Asian Indian	13	14	15	0	16	0
Cambodian	19	20	21	0	22	0
Chinese	25	26	27	0	28	0
Japanese	31	32	33	0	34	0
Filipino	37	38	39	0	40	0
Korean	43	44	45	0	46	0
Laotian	49	50	51	0	52	0
Vietnamese	55	56	57	0	58	0
Other Asian (not included above)	61	62	63	0	64	0
Reporting More Than One Asian Group	67	68	69	0	70	0
Black or African American	73	74	75	0	76	0
Native Hawaiian or Other Pacific Islander	79	80	81	0	82	0
Native Hawaiian	85	86	87	0	88	0
Guamanian	91	92	93	0	94	0
Samoa	97	98	99	0	100	0
Other Pacific Islander (not included above)	103	104	105	0	106	0
Reporting More Than One Native Hawaiian or Pacific Islander Group	109	110	111	0	112	0
White	115	116	117	0	118	0
2. Household Contacts Who Marked Two Races						
American Indian or Alaska Native and White	121	122	123	0	124	0
Asian and White	127	128	129	0	130	0
Black or African American and White	133	134	135	0	136	0
American Indian or Alaska Native and Black or African American	139	140	141	0	142	0
3. Other--Household Contacts Who Chose Racial Combinations Not Included Above						
Reporting Race(s) Not Included Above	145	146	147	0	148	0
4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination						
Worker Unable to Determine Race	151	152	153	0	154	0
5. Totals	157	158	159	0	160	0
Sum of Cells 15 and 16 from the DFA 256 for July, as submitted to CDSS						
Adjustment from Cell 159			0			
COMMENTS						
Item 5 (Cell 159) Adjustment Explanation (If Cell 159 does not equal the sum of Cells 15 and 16 on the DFA 256, explain reason in box below.)						
Revised Report Explanation (if Revised is selected)						
CONTACT PERSON	TELEPHONE	EXTENSION	FAX			
JOB TITLE/CLASSIFICATION	E-MAIL	DATE SUBMITTED				

**CalFresh PARTICIPANTS BY RACE/ETHNICITY
FEDERAL-ONLY AND COMBINED HOUSEHOLDS
DFA 358F (7/18)
AND
STATE-ONLY HOUSEHOLDS
DFA 358S (7/18)**

INSTRUCTIONS

CONTENT

The annual DFA 358F report contains statistical information on the number of federal and federal/state combined households participating in CalFresh during the month of July by race and assistance status. The annual DFA 358S report contains statistical information on the number of state households participating in CalFresh during the month of July by race and assistance status.

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 Supplemental Nutrition Assistance Program (SNAP). The DFA 358F and DFA 358S reports provide county and state entities with information needed for budgeting, staffing and program planning.

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 30 days following the end of the July report month.

Download an Excel version of the report form from [CDSS, Data Systems and Survey Design Bureau \(DSSDB\)](#), complete the downloaded form, and e-mail to the designated [DFA 358 report inbox](#). The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance. If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269.

The report's statewide and county specific data is available on the [CDSS, Research and Data Reports \(RADR\) website](#). Counties are encouraged to review their data on the website to confirm that the county's data coincides with the data on file at CDSS. For reference purposes, copies of the report form, instructions and validations can be

downloaded from the [RADR website](#).

GENERAL INSTRUCTIONS

NOTE: This report is a combination of the DFA 358 Federal only and DFA 358 State only. The instructions provided should be applied to both reports. Please make sure to use these instructions to fill out both reports.

Select the county name and version (Initial or Revised) in the boxes provided near the top of the form. Enter the data required for each item. Enter "0" if there is nothing to report for an item. **Do not leave any items blank.** If your county does not provide a particular service/activity, or the service/activity is provided but the county is unable to collect or track the data, enter "0" and explain in the Comments section.

Enter in the boxes at the bottom of the form: the name, job title or classification, telephone number, extension (if applicable), and e-mail address of the person to contact if there are questions about the report. This contact person may or may not be the person who completed the report. Enter the date the report is submitted; this is the date when the report is e-mailed to DSSDB.

DEFINITIONS

Hispanic or Latino Ethnicity: Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." (For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race.)

Race

American Indian or Alaskan Native: Person having origins in any of the original peoples of North and South America (including Central American), and who maintain cultural identification through tribal affiliation or community attachment.

Asian: Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: Person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American".

Native Hawaiian or Other Pacific Islander: Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.

White: Person having origins in any of the original peoples of Europe, North Africa or the Middle East.

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

ITEM INSTRUCTIONS

When completing the DFA 358F and DFA 358S reports, enter the required data/information for each item. Enter "0" if there is nothing to report for an item. This form is requesting separate counts for household contacts who chose only one race and those who chose more than one race.

