



CDSS

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

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EDMUND G. BROWN JR.
GOVERNOR

May 4, 2016

ALL COUNTY LETTER (ACL) NO. 16-39

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CALFRESH COORDINATORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: DISCONTINUANCE OF CALFRESH EXPEDITED
SERVICE QUARTERLY STATISTICAL REPORT (DFA 296X [7/13])

DISCONTINUANCE CALFRESH MONTHLY CASELOAD
MOVEMENT STATISTICAL REPORT (DFA 296 [1/12])

NEW CALFRESH MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORT (CF 296 [7/16])

REFERENCE: [ACIN I-19-16](#) CALFRESH MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORT (DISCONTINUANCE OF DFA 296 AND
DFA 296X AND IMPLEMENTATION OF NEW CF 296)

This letter informs the counties that the CalFresh Expedited Service Quarterly Statistical Report (DFA 296X) and the CalFresh Monthly Caseload Movement Statistical Report (DFA 296) are being discontinued. The DFA 296X and DFA 296 reports have been combined, revised and renamed to create the new report, CalFresh Monthly Caseload Movement Statistical Report (CF 296).

The DFA 296X for the April - June 2016 quarter (due July 20, 2016) will be the last report quarter of the DFA 296X report. The DFA 296 for June 2016 (due July 20, 2016) will be the last report month of the DFA 296 report. Counties are required to use the new CF 296 beginning with the report month of July 2016 to the California Department of Social Services (CDSS). Data for the months of July, August and September 2016 should be reported using the new CF 296 report and must be submitted no later than October 20, 2016.

Summary of Major Changes

The new CF 296 report form has four parts. Part A contains applications received and disposed of during the month; Part B contains applications processed under expedited service; Part C contains certified caseload movement; and Part D contains the disposition of recertifications.

In Part A, Item 1a is a new item that has been added to the report form, which requests the number of online applications received during the month. Item 2b2 has been added to request applications denied for procedural reasons. In this item the county must report all applications that were denied for failure to sign the application, failure to complete an interview or failure to provide verifications. In cases where a household provides enough verification to determine eligibility or ineligibility for CalFresh, it should be reported in Part A, Item 2 **or** in Part B, Item 3; not in both places.

Additional changes include:

- The title of the report has been changed from DFA to CF.
- Additional denial and discontinuance data items have been added.
- Part B has been renamed to “Applications Processed Under Expedited Service.”
- Recertification data previously in Part C is now located in Part D.

Revisions

Revised DFA 296X reports for the April – June 2016 report quarter and previous quarters should continue to be completed on the DFA 296X (7/13) report form and continue to be submitted to the DFA 296X inbox (admdfa296x@dss.ca.gov). Revised DFA 296 reports for the June 2016 report month and previous months should continue to be completed on the DFA 296 (1/12) report form and continue to be submitted to the DFA 296 inbox (admdfa296@dss.ca.gov).

Completion and Submission

To complete the electronic form, counties are to download a copy of the CF 296 form from the CDSS, Data Systems and Survey Design Bureau (DSSDB) website by using the following link: <http://www.cdss.ca.gov/dssdb/>. The electronic form contains the form and links to the instructions and validations. All counties are required to submit the report via e-mail to DSSDB at admcf296@dss.ca.gov by the 20th calendar day of the month following the report month. The CF 296 form, instructions and validations are attached in PDF as reference material.

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If you have any questions regarding the completion of this report, please contact DSSDB at (916) 651-8269. Policy related questions should be directed to the CalFresh Branch at (916) 654-1408.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

**CALFRESH MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORT
CF 296**

DOWNLOAD REPORT FORM FROM:
<http://www.cdss.ca.gov/dssdb>
E-MAIL COMPLETED REPORT FORM
TO:
admcf296@dss.ca.gov

COUNTY NAME	VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT MONTH	REPORT YEAR
PART A. APPLICATIONS FOR CALFRESH			TOTAL
1. Applications received during the month.....			1
a. Online applications received during the month.....			2
2. Applications disposed of during the month (Sum of Items 2a through 2c).....			3
a. Applications approved (Same as Item 5a/Cell 61).....			4
			PACF (A) NACF (B) TOTAL (C)
1) Applications approved in over 30 days (CWD caused).....			5
2) Applications denied (Item 2b1 plus Item 2b2).....			6
1) Applications denied because determined ineligible.....			7
2) Applications denied for procedural reasons.....			8
3) Applications denied in over 30 days (CWD caused).....			9
3) Applications withdrawn.....			10
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			12
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			21
			22
PART B. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICE (ES)			PACF (A) NACF (B) TOTAL (C)
3. Of the applications from Item 1, applications processed under ES disposed of during the month (Item 3a plus Item 3b).....			23
a. Found entitled to ES (Sum of Items 3a1 through 3a3).....			24
1) Benefits issued in 1-3 days.....			25
2) Benefits issued in 4-7 days.....			26
3) Benefits issued in over 7 days.....			27
b. Found not entitled to ES.....			28
			29
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PART C. CERTIFIED CASELOAD MOVEMENT			PACF (A) NACF (B) TOTAL (C)
4. Cases brought forward at the beginning of the month.....			41
a. Item 8 from last month's report, as reported to CDSS.....			42
b. Adjustment (Item 4 minus Item 4a, positive or negative number, explain in the Item 4b Adjustment Explanation).....			43
5. Cases added during the month (Sum of Items 5a through 5e, positive or negative number).....			44
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COMMENTS			
Item 4b Adjustment Explanation (If Item 4b is not zero, this box must be completed. If Item 4b is zero, this box must be blank.)			
General Comments			
Revised Report Explanation (If Revised is checked, this box must be completed. If Initial is checked, this box must be blank.)			
CONTACT PERSON	TELEPHONE	EXTENSION	FAX
TITLE/CLASSIFICATION	E-MAIL	DATE SUBMITTED	

**CALFRESH MONTHLY CASELOAD MOVEMENT
STATISTICAL REPORT
CF 296 (7/16)**

INSTRUCTIONS

CONTENT

The monthly CF 296 report contains data on the number of CalFresh applications received, approved, denied and withdrawn. This includes data on the number of CalFresh applications processed under expedited service (ES), processing timeframes and discontinuances due to recipients' failure to complete the application process for ongoing CalFresh benefits. The report also includes the number of cases eligible; Inter-County Transfers (ICT) received; restoration of prorated benefits; recertifications disposed of and the number of overdue recertifications during the month.

PURPOSE

The CF 296 provides data for the Food and Nutrition Service (FNS) federally mandated annual Program Activity Statement (FNS-366-B) as well as for federally approved waivers. It also allows measurement of program performance in meeting state and federal ES issuance standards. In addition, this report provides county, state and federal 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 is required to review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 20th calendar day of the month following the report month.

If the CWD determines that a revision is needed to its previously submitted report, the CWD will submit a revised report for the applicable month(s) and provide an explanation for the revision in the Revised Report Explanation box. The California Department of Social Services' (CDSS) policy requires CWDs to revise current State Fiscal Year (FY) reports and two prior FYs, if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed.

Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/>, complete the downloaded form and e-mail to CDSS, Data Systems and Survey Design Bureau (DSSDB) at admcf296@dss.ca.gov. 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 statewide and county specific CF 296 data is available on the CDSS, Research and Data Reports (RADR) website at <http://www.cdss.ca.gov/research/>. CWDs are encouraged to review their data on the website each month to confirm the county's data coincides with the data on file at CDSS.

GENERAL INSTRUCTIONS

Enter in the boxes provided at the top of the form the county's name, version (Initial or Revised) and the report month and year.

GENERAL INSTRUCTIONS (Continued)

Enter the data required for each item. If there is nothing to report for an item, enter "0". **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 General Comments box.

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number, fax number and e-mail 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 is submitted. This is the date when the report is e-mailed to DSSDB.

COLUMN INSTRUCTIONS

Column Total: This column is automatically calculated. It is the sum of Columns PACF (A) and NACF (B).

DEFINITIONS

Adjustment: Changes in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported are to be reported as an adjustment. Whenever an adjustment has occurred, the county must include in the Item 4b Adjustment Explanation box an explanation of why an adjustment was needed.

Application (for CalFresh): For reporting purposes, a request for CalFresh which has been received and recorded by the county, on initial Application for CalFresh, Cash Aid and/or Medi-Cal/Health Care Programs (SAWS 1), Application for CalFresh Benefits (CF 285), or the Multi-program application, Application for CalFresh, Cash Aid and/or Medi-Cal/Health Care Programs (SAWS 2 Plus). A request for CalFresh benefits is a signed application containing at least the applicant name and address that has been received by the appropriate CalFresh office.

Change in Assistance Classification: A household whose assistance classification is changed from Public Assistance CalFresh (PACF) to Nonassistance CalFresh (NACF) or from NACF to PACF.

Denied: An application for CalFresh that is denied. A denial may occur for any reason, e.g., excess income and/or resources; failure to complete necessary forms; failure to provide essential verification, etc.

Expedited Service: CWD approval of applicant access to CalFresh benefits within an expedited timeframe, for households which meet certain criteria contained in regulations. California's standard for ES is three calendar days due to provision of the Welfare Rights League v. McMahan settlement; federal standard for ES is seven days, per 7 CFR 273.2(i)(3)(i).

Inter-County Transfer (ICT): Transfer of responsibility for a case from one county to another, i.e., household moves from one county to another.

Movement: CalFresh case flow within this report revealing changes occurring in the caseload during the month. A change made to a case during the report month in household composition, eligibility status, assistance classification or funding that will cause a CalFresh case to be counted in a different category in the next month.

Nonassistance CalFresh (NACF) Household: A CalFresh household in which none or less than all of its members also receive public assistance.

DEFINITIONS (Continued)

Online Applications: For reporting purposes, a request for CalFresh that has been received and recorded by the county through an electronic application such as, but not limited to, C4Yourself, MyBenefitsCalWIN, or YourBenefitsNow. A request for CalFresh benefits is an electronic signed application containing at least the applicant's name and address that has been received by the appropriate CalFresh office.

Procedural Reasons: A household that failed to complete the application process by not signing the application, not attending the interview, or failed to provide the requested verification.

Public Assistance CalFresh (PACF) Household: A CalFresh household in which all members receive or are authorized to receive a cash benefit from a Temporary Assistance to Needy Families (TANF) or state-funded program.

Recertifications: A required application for continuing benefits received no later than the end of the last month of certification is considered a recertification. Transitional CalFresh cases (TC) moving to ongoing benefits should be included here.

