

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



February 4, 1975

ALL-COUNTY LETTER NO. 75-31

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - REVISED FORMS TO REFLECT CHANGES IN COUPON BOOK
DENOMINATIONS AND VALUESREFERENCE: ALL-COUNTY LETTER NO. 74-198, DATED 10/3/74; Changes in Denominations
of Coupons and Values of Coupon Books

The attached forms DFA 286, DFA 288, DFA 290 (A) (B) (C) (D) (E), DFA 292, DFA 293, DFA 293.1, and DFA 304 have been revised to reflect the 3/1/75 change in coupon book denominations and values delineated in DBP's ALL-COUNTY LETTER NO. 74-198.

Since bulk supplies of these forms will not be available to counties for another 60 to 90 days, we plan to distribute initial supplies during the interim. In order to do this, we need your assistance in providing us the following information no later than February 10, 1975.

- 1 - A listing of each of the above referenced forms that are currently used by your department.
- 2 - The average monthly usage rate of each form listed.

As you will note, the revisions do not include Household Record card DFA 286.1. Recent input from counties using either the DFA 286 or DFA 286.1 Form options indicated that the comparative low usage rate of Form DFA 286.1 does not justify its continued printing by DBP.

Thank you for your continued cooperation and prompt response.

OBSOLETE

Superseded by ACL # 77-15Issued 3-17-77

Please direct any questions to Charles Teal of the Policy Coordination Bureau, FSMB, at (916) 445-6907.

Sincerely,



DENNIS O. FLATT
Deputy Director

Attachments

cc: USDA, FNS
CWDA

INDIVIDUAL CERTIFICATION AND PARTICIPATION RECORD (HIR CARD)

PART. CERTIFICATION

<input type="checkbox"/> PURE MA <input type="checkbox"/> MIXED MA <input type="checkbox"/> AFDC <input type="checkbox"/> GA/GR ASSISTANCE HOUSEHOLD:		NAME OF HEAD OF HOUSEHOLD		CASE NUMBER	
DATE OF CERTIFICATION		EFFECTIVE (MONTH, YEAR)		NAME OF AUTHORIZED REPRESENTATIVE	
DATES NEXT CERTIFICATION DUE:		E.C.		ADDRESS	
				SIGNATURE OF WORKER	

PART 2. COUPON BASIS OF ISSUANCE AND VARIABLE PURCHASE OPTIONS

[illegible]

PART 3. PARTICIPATION RECORD

[illegible]

**FOOD STAMP PROGRAM
NOTICE OF CHANGE**
Original to Issuing Unit — Duplicate to Case Record Via Certification Worker

TO:

☐ FOOD STAMP ISSUANCE OFFICE☐ CERTIFICATION WORKER
 Please post the indicated change in the ☐ Individual Participation Record ☐ Certification Record of the person named below:

NAME	ADDRESS	CASE NUMBER

☐ CHANGE HEAD OF HOUSEHOLD NAME TO _____☐ CHANGE ADDRESS TO _____☐ NO LONGER ELIGIBLE — PLEASE REMOVE INDIVIDUAL PARTICIPATION RECORD FROM YOUR FILE☐ CONTINUES ELIGIBLE☐ CHANGE HOUSEHOLD CLASSIFICATION TO ☐ ASSISTANCE ☐ NONASSISTANCE☐ PREVIOUSLY NOTIFIED BY TELEPHONE ON _____☐ CHANGE AUTHORIZED REPRESENTATIVE FROM _____ TO _____☐ SUSPEND AUTHORIZATION TO PURCHASE ISSUANCE — THREE CONSECUTIVE MONTHS OF NONPURCHASE☐ RESUME AUTHORIZATION TO PURCHASE ISSUANCE☐ CHANGE BASIS OF COUPON ISSUANCE AS FOLLOWS:

DATE (A)	HOUSE SIZE (B)	FREQ. OF PURCHASE (C)	CERT. PERIOD		ADJ. NET INCOME (F)	CASH REQ. (G)	FACE VALUE OF COUPONS (H)	2's (I)	7's (J)	40's (K)	50's (L)	65's (M)	TOTAL BOOKS (N)	INIT. (O)
			FROM (D)	TO (E)										

