

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



June 4, 1992

REASON FOR THIS TRANSMITTAL

[ ] State Law Change  
 [ ] Federal Law or Regulation Change  
 [ ] Court Order  
 [ ] Clarification Requested by One or More Counties  
 [ ] Self-Initiated by SDSS  
 [X] Administrative, Operational, or Fiscal Instructions

ALL COUNTY LETTER NO. 92-52

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROVIDING NOTICE OF COLA INCREASE IN AFDC, RCA, ECA AND POSSIBLE DECREASE IN FOOD STAMPS

This is to inform you that current law (W&I Code Sections 11452 and 11453, as contained in SB 724, Chapter 97, Statutes of 1991) provides for an AFDC Cost-of-Living Adjustment (COLA) for Fiscal Year 1992/1993. The COLA affects only the Minimum Basic Standard of Adequate Care (MBSAC) and the derivative tables (In-Kind Income and 185 percent of MBSAC).

Unless there is independent action in the current session of the Legislature to override the provisions of W&I Code Sections 11452 and 11453, the MBSAC values will be increased by 1.27 percent effective July, 1, 1992. Attachment I is the AFDC Payment Standard tables to assist you in implementing the changes. Attachment II is the mass informing notice TEMP NA 2 which may be used to inform recipients of the Cash Aid change in MBSAC level and the possible reduction in Food Stamp issuance.

Notice of Action (NOA) Language

The following language is to be added to change NOAs as appropriate:

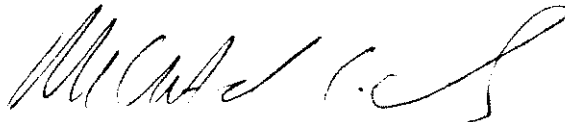
As of July 1, 1992, State Law increased the Minimum Basic Standard of Adequate Care (MBSAC) by 1.27 percent.

State Budget

As you know, current State law does not provide for either an increase or a decrease to the Maximum Aid Payment (MAP) levels this fiscal year. However, due to the major uncertainty surrounding the State budget this year, you should use caution in assuming there will be no change to the MAP levels effective July 1st or later.

Contacts

If you have any AFDC Program questions, please contact Dennis Ragasa at (916) 654-1063 or CALNET 464-1063. If there are Food Stamp Program questions, you may contact Julie Andrews at (916) 654-1887 or CALNET 464-1887.



MICHAEL C. GENEST  
Deputy Director

Estimates Branch  
May 1992AFDC PAYMENT STANDARDS  
Effective July 1, 1991

ASSISTANCE UNIT SIZE	MAXIMUM AID PAYMENT	MBSAC	185% OF MBSAC	I N - K I N D    I N C O M E				80% OF MAP
				HOUSING	UTILITIES	FOOD	CLOTHING	
1	326	345	638	155	33	87	27	260 *
2	535	567	1,048 *	209	38	184	50	428
3	663	703	1,300 *	228	41	235	76	530
4	788	834	1,542 *	239	42	290	101	630
5	899	952	1,761	239	42	350	128	719
6	1,010	1,070	1,979 *	239	42	406	151	808
7	1,109	1,175	2,173 *	239	42	453	180	887
8	1,209	1,281	2,369 *	239	42	496	202	967
9	1,306	1,388	2,567 *	239	42	544	230	1,044 *
10	1,403	1,508	2,789 *	239	42	589	252	1,122
More than 10	1,403	Add \$14 for each additional person						
Reference	44-315.311	44-315.311	44-207.113	44-115.311-----				44-402.1 44-211.531

\* - Rounded down to the next lower whole dollar in accordance with 45 CFR Ch. II Sec. 233.20(a)(2)(iv).

COUNTY OF

**CASH AID CHANGE**

As of July 1, 1992, the Minimum Basic Standard of Adequate Care (MBSAC) is increased by 1.27 percent. For the most your cash aid change could be, see the MBSAC table on this page.

Persons On Aid	Cash Aid MBSAC Table		Change
	Old MBSAC	New MBSAC	
1	\$341	\$345	\$4
2	560	567	7
3	694	703	9
4	824	834	10
5	940	952	12
6	1,057	1,070	13
7	1,160	1,175	15
8	1,265	1,281	16
9	1,371	1,388	17
10	1,489	1,508	19
more than 10	add \$14 for each additional person		

**FOOD STAMP CHANGE**

As of July 1, 1992, the MBSAC for those on cash aid is increased. This change may lower your food stamps.

See the food stamp table on this page. It shows the most you could lose based on your household size.

Household Size	Food Stamp Table	
	The Most you Could Lose	
1	\$1	
2	2	
3	3	
4	3	
5	3	
6	4	
7	4	
8	5	
9	5	
10	6	
more than 10	add \$4 for each additional person	

**YOUR HEARING RIGHTS****To Ask For A Hearing**

If you think we were wrong in figuring your change, you can ask for a State Hearing within 90 days. The 90 days started the day after we changed your cash aid. The best way to ask for a State Hearing is to write to:

or call:

toll free 1-800-952-5253  
OR  
deaf and use TDD 1-800-952-8349

**To Keep Your Same Food Stamp Benefits Until The Hearing**

You must ask for a hearing within 10 days of the date of notice, unless you tell us you want the lower amount.

If the hearing says we are right, you will owe us for any extra benefits you got.

- If there are any other changes in your case, you will get another notice.
- If you have questions or need more facts, ask your worker.
- These rules apply; you may see them at your welfare office: Manual of Policies and Procedures 44-315.3 and 63-504.392.