Reinstatement of Eligibility and Prorated Benefits: Households whose eligibility is discontinued by the county and then reinstated with pro-rated benefits pursuant to FNS waiver #2090046 (ACL 10-32, dated July 23, 2010). PACF cases whose benefits are being restored within 30 days of discontinuance due to a late SAR7 should also be reported here.

Transitional CalFresh (TC): Former PACF households, whose CalWORKs grant is discontinued, can receive up to five months of TC. These households will be classified as NACF cases as they are no longer receiving CalWORKs cash aid.

ITEM INSTRUCTIONS**PART A. APPLICATIONS FOR CALFRESH**

Part A summarizes CalFresh application (for certification) intake activity during the report month. A request for CalFresh is a signed application containing at least the applicant name and address that has been received by the appropriate CalFresh office. For purposes of this report, "cases" and "households" are interchangeable.

1. Applications received during the month: Enter the number of new applications received during the report month. This count should also include all applications received during the month and subject to review at initial filing for entitlement of Expedited Service. Do not include recertifications or applications for restored benefits not mandated by a court order. *[Cell 1]*
 - a. Online applications received during the month: Of the applications received during the month (Item 1), enter the number of online applications received during the report month. *[Cell 2]*
2. Applications disposed of during the month (Sum of Items 2a through 2c): ***This item is automatically calculated.*** It is the sum of Items 2a through 2c (the sum of Cells 4, 8, 9, 20 and 21). *[Cell 3]*
 - a. Applications approved (Same as Item 5a/Cell 61): Enter the number of applications approved by county action for CalFresh during the report month. This item must equal Item 5a's Cell 61. *[Cell 4]*

ITEM INSTRUCTIONS (Continued)

- 1) Applications approved in over 30 days (CWD caused): **Cell 7 Total is automatically calculated.** Enter the number of applications reported in Item 2a (approvals) which were processed in over 30 days due to CWD error. Provide the information for both PACF and NACF households. [Cells 5- 7]

- b. Applications denied (Item 2b1 plus item 2b2): **Cell 10 Total is automatically calculated.** Enter the number of applications denied by county action during the report month. Each application denied must be counted under either 2a1 or 2b2. There should not be a duplicate count. Provide the information for both PACF and NACF households. It is the sum of Items 2b1 and 2b2. [Cells 8-10]
 - 1) Applications denied because determined ineligible: **Cell 13 Total is automatically calculated.** Enter the number of applications reported in Item 2b (denials) which were denied for being ineligible for CalFresh. Provide the information for both PACF and NACF households. [Cells 11-13]

 - 2) Applications denied for procedural reasons: **Cell 16 Total is automatically calculated.** Enter the number of applications reported in Item 2b (denials) which were denied for failure to sign the application, failure to complete an interview or failure to provide requested verification. Provide the information for both PACF and NACF households. [Cells 14-16]

 - 3) Applications denied in over 30 days (CWD caused): **Cell 19 Total is automatically calculated.** Enter the number of applications reported in Item 2b (denials), which were processed in over 30 days due to CWD error. This is a unique subset of applications denied in item 2b. Provide the information for both PACF and NACF households. [Cells 17-19]

- c. Applications withdrawn: **Cell 22 Total is automatically calculated.** Enter the number of applications voluntarily withdrawn by the applicant household. Provide the information for both PACF and NACF households. [Cells 20- 22]

PART B. APPLICATION PROCESSED UNDER EXPEDITED SERVICE (ES)

Part B summarizes activity for CalFresh applications processed under ES during the report month.

Note: While all applicants will be screened for ES, only those determined entitled for ES processing should be counted.

3. Of the applications from Item 1, applications processed under ES disposed of during the report month (Item 3a plus Item 3b): **This item is automatically calculated.** It is the sum of Items 3a and 3b. [Cells 23-25]
 - a. Found entitled to ES (Sum of Items 3a1 through 3a3): **This item is automatically calculated.** This is the total number of applications for which it was determined during the report month that the PACF or NACF household **was entitled** to ES. It includes households that were entitled to ES; but due to proration of benefits, received zero benefits in the initial month. It is the sum of Items 3a1 through 3a3. [Cells 26-28]
 - 1) Benefits issued in 1-3 days: **Cell 31 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued within three days following the date of application. Provide the information for both PACF and NACF households. [Cells 29-31]

- 2) Benefits issued in 4-7 days: **Cell 34 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued on the fourth through seventh day following the date of application. Provide the information for both PACF and NACF households. [Cells 32-34]
- 3) Benefits issued in over 7 days: **Cell 37 Total is automatically calculated.** Enter the number of applications which were approved for ES and benefits were issued more than seven days following the date of application. Provide the information for both PACF and NACF households. [Cells 35-37]
- b. Found not entitled to ES: **Cell 40 Total is automatically calculated.** Enter the number of applications for which it was determined during the report month that the PACF or NACF household was **not entitled** to ES. This would occur when the household's circumstances at the time of the interview, or any time prior to being certified under ES, are different from the information provided on the application used at screening to determine the household met one of the entitlement criteria for ES. Provide the information for both PACF and NACF households. [Cells 38-40]

PART C. CERTIFIED CASELOAD MOVEMENT
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4. Cases brought forward at the beginning of the month: **Cell 43 Total is automatically calculated.** Enter the number of cases brought forward at the beginning of the month. This number should be the same as Item 8 of the previous month's report. If the number is different than Item 8 of the previous month's report, enter the corrected number in Item 4 and the automated form will calculate an adjustment in Item 4b. Provide the information for both PACF and NACF households. [Cells 41-43]
- a. Item 8 from last month's report, as reported to CDSS: **Cell 46 Total is automatically calculated.** Enter Item 8 "Cases brought forward at the end of the month" exactly as it was reported to CDSS in last month's report. Provide the information for both PACF and NACF households. [Cells 44-46]
- b. Adjustment (Item 4 minus Item 4a, positive or negative number, explain in the Item 4 Adjustment Explanation box): **This item is automatically calculated.** If an adjustment has been calculated (either a positive or negative number) explain in the Item 4b Adjustment Explanation box the specific reason(s) for the change. An adjustment is only calculated when last month's Item 8 is not the same number as this month's Item 4. If there is no adjustment, a zero will display in this cell. Provide the information for both PACF and NACF households. It is Item 4 minus Item 4a. [Cells 47-49]
5. Cases added during month (Sum of Items 5a through 5e): **This item is automatically calculated.** This is the sum of Items 5a through 5e. [Cells 50-51]
- a. Applications approved: Enter in Cells 53-58 the number of applications approved for CalFresh during the report month, by PACF or NACF assistance classification/household type and by their federal or state eligibility.
- Cell 59 is the total PACF Federal, Federal/State and State cases. **This cell is automatically calculated from the sum of Cells 53, 54 and 55.**
 - Cell 60 is the total NACF Federal, Federal/State and State cases. **This cell is automatically calculated from the sum of Cells 56, 57 and 58.**
 - **Cell 61 Total is automatically calculated.**
- [Cells 53-61]

ITEM INSTRUCTIONS (Continued)

- b. Change in assistance status from PACF or NACF: **Cell 64 Total is automatically calculated.** Enter the number of certified households in the appropriate column whose assistance classification was changed from the previous report month from NACF to PACF or vice versa and become effective to the new classification caseload in the current report month. These cases will not be counted in Items 1, 2a and 5a. For example, on June 15 the household classification is changed from PACF to NACF, effective July 1. The June report will carry forward the case as PACF and not enter any data in item 5b. The July report will reflect the transfer in assistance from PACF to NACF classification in both columns. For example, enter negative one in PACF to signify the case moving from PACF and positive one in NACF to signify the case is moving to NACF. Only net changes should be reported. If there are multiple changes to a single case between NACF and PACF during the month but at the end of the report month the classification for the next month is the same as the classification for the report month, no change in assistance classification is listed in Item 5b. The sum of Cell 62 and Cell 63 must equal zero. [Cells 62-64]
- c. Inter-County Transfers: **Cell 67 Total is automatically calculated.** Enter the number of incoming cases (households) by assistance classification from another county for which your county accepted responsibility and provided benefits for the report month. Note: Do not count ICT cases as new applications. Provide the information for both PACF and NACF households. [Cells 65-67]
- d. Cases with eligibility reinstated and benefits pro-rated during the month: **Cell 70 Total is automatically calculated.** Enter only households whose eligibility is discontinued by the county and then reinstated with benefits pro-rated pursuant to FNS Waiver #2090046. PACF cases whose benefits are being restored within 30 days of discontinuance should also be reported here. Cases with ongoing eligibility but reduced benefits that are later restored should not be counted here. Provide the information for both PACF and NACF households. [Cells 68-70]
- e. Other approvals: **Cell 73 Total is automatically calculated.** Enter the number of cases approved during the report month for reasons other than Items 5a, 5b, 5c and 5d, such as extended filing date or good cause. Provide the information for both PACF and NACF households. [Cells 71-73]
6. Total cases open during the month (Certified eligible to participate during the month) (Items 4 plus Item 5; also sum of Items 6a through 6c): **This item is automatically calculated.** It is the sum of Items 4 and 5. It is also the sum of Items 6a through 6c. [Cells 74-76]
- a. Pure federal cases: **Cell 79 Total is automatically calculated.** Enter the number of cases that consist entirely of federally eligible persons that were certified eligible to participate during the month. Provide the information for both PACF and NACF households. [Cells 77-79]
- 1) Federal persons in Item 6a cases plus federal persons in Item 6b cases: Enter in Cell 80 (Federal Persons) the number of federal **persons** certified eligible in the cases entered in Cells 77, 78, 83 and 84. [Cell 80]
- b. Federal/State combined cases:
- Enter in Cell 81 (State Persons – Singles) the number of state **persons** in the cases entered in Cells 83 and 84 that are 18 years of age or older who have no dependent children.
 - Enter in Cell 82 (State Persons – Families) the number of state **persons** in the cases entered in Cells 83 and 84 that include dependent children.
 - Enter in Cell 83 (Federal/State combined cases) the number of **PACF cases** that consist of federal and state eligible persons that were certified eligible to participate.

ITEM INSTRUCTIONS (Continued)

- Enter in Cell 84 (Federal/State combined cases) the number of **NACF cases** that consist of federal and state eligible persons that were certified eligible to participate.
 - **Cell 85 Total is automatically calculated.**
[Cells 81-85]
- c. Pure state cases:
- Enter in Cell 86 (State Persons – Singles) the number of state **persons** in the cases entered in Cells 88 and 89 who are 18 years of age and older who have no dependent child/children.
 - Enter in Cell 87 (State Persons – Families) the number of state **persons** in the cases entered in Cells 88 and 89 that include dependent children.
 - Enter in Cell 88 (Pure state cases) the number of **PACF cases** that consist entirely of state eligible persons that were certified eligible to participate.
 - Enter in Cell 89 (Pure state cases) the number of **NACF cases** that consist entirely of state eligible persons that were certified eligible to participate.
 - **Cell 90 Total is automatically calculated.**
[Cells 86-90]
7. Cases discontinued during the month: **Cell 93 Total is automatically calculated.** Enter the number of cases discontinued or removed from certification during the month, including cases transferring to another county. This should be an unduplicated count of cases terminated during the month. Provide the information for both PACF and NACF households. [Cells 91-93]
- a. Households discontinued due to recipient failure to complete the application process for ongoing benefits (ES only): **Cell 96 Total is automatically calculated.** 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. Provide the information for both PACF and NACF households. [Cells 94-96]
8. Cases brought forward at the end of the month (Item 6 minus Item 7): **This item is automatically calculated.** It is Item 6 minus Item 7. [Cells 97-99]

PART D. RECERTIFICATIONS

9. Recertifications disposed of during the month (Item 9a plus Item 9b): **This item is automatically calculated.** It is the sum of Items 9a and Item 9b. [Cells 100-102]
- a. Determined continuing eligible: Enter in Cells 103–108 the number of households that were determined to be eligible for continued participation during the report month including TC households, by PACF or NACF and by federal, federal/state or state eligibility.
- Cell 109 is the total PACF Federal, Federal/State and State households. **This cell is automatically calculated from the sum of Cells 103, 104 and 105.**
 - Cell 110 is the total NACF Federal, Federal/State and State households. **This cell is automatically calculated from the sum of Cells 106, 107 and 108.**
[Cells 103-111]
 - **Cell 111 Total is automatically calculated.**
- b. Determined ineligible: Enter in Cells 112-117 the number of households that were determined to be ineligible for continued participation during the month including Transitional CalFresh households by PACF or NACF and by federal, federal/state or state eligibility.
- Cell 118 is the total PACF Federal, Federal/State and State households. **This cell is automatically calculated from the sum of Cells 112, 113 and 114.**

ITEM INSTRUCTIONS (Continued)

- Cell 119 is the total NACF Federal, Federal/State and State households. ***This cell is automatically calculated from the sum of Cells 115, 116 and 117.***
- ***Cell 120 Total is automatically calculated.***
[Cells 112-120]

10. Overdue recertifications (CWD caused) during the month: ***Cell 123 Total is automatically calculated.*** Of the households in Items 9a and 9b, enter the households that reapplied prior to the end of their current recertification period but were not processed within the required timeframes due to CWD error. Provide the information for both PACF and NACF households. Note: Households that reapply before the end of their certification period will be reported under Item 9. Households that reapply any time following the end of their certification period will be reported under Part A Items 2a or 2b. *[Cells 121-123]*

COMMENTS

Item 4b Adjustment Explanation

Use this box to:

- Explain the reason for the Item 4b adjustments.

General Comments

Use this box to:

- Explain any major fluctuations in the data.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data.

Revised Report Explanation

Use this box to:

- Explain the reasons a revised report is being submitted. If this is revised report, this box must be completed. If the report is an Initial report (the first report submitted for the report month) this box must remain blank.

CALFRESH MONTHLY CASELOAD MOVEMENT STATISTICAL REPORT CF 296

VALIDATION RULES AND EDITS

CELLS 1 - 123

Each data cell in this report must be a whole number equal to or greater than zero (0), except Item 4b (Cells 47, 48 and 49), Item 5 (Cells 50, 51 and 52) and Item 5b (Cells 62, 63 and 64) which may be either a positive or negative number. Enter no decimals. No data cells should be left blank.

Initial reports: If "Initial" is selected, the "Revised Report Explanation" box near the bottom of the report form must be left blank.

Revised reports: If "Revised" is selected, enter the reasons for the revision in the "Revised Report Explanation" box near the bottom of the report form.

PART A. APPLICATIONS FOR CALFRESH

Item 1a *Item 1a must be less than or equal to Item 1*

Cell 2 Cell 2 must be less than or equal to Cell 1

Item 2 *Item 2 must be equal to (Item 2a plus Item 2b plus Item 2c)*

Cell 3 Cell 3 must be equal to (Cell 4 plus Cell 10 plus Cell 22)

Item 2a *Item 2a must be equal to Item 5a Total Column*

Cell 4 Cell 4 must be equal to Cell 61

Item 2a1 *Item 2a1 must be less than or equal to Item 5a*

Cell 5 Cell 5 must be less than or equal to Cell 59

Cell 6 Cell 6 must be less than or equal to Cell 60

Cell 7 Cell 7 must be less than or equal to Cell 61

Item 2a1 *Item 2a1 Total (C) must be equal to Item 2a1 PACF (A) plus Item 2a1 NACF (B)*

Cell 7 Cell 7 must be equal to (Cell 5 plus Cell 6)

Item 2b *Item 2b must be equal to (Item 2b1 plus Item 2b2)*

Cell 8 Cell 8 must be equal to (Cell 11 plus Cell 14)

Cell 9 Cell 9 must be equal to (Cell 12 plus Cell 15)

Cell 10 Cell 10 must be equal to (Cell 13 plus Cell 16)

Item 2b *Item 2b Total (C) must be equal to Item 2b PACF (A) plus Item 2b NACF (B)*

Cell 10 Cell 10 must be equal to (Cell 8 plus Cell 9)