SUPERVISOR	DATE

A _____ \$2

FOOD COUPON BOOK ISSUANCE REGISTER
(List Book Serial Numbers in Numerical Sequence)

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0

Date Box Opened

Date Fully Issued

Cashier

Location

B _____ \$7

FOOD COUPON BOOK ISSUANCE REGISTER
(List Book Serial Numbers in Numerical Sequence)

1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0

Date Box Opened

Date Fully Issued

Cashier

Location

C _____ \$40

FOOD COUPON BOOK ISSUANCE REGISTER
(List Book Serial Nos. in numerical sequence)

1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	

Date Box Opened

Date Fully Issued

Cashier

Location

D _____ \$50

FOOD COUPON BOOK ISSUANCE REGISTER
 (List Book Serial Numbers in Numerical Sequence)

1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0

Date Box Opened

Date Fully Issued

Cashier

Location

E _____ \$65

FOOD COUPON BOOK ISSUANCE REGISTER
(List Book Serial Nos. in numerical sequence)

1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6		6		6		6		6	
7		7		7		7		7	
8		8		8		8		8	
9		9		9		9		9	
0		0		0		0		0	

Date Box Opened

Date Fully Issued

Cashier

Location

Account with (Name and Address)

☐ Type A ☐ Type B ☐ Type C ☐ Type D ☐ Type E

Balance Carried Forward

State of California - Health and Welfare Agency
 CASHIER'S DAILY REPORT
 FOOD STAMP PLAN BOOKS ISSUED AND CASH RECEIVED

Department of Ber it Payments

Agency		Address		Date		No. Cases								
(A)	(B)	\$2.00 BOOKS		\$7.00 BOOKS		\$40.00 BOOKS		\$50.00 BOOKS		\$65.00 BOOKS		TOTAL VALUE (M)	CASH REPORT	
		QUAN- TITY (C)	VALUE (D)	QUAN- TITY (E)	VALUE (F)	QUAN- TITY (G)	VALUE (H)	QUAN- TITY (I)	VALUE (J)	QUAN- TITY (K)	VALUE (L)		(N)	(O)
1. BOOKS ON HAND														
2. BOOKS														
3. RECEIVED														
4. TODAY														
5.														
6. TOTAL BOOKS														
7. BOOKS ISSUED														
8. BOOKS ON HAND														

9. RECONCILIATION: TOTAL COUPONS AUTHORIZED \$ (Per Receptionist's Daily Tally Sheet)

LESS BONUS COUPONS AUTHORIZED \$ (Per Receptionist's Daily Tally Sheet)

CASH DUE \$ (Verify to Line 8, Col.P)

10. CASHIER'S CERTIFICATION: I hereby certify that the above record is an accurate and true reflection of this day's activities and that all disbursements of books have been made as authorized on the individual participation records.

(Signed)

11. SUPERVISOR'S CERTIFICATION: I hereby certify that I have reviewed the accuracy of this record and that the amounts reflected thereon are substantiated by related supporting documents and records.

(Signed) (Dated)

SUMMARY OF DAILY REPORTS

[illegible]

**PUBLIC ASSISTANCE VOLUNTARY
WITHHOLDING PROGRAM:**

RECORD OF RETURN/REFUND

STATE

PROJECT COUNTY

REFUNDING OFFICE (Address or FNS Code)

DATE OF REFUND

Case No.	Household Name	Value of Coupons	Cash Withheld	Month Issued
VALUE OF BOOKS RETURNED:		RETURNED COUPONS WERE:		
Number	Type	Value		
_____	x \$ 2 =	\$ _____	<input type="checkbox"/> Returned to Inventory	
_____	x \$ 7 =	\$ _____	<input type="checkbox"/> Cancelled	
_____	x \$40 =	\$ _____		
_____	x \$50 =	\$ _____	REFUND MADE FROM:	
_____	x \$65 =	\$ _____	<input type="checkbox"/> Food Stamp Receipts	
_____	TOTALS	\$ _____	<input type="checkbox"/> County Check or Warrant	
			<input type="checkbox"/> Other (explain below)	

Refund Authorized by:

Signature of CWD Official

Title

Refund Received by:

Signature of Recipient

Amount

Date

Remarks: