

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 18, 2000

ALL-COUNTY LETTER NO. 00-11

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
(CAPI) MONTHLY STATISTICAL REPORT (CA1037)

REFERENCE: ACL 99-56, ACL 99-10, ACL 98-82 and CFL 99/00-36

The purpose of this letter is to provide revised reporting instructions for the Cash Assistance Program for Immigrants (CAPI). All-County Letter No. 99-56, dated August 30, 1999, advised counties of recent changes in State law (Assembly Bill 1111 and Senate Bill 708, Chapters 147 and 148, respectively) that extend the program indefinitely and established a fourth category of recipients effective October 1, 1999. Aid Code 6T has been assigned to the new category, which includes the following population:

Aid Code 6T: Non-citizens who entered the United States on or after August 22, 1996, who do not meet the sponsor restrictions in the definition of Aid Code 6M and who meet either the federal definition of qualified alien or the previous Supplemental Security Income/State Supplementary Payment (SSI/SSP) Permanent Resident Under Color of Law requirements.

Please submit revised retroactive reports that reflect the number of 6T cases paid for the months of October 1999, November 1999, December 1999 and January 2000 by February 20, 2000. We recognize that we are asking counties to report data retroactively and acknowledge that this may cause difficulties. However, these data are essential for estimating and budgetary purposes.

Attached is the camera ready copy of the revised CA 1037 and instructions. This report is due by the 20th calendar day of the month following the report month. Please mail the report to:

California Department of Social Services
Data Operations Branch, Reports Unit, M.S. 19-81
P.O. Box 944243
Sacramento, CA 94244-2430
Fax (916) 322-9254

If you have any questions regarding completion on the CA 1037, please contact Traci Waters of the Data Operations Branch at (916) 445-2168. Program related questions should be directed to Linda Cortez of the Adult Programs Branch at (916) 229-4016.

Sincerely,

***Original Document Signed By
Lois VanBeers on 1/18/00***

LOIS VANBEERS
Deputy Director
Program Planning and Performance Division

CA 1037(1/2000) - CASH ASSISTANCE PROGRAM FOR IMMIGRANTS MONTHLY STATISTICAL REPORT

The Welfare and Institutions Code Section 18937 requires the California Department of Social Services to establish a cash assistance program for aged, blind, and disabled immigrants who are no longer eligible for federal Supplemental Security Income/State Supplementary payment (SSI/SSP) due to their immigrant status. Each county welfare department is responsible for administering the 100 percent state-funded program, known as the Cash Assistance Program for Immigrants (CAPI). There are four primary categories of CAPI recipients: 1) Qualified Alien, 2) Non-qualified Alien, 3) Sponsored Alien, and 4) Limited Term Alien.

CONTENT – The CAPI Monthly Caseload Movement Statistical Report (CA 1037) provides data on end of the report month net movement of applications, the number of individuals who are approved for CAPI, and the number of individuals who are receiving CAPI benefits as either Qualified Aliens, Non-qualified Aliens, Sponsored Aliens, or Limited Term Aliens. Counties shall report the status of a case at the end of the report month.

PURPOSE – This monthly report is to assist the state in making budgetary and program policy decisions regarding the CAPI.

DUE DATE – Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month.

Counties send their reports to:

California Department of Social Services
Data Operations Branch, Reports Unit, M.S. 19-81
P.O. Box 944243
Sacramento, CA 94244-2430
Fax: (916) 322-9254

DEFINITIONS

Consortium: The lead county that has agreed to process CAPI applications, and/or authorize CAPI payments, on behalf of a number of other counties. One report must be submitted for each county in the consortium.

Report month: The county shall use the calendar month or the fiscal month. The term “report month” used throughout the instructions refers to the reporting period used by the County Welfare Department (CWD).

Qualified Alien and Aid Code: Non-citizens lawfully residing in the United States prior to August 22, 1996, who meet the federal definition of qualified alien and who are age 65 or older. The aid code for this category is Code 1A.