Item 2b1 *Item 2b1 Total (C) must be equal to Item 2b1 PACF (A) plus Item 2b1 NACF (B)*

Cell 13 Cell 13 must be equal to (Cell 11 plus Cell 12)

Item 2b2 *Item 2b2 Total (C) must be equal to Item 2b2 PACF (A) plus Item 2b2 NACF (B)*

Cell 16 Cell 16 must be equal to (Cell 14 plus Cell 15)

Item 2b3 *Item 2b3 must be less than or equal to Item 2b*

Cell 17 Cell 17 must be less than or equal to Cell 8

Cell 18 Cell 18 must be less than or equal to Cell 9

Cell 19 Cell 19 must be less than or equal to Cell 10

Item 2b3 *Item 2b3 Total (C) must be equal to Item 2b3 PACF (A) plus Item 2b3 NACF (B)*

Cell 19 Cell 19 must be equal to (Cell 17 plus Cell 18)

Item 2c *Item 2c Total (C) must be equal to Item 2c PACF (A) plus Item 2c NACF (B)*

Cell 22 Cell 22 must be equal to (Cell 20 plus Cell 21)

PART B. APPLICATIONS PROCESSED UNDER EXPEDIATED SERVICE (ES)

Item 3 *Item 3 Total (C) must be equal to (Item 3a plus Item 3b)*

Cell 23 Cell 23 must be equal to (Cell 26 plus Cell 38)

Cell 24 Cell 24 must be equal to (Cell 27 plus Cell 39)

Cell 25 Cell 25 must be equal to (Cell 28 plus Cell 40)

Item 3 *Item 3 Total (C) must less than or equal to Item 1*

Cell 25 Cell 25 must be less than or equal to Cell 1

Item 3	Item 3 Total (C) must be equal to Item 3 PACF (A) plus Item 3 NACF (B)
Cell 25	Cell 25 must be equal to (Cell 23 plus Cell 24)

Item 3a	Item 3a must be equal to (Item 3a1 plus Item 3a2 plus Item 3a3)
Cell 26	Cell 26 must be equal to (Cell 29 plus Cell 32 plus Cell 35)
Cell 27	Cell 27 must be equal to (Cell 30 plus Cell 33 plus Cell 36)
Cell 28	Cell 28 must be equal to (Cell 31 plus Cell 34 plus Cell 37)

Item 3a	Item 3a Total (C) must be equal to Item 3a PACF (A) plus Item 3a NACF (B)
Cell 28	Cell 28 must be equal to (Cell 26 plus Cell 27)

Item 3a1	Item 3a1 Total (C) must be equal to Item 3a1 PACF (A) plus Item 3a1 NACF (B)
Cell 31	Cell 31 must be equal to (Cell 29 plus Cell 30)

Item 3a2	Item 3a2 Total (C) must be equal to Item 3a2 PACF (A) plus Item 3a2 NACF (B)
Cell 34	Cell 34 must be equal to (Cell 32 plus Cell 33)

Item 3a3	Item 3a3 Total (C) must be equal to Item 3a3 PACF (A) plus Item 3a3 NACF (B)
Cell 37	Cell 37 must be equal to (Cell 35 plus Cell 36)

Item 3b	Item 3b Total (C) must be equal to Item 3b PACF (A) plus Item 3b NACF (B)
Cell 40	Cell 40 must be equal to (Cell 38 plus Cell 39)

PART C. CERTIFIED CASELOAD MOVEMENT

Item 4	Item 4 Total (C) must be equal to Item 4 PACF (A) plus Item 4 NACF (B)
Cell 43	Cell 43 must be equal to (Cell 41 plus Cell 42)

Item 4a	Item 4a must be equal to last month's report Item 8
Cell 44	Cell 44 must be equal to Cell 97 from last month's report
Cell 45	Cell 45 must be equal to Cell 98 from last month's report
Cell 46	Cell 46 must be equal to Cell 99 from last month's report

Item 4a	Item 4a Total (C) must be equal to Item 4a PACF (A) plus Item 4a NACF (B)
Cell 46	Cell 46 must be equal to (Cell 44 plus Cell 45)

Item 4b	Item 4b PACF (A) must be equal to Item 4 PACF (A) minus Item 4a PACF (A)
Cell 47	Cell 47 must be equal to (Cell 41 minus Cell 44) (positive or negative number) If Cell 47 is not 0, explain the reason for the adjustment in the "Item 4b PACF (Cell 47) Explanation" box If Cell 47 is 0, the "Item 4b PACF (Cell 47) Explanation" box must be blank

Item 4b	Item 4b NACF (B) must be equal to Item 4 NACF (B) minus Item 4a NACF (B)
Cell 48	Cell 48 must be equal to (Cell 42 minus Cell 45) (positive or negative number) If Cell 48 is not 0, explain the reason for the adjustment in the "Item 4b NACF (Cell 48) Explanation" box If Cell 48 is 0, the "Item 4b PACF (Cell 48) Explanation" box must be blank

Item 4b	Item 4b NACF (B) must be equal to Item 4 NACF (B) minus Item 4a NACF (B)
Cell 49	Cell 49 must be equal to (Cell 43 minus Cell 46) (positive or negative number)

Item 4b	Item 4b Total (C) must be equal to Item 4b PACF (A) plus Item 4b NACF (B)
Cell 49	Cell 49 must be equal to (Cell 47 plus Cell 48)

Item 5	Item 5 must be equal to (Item 5a plus Item 5b plus Item 5c plus Item 5d plus Item 5e)
Cell 50	Cell 50 must be equal to (Cell 59 plus Cell 62 plus Cell 65 plus Cell 68 plus Cell 71)
Cell 51	Cell 51 must be equal to (Cell 60 plus Cell 63 plus Cell 66 plus Cell 69 plus Cell 72)
Cell 52	Cell 52 must be equal to (Cell 61 plus Cell 64 plus Cell 67 plus Cell 70 plus Cell 73)

Item 5	Item 5 Total (C) must be equal to Item 5 PACF (A) plus Item 5 NACF (B)
Cell 52	Cell 52 must be equal to (Cell 50 plus Cell 51)
Cell 52	Cell 52 must be equal to (Cell 50 plus Cell 51) (positive or negative number)

Item 5a	Item 5a PACF (A) must be equal to (Item 5a PACF Federal plus PACF Fed/State plus PACF State)
Cell 59	Cell 59 must be equal to (Cell 53 plus Cell 54 plus Cell 55)

Item 5a	Item 5a NACF (B) must be equal to (Item 5a NACF Federal plus NACF Fed/State plus NACF State)
Cell 60	Cell 60 must be equal to (Cell 56 plus Cell 57 plus Cell 58)

Item 5a	Item 5a Total (C) must be equal to Item 5a PACF (A) plus Item 5a NACF (B)
Cell 61	Cell 61 must be equal to (Cell 59 plus Cell 60)
Item 5b	Item 5b (Change in assistance status from PACF or NACF) may be a positive or negative number
Cell 62	Cell 62 (Change in assistance status from PACF or NACF) (positive or negative number)
Cell 63	Cell 63 (Change in assistance status from PACF or NACF) (positive or negative number)
Cell 64	Cell 64 (Change in assistance status from PACF or NACF) (positive or negative number)
Item 5b	Item 5b Total (C) must be equal to Item 5b PACF (A) plus Item 5b NACF (B)
Cell 64	Cell 64 must be equal to (Cell 62 plus Cell 63)
Item 5b	Item 5b Total (C) must be zero
Cell 64	Cell 64 must be zero (Cell 62 plus Cell 63)
Item 5c	Item 5c Total (C) must be equal to Item 5c PACF (A) plus Item 5c NACF (B)
Cell 67	Cell 67 must be equal to (Cell 65 plus Cell 66)
Item 5d	Item 5d Total (C) must be equal to Item 5d PACF (A) plus Item 5d NACF (B)
Cell 70	Cell 70 must be equal to (Cell 68 plus Cell 69)
Item 5e	Item 5e Total (C) must be equal to Item 5e PACF (A) plus Item 5e NACF (B)
Cell 73	Cell 73 must be equal to (Cell 71 plus Cell 72)
Item 6	Item 6 must be equal to (Item 4 plus Item 5)
Cell 74	Cell 74 must be equal to (Cell 41 plus Cell 50)
Cell 75	Cell 75 must be equal to (Cell 42 plus Cell 51)
Cell 76	Cell 76 must be equal to (Cell 43 plus Cell 52)
Item 6	Item 6 must be equal to (Item 6a plus Item 6b plus Item 6c)
Cell 74	Cell 74 must be equal to (Cell 77 plus Cell 83 plus Cell 88)
Cell 75	Cell 75 must be equal to (Cell 78 plus Cell 84 plus Cell 89)
Cell 76	Cell 76 must equal to (Cell 79 plus Cell 85 plus Cell 90)
Item 6	Item 6 Total (C) must be equal to Item 6 PACF (A) plus Item 6 NACF (B)
Cell 76	Cell 76 must be equal to (Cell 74 plus Cell 75)
Item 6a	Item 6a Total (C) must be equal to Item 6a PACF (A) plus Item 6a NACF (B)
Cell 79	Cell 79 must be equal to (Cell 77 plus Cell 78)
Item 6a1	Item 6a1 Federal Persons must be greater than or equal to Item 6a Total (C) plus Item 6b Total (C)
Cell 80	Cell 80 must be greater than or equal to (Cell 79 plus Cell 85)
Item 6a1	Item 6a1 Federal Persons must be zero if Item 6a Total (C) plus Item 6b Total (C) is zero
Cell 80	Cell 80 must be zero if (Cell 79 plus Cell 85) is zero
Item 6b	(Item 6b State Persons Singles plus Item 6b State Persons Families) must be greater than or equal to Item 6b Total (C) plus Item 6c Total (C)
Cell 81	(Cell 81 plus Cell 82) must be greater than or equal to (Cell 85 plus Cell 90)
Cell 82	(Cell 81 plus Cell 82) must be greater than or equal to (Cell 85 plus Cell 90)
Cell 85	(Cell 81 plus Cell 82) must be greater than or equal to (Cell 85 plus Cell 90)
Cell 90	(Cell 81 plus Cell 82) must be greater than or equal to (Cell 85 plus Cell 90)
Item 6b	(Item 6b State Persons Singles plus Item 6b State Persons Families) must be zero if Item 6b Total (C) plus Item 6c Total (C) is zero
Cell 81	(Cell 81 plus Cell 82) must be zero if (Cell 85 plus Cell 90) is zero
Cell 82	(Cell 81 plus Cell 82) must be zero if (Cell 85 plus Cell 90) is zero
Cell 85	(Cell 81 plus Cell 82) must be zero if (Cell 85 plus Cell 90) is zero
Cell 90	(Cell 81 plus Cell 82) must be zero if (Cell 85 plus Cell 90) is zero
Item 6b	Item 6b Total (C) must be equal to Item 6b PACF (A) plus Item 6b NACF (B)
Cell 85	Cell 85 must be equal to (Cell 83 plus Cell 84)
Item 6c	(Item 6c State Persons Singles plus Item 6c State Persons Families) must be greater than or equal to Item 6c Total (C)
Cell 86	(Cell 86 plus Cell 87) must be greater than or equal to Cell 90
Cell 87	(Cell 86 plus Cell 87) must be greater than or equal to Cell 90
Cell 90	(Cell 86 plus Cell 87) must be greater than or equal to Cell 90