Enter the number of households participating for the July report month for each race under the applicable Public Assistance (PA) or Nonassistance (NA) column. Report only once those households that participated more than once in the month of July. The race/ethnicity is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received.

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

A. Number of households participating in CalFresh during July by race and assistance status [Column A]

In Column A, report the total number of household contacts by race, including persons of Hispanic or Latino ethnicity.

B. Number of Hispanic or Latino households participating in CalFresh during July by race and assistance status [Column B]

In Column B, report only household contacts of Hispanic or Latino ethnicity by race.

Items 1 – 2, Column A (PA and NA) and Column B (PA and NA): Enter for each racial group the number of household contacts that participated (received CalFresh benefits) during July. A household contact is the person who completes the application or is interviewed. Shaded cells in Column A and Column B Total Households are automatically calculated. [Cells 1 – 144]

Item 3, Column A (PA and NA) and Column B (PA and NA): Enter the total number of household contacts who chose racial combinations that are not included in Items 1 - 2. Column A and Column B Total Households are automatically calculated. [Cell 145 – 150]

Item 4, Column A (PA and NA) and Column B (PA and NA): Enter the total number of household contacts where the individual did not mark any ethnicity/race on application and the worker is unable to determine ethnicity/race (e.g., telephone interview where face-to-face observation was not possible). Column A and Column B Total Households are automatically calculated. [Cells 151 – 156]

Item 5, Column A (PA Households, NA Households, Total Households) and Column B (PA Households, NA Households, Total Households): This item is automatically calculated. It is the total for each column. [Cells 157 – 162]

COMMENTS

Use the comments box to:

- Explain differences in the number of households between this report and the DFA 256.
- Explain any “0” data entry for an item if the county does not provide the service/activity or if the county is unable to collect or track the data.
- Explain any major fluctuations in data.
- Provide any other comments the county determines necessary.

**CalFresh PARTICIPANTS BY RACE/ETHNICITY
FEDERAL-ONLY AND COMBINED HOUSEHOLDS
DFA 358F (7/18)
AND
CalFresh PARTICIPANTS BY RACE/ETHNICITY
STATE-ONLY HOUSEHOLDS
DFA 358S (7/18)**

VALIDATION RULES AND EDITS

All data cells in this report must be greater than or equal to 0. Enter whole numbers only: no decimals. No data cell should be left blank.

Initial reports: If Initial is selected, the Revised Report Explanation box must be left blank.

Revised reports: If Revised is selected, enter the reasons for the revision in the Revised Report Explanation box.

NOTE: This report is a combination of the DFA 358 Federal only and DFA 358 State only. The validations provided should be applied to both reports. Please make sure to use these validations to fill out both reports.

Column A

PA Households Column

Cell 157 must be equal to the sum of Cells 1, 7, 73, 79, 115, 121, 127, 133, 139, 145 and 151

Cell 7 must be equal to the sum of Cells 13, 19, 25, 31, 37, 43, 49, 55, 61 and 67

Cell 79 must be equal to the sum of Cells 85, 91, 97, 103 and 109

NA Households Column

Cell 158 must be equal to the sum of Cells 2, 8, 74, 80, 116, 122, 128, 134, 140, 146 and 152

Cell 8 must be equal to the sum of Cells 14, 20, 26, 32, 38, 44, 50, 56, 62 and 68

Cell 80 must be equal to the sum of Cells 86, 92, 98, 104 and 110

Total Households Column

Cell 159 must be equal to the sum of Cells 3, 9, 75, 81, 117, 123, 129, 135, 141, 147 and 153

Cell 9 must be equal to the sum of Cells 15, 21, 27, 33, 39, 45, 51, 57, 63, and 69

Cell 81 must be equal to the sum of Cells 87, 93, 99, 105 and 111

Column B

PA Households Column

Cell 160 must be equal to the sum of Cells 4, 10, 76, 82, 118, 124, 130, 136, 142, 148 and 154

Cell 10 must be equal to the sum of Cells 13, 19, 25, 31, 37, 43, 49, 55, 61 and 67

Cell 82 must be equal to the sum of Cells 88, 94, 100, 106 and 112

NA Households Column

Cell 161 must be equal to the sum of Cells 5, 11, 77, 83, 119, 125, 131, 137, 143, 149 and 155

Cell 11 must be equal to the sum of Cells 17, 23, 29, 35, 41, 47, 53, 59, 65 and 71

Cell 83 must be equal to the sum of Cells 89, 95, 101, 107 and 113

Total Households Column

Cell 162 must be equal to the sum of Cells 6, 12, 78, 84, 120, 126, 132, 138, 144, 150 and 156

Cell 12 must be equal to the sum of Cells 18, 24, 30, 36, 42, 48, 54, 60, 66 and 72

Cell 84 must be equal to the sum of Cells 90, 96, 102, 108 and 114