Non-qualified Alien and Aid Code: Non-citizens who entered the United States prior to August 22, 1996 and meet the previous SSI/SSP Permanent Residence Under Color of Law requirements, but not the federal definition of qualified alien. The aid code for this category is Code 6K.

Sponsored Alien and Aid Code: Sponsored legal immigrants who entered the United States on or after August 22, 1996, and the sponsor is deceased or disabled, or the immigrant is a victim of abuse by either the sponsor or sponsor’s spouse. The aid code for this category is Code 6M.

Limited Term and Aid Code: Non-citizens who entered the United States on or after August 22, 1996, who do not meet the sponsor restrictions in the definition of Aid Code 6M and who meet either the federal definition of qualified alien or the previous Supplemental Security Income/State Supplementary Payment (SSI/SSP) Permanent Resident Under Color of Law Requirements. The aid code for this category is Code 6T.

Application Received: For reporting purposes, an application is a request for aid by one individual which has been date received and recorded by the county on an intake form SOC 451 and SAWS 1. One application equals one individual, one case. When more than one member of a family applies for aid, each individual has their own application, own case.

Request for Restoration: A request made by a former CAPI recipient to have CAPI eligibility re-determined after a period of ineligibility of 12 months or less.

Applications Approved: The Notice of Approval (NA 693) which is completed and mailed to the applicant for CAPI benefits within the report month.

Restorations: Applies to former recipients of CAPI benefits. Without filing a new application, CAPI benefits are restored after a period of ineligibility of 12 months or less. Former recipients are assigned an aid code.

Application(s) Denied/Withdrawn: The Notice of Denial (NA 691) is sent to the applicant to notify that he/she is not eligible for CAPI benefits within the report month. CAPI benefits could be paid within the same report month that the NA 691 is mailed.

Other Approvals: Applicants approved for reasons other than new applications or restorations. Include the following: transferred from another county or consortium, approval of aid to cases erroneously denied or discontinued. These approved applicants are assigned an aid code.

Case(s) added: Those individuals that have been notified by a Notice of Approval (NA 693) and assigned an aid code. CAPI benefits may or may not be paid within the same report month that the aid code is assigned.

Supplemental Security Income/State Supplementary Payment (SSI/SSP): This federal/state cash assistance program is intended to help low-income aged, blind and disabled persons meet their basic needs.

Discontinuances: The Notice of Change (NA 692) is sent to the Recipient whose CAPI benefits have stopped within the report month due to now receiving Federal SSI/SSP as well as other reasons such as the transfer to another county or consortium, increase in income. CAPI benefits could be paid within the same report month that the NA 692 is mailed.

INSTRUCTIONS

Fill out the information requested on the top and bottom of the report form, such as, county name, county code, report month/year, contact person, telephone and date. This information is helpful for communication purposes. Please enter data in each of the Items 1 through 10. If there is nothing to report on a line item or cell column, please insert a zero(0) in the applicable line(s) and/or cell(s) of the reporting document. Do not leave a cell blank. In items 1 through 10 an individual who applies and receives aid in the same report month, should be counted once in Part A, once in Part B and once in Part C of this document.

1. **Application(s) brought forward from last report month:** Enter the number of applications that were carried forward from Item 5 of the previous monthly report.
2. **Application(s) received during the report month:** Enter the sum of Items 2a. and 2b. below.
 - a. **Application(s) Received:** Enter the number of applications received during the report month.
 - b. **Request(s) for Restoration:** Enter the number of requests for Restoration for the report month.
3. **Total Applications during the report month:** Enter the sum of Items 1 and 2 above.
4. **Applications Disposed of during the report month:** Enter the sum of Items 4a. thru 4d. below.
 - a. **Application(s) Approved:** Enter the number of applications approved for the report month.
 - b. **Restorations:** Enter the number of restorations for the report month.
 - c. **Application(s) Denied or Withdrawn:** Enter the number of applications and restorations denied or withdrawn for the report month.
 - d. **Other Approval(s):** Enter the number of other approvals for the report month.
5. **Application(s) carried forward to the next report month:** Enter the sum of Item 3 minus Item 4 above.