Item 6c	<i>(Item 6c State Persons Singles plus Item 6c State Persons Families) must be zero if Item 6c Total (C) is zero</i>
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Cell 86	(Cell 86 plus Cell 87) must be zero if Cell 90 is zero
Cell 87	(Cell 86 plus Cell 87) must be zero if Cell 90 is zero
Cell 90	(Cell 86 plus Cell 87) must be zero if Cell 90 is zero

Item 6c	<i>Item 6c Total (C) must be equal to Item 6c PACF (A) plus Item 6c NACF (B)</i>
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Cell 90	Cell 90 must be equal to (Cell 88 plus Cell 89)
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Item 7	<i>Item 7 Total (C) must be equal to Item 7 PACF (A) plus Item 7 NACF (B)</i>
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Cell 93	Cell 93 must be equal to (Cell 91 plus Cell 92)
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Item 7a	<i>Item 7a must be less than or equal to Item 7</i>
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Cell 94	Cell 94 must be less than or equal to Cell 91
Cell 95	Cell 95 must be less than or equal to Cell 92
Cell 96	Cell 96 must be less than or equal to Cell 93

Item 7a	<i>Item 7a Total (C) must be equal to Item 7a PACF (A) plus Item 7a NACF (B)</i>
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Cell 96	Cell 96 must be equal to (Cell 94 plus Cell 95)
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Item 8	<i>Item 8 must be equal to (Item 6 minus Item 7)</i>
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Cell 97	Cell 97 must be equal to (Cell 74 minus Cell 91) NOTE: Cell 97 to be entered in Cell 44 in next month's report
Cell 98	Cell 98 must be equal to (Cell 75 minus Cell 92) NOTE: Cell 98 to be entered in Cell 45 in next month's report
Cell 99	Cell 99 must be equal to (Cell 76 minus Cell 93)

Item 8	<i>Item 8 Total (C) must be equal to Item 8 PACF (A) plus Item 8 NACF (B)</i>
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Cell 99	Cell 99 must be equal to (Cell 97 plus Cell 98)
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PART D. RECERTIFICATIONS

Item 9	<i>Item 9 must be equal to (Item 9a plus Item 9b)</i>
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Cell 100	Cell 100 must be equal to (Cell 109 plus Cell 118)
Cell 101	Cell 101 must be equal to (Cell 110 plus Cell 119)
Cell 102	Cell 102 must be equal to (Cell 111 plus Cell 120)

Item 9	<i>Item 9 Total (C) must be equal to Item 9 PACF (A) plus Item 9 NACF (B)</i>
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Cell 102	Cell 102 must be equal to (Cell 100 plus Cell 101)
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Item 9a	<i>Item 9a PACF must be equal to (Item 9a PACF Federal plus Item 9a PACF Fed/State plus Item 9a PACF State)</i>
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Cell 109	Cell 109 must be equal to (Cell 103 plus Cell 104 plus Cell 105)
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Item 9a	<i>Item 9a NACF must be equal to (Item 9a NACF Federal plus Item 9a NACF Fed/State plus Item 9a NACF State)</i>
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Cell 110	Cell 110 must be equal to (Cell 106 plus Cell 107 plus Cell 108)
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Item 9a	<i>Item 9a Total (C) must be equal to Item 9a PACF (A) plus Item 9a NACF (B)</i>
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Cell 111	Cell 111 must be equal to (Cell 109 plus Cell 110)
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Item 9b	<i>Item 9b PACF must be equal to (Item 9b PACF Federal plus Item 9b PACF Fed/State plus Item 9b PACF State)</i>
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Cell 118	Cell 118 must be equal to (Cell 112 plus Cell 113 plus Cell 114)
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Item 9b	<i>Item 9b NACF must be equal to (Item 9b NACF Federal plus Item 9b NACF Fed/State plus Item 9b NACF State)</i>
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Cell 119	Cell 119 must be equal to (Cell 115 plus Cell 116 plus Cell 117)
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Item 9b	<i>Item 9b Total (C) must be equal to Item 9b PACF (A) plus Item 9b NACF (B)</i>
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Cell 120	Cell 120 must be equal to (Cell 118 plus Cell 119)
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Item 10	<i>Item 10 must be less than or equal to Item 9</i>
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Cell 121	Cell 121 must be less or equal to Cell 100
Cell 122	Cell 122 must be less or equal to Cell 101
Cell 123	Cell 123 must be less or equal to Cell 102

Item 10	<i>Item 10 Total (C) must be equal to Item 10 PACF (A) plus Item 10 NACF (B)</i>
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Cell 123	Cell 123 must be equal to (Cell 121 plus Cell 122)
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