Please Note: In the columns across the page for items 6, 7, 8, 9 and 10 below, indicate the number of cases for each "Alien Status" category (identified by the appropriate assigned aid code). The sum of these four columns across must equal the number entered in the "Total" column.

6. **Case(s) brought forward from last report month:** Enter the number of cases that were brought forward from Item 9 from the previous report month.
7. **Case(s) added during the report month:** Enter the sum of Items 7a., 7b., and 7c. below.
 - a. **Case(s) Approved:** Enter the number of approved case(s) that are assigned an aid code (1A, 6K, 6M, or 6T) for the report month.
 - b. **Case(s) Restored:** Enter the number of restored case(s) that are assigned an aid code (1A, 6K, 6M, or 6T) for the report month.
 - c. **Other Case Approval(s):** Enter the number of other case approvals that are assigned an aid code (1A, 6K, 6M, or 6T) for the report month.
8. **Case(s) Discontinued during the report month:** Enter the sum of Items 8a. and 8b. below.
 - a. **Discontinued due to receiving Federal SSI/SSP:** Enter the number of recipients discontinued due to receiving Federal SSI/SSP [who received a Notice of Change (NA 692)].
 - b. **Other discontinuances:** Enter the number of other discontinuances taken in the report month.
9. **Case(s) carried forward to the next report month:** Enter the total recipients carried forward to next report month. (Item 6 + 7 minus 8 above).
10. **Total recipients(s) paid during the report month:** Enter the total number of recipients that are actually paid during the report month by the issuance source document that is used by the county to prepare the CAPI assistance claim.

Comments: If a county is unable to provide final counts in one or more data cells, transmit a report by the due date containing all current information. Indicate in the comments section which data cells will be revised or updated and when the department can expect to receive the final report.

Send one copy of this form to:
 California Department of Social Services
 Data Operations Branch, M.S. 19-81
 P. O. Box 944243
 Sacramento, CA 94244-2430
 FAX: (916) 322-9254

Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report

COUNTY NAME	CONSORTIUM	COUNTY CODE	REPORT MONTH/YEAR
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PART A. APPLICATIONS

1. Application(s) brought forward from last report month (Item 5 from previous report month).....	1
2. Application(s) received during the report month (Sum of Items 2a. and 2b. below)	2
a. Application(s) Received	3
b. Request(s) for Restoration	4
3. Total Applications during the report month (Sum of Items 1 and 2 above)	5
4. Application(s) Disposed of during the report month (Sum of Items 4a., 4b., 4c., and 4d. below)	6
a. Application(s) Approved	7
b. Restorations	8
c. Application(s) Denied or Withdrawn	9
d. Other Approval(s)	10
5. Application(s) carried forward to the next report month (Item 3 minus Item 4 above)	11

PART B. CASELOAD	ALIEN STATUS				TOTAL
	Qualified (1A)	Non-qualified (6K)	Sponsored (6M)	Limited Term (6T)	
6. Case(s) brought forward from last report month (Item 9 from previous report month)	12	13	14	15	16
7. Case(s) added during the report month (Sum of Items 7a-c below)	17	18	19	20	21
a. Case(s) Approved	22	23	24	25	26
b. Case(s) Restored	27	28	29	30	31
c. Other Case Approval(s)	32	33	34	35	36
8. Case(s) discontinued during the report month (Sum of Items 8a. and 8b. below)	37	38	39	40	41
a. Discontinued due to receiving Federal SSI/SSP	42	43	44	45	46
b. Other Discontinuance(s)	47	48	49	50	51
9. Case(s) carried forward to the next report month (Items 6 + 7 minus Item 8 above)	52	53	54	55	56

PART C. PAID RECIPIENTS

10. Total Recipient(s) paid during the report month	57	58	59	60	61
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Comments:

REPORT PREPARED BY:	TELEPHONE ()	DATE
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