

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 6, 1997

ALL COUNTY LETTER NO. 97-32

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: PROVIDING NOTICE OF CASH AID COST-OF-LIVING ADJUSTMENT (COLA) IN AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), REFUGEE CASH ASSISTANCE (RCA), ENTRANT CASH ASSISTANCE (ECA) AND FOOD STAMPS

REFERENCES: ACL 96-24, dated May 9, 1996
ACL 96-49, dated September 11, 1996
ACL 96-60, dated November 1, 1996

This letter is to inform you that current law (W&I Code Sections 11452 and 11453) provides for an AFDC Cost-of-Living Adjustment (COLA) for Fiscal Year 1997/98. The COLA affects only the Minimum Basic Standard of Adequate Care (MBSAC) and the derivative tables (In-Kind Income and 185% of MBSAC).

Unless there is action in the current session of the Legislature to change the provisions of W&I Code Sections 11452 and 11453, the MBSAC values will be increased by 2.6 percent effective July 1, 1997. The AFDC Payment Standards tables for Region 1 and Region 2 counties (Attachments IA and IB) are provided to assist you in implementing the changes. The new MBSAC amounts will be used prospectively beginning July 1, 1997.

AFDC Notice of Action (NOA) Language

Attachments IIA and IIB contain English and Spanish versions of the NOA informing AFDC recipients whose cash aid changes due to the increase of the MBSAC level. Attachment IIC contains NOA instruction language. Copies of the NOA in Cambodian, Chinese and Vietnamese will be sent by the Language Services Bureau to the appropriate County Forms Coordinator upon request.

Food Stamp Information

The following describes how to treat the AFDC COLA supplemental payment received by Food Stamp households:

For monthly reporting households subject to retrospective budgeting, if the County Welfare Department (CWD) sends a COLA supplemental payment in the month of July for the month of July, but did not have time to prospectively budget the supplemental payment, the CWD must retrospectively budget the July supplement in September [M.S. 63-503.232(c)(5)(A)].

However, if the July supplement is not sent until August, it is considered a non-recurring lump sum payment for Food Stamp Program purposes and is counted as a resource in the month of August [M.S. 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

Food Stamp Mass Change Notice Language

Attachment III is the mass change notice (TEMP NA 2) language which counties are to use to inform households that food stamps may be reduced due to the AFDC increase. A reproducible copy of the TEMP NA 2 containing English, Spanish, Cambodian, Vietnamese and Chinese is attached. To request a camera-ready copy, please contact Forms Management at (916) 657-1907 or CALNET 437-1907.

California Work Pays Demonstration Project (CWDP) Counties (Alameda, Los Angeles, San Bernardino and San Joaquin)

Cases assigned to experimental status will be subject to the MBSAC COLA increase. Cases in control status will not be subject to the MBSAC COLA increase. It is recommended that the Food Stamp Mass Change notice (TEMP NA 2) not be sent to cases in control status. However, if this is not possible, the county may add the following language to the notice:

"If you are a member of the control group of the California Work Pays Demonstration Project, these changes don't apply to you."

Contacts

For further information regarding the AFDC Program, contact Dennis Ragasa at (916) 654-1063 (CALNET 464-1063). For Food Stamp Program information, contact Alan Rowe at (916) 653-5208 (CALNET 453-5208). For CWDPDP project information, contact Leslie Raderman at (916) 657-2357 (CALNET 437-2357).

Sincerely,

A handwritten signature in cursive script that reads "Bruce Wagstaff".

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

AFDC PAYMENT STANDARDS
Effective July 1, 1997
Region 1

Assistance Unit Size	Maximum Aid Payment Exempt**	Maximum Aid Payment Non-Exempt**	MBSAC	185% of MBSAC	In-Kind Income				80% of MAP Exempt Assistance Units**	80% of MAP Non-Exempt Assistance Units**
					Housing	Utilities	Food	Clothing		
1	311	279	370	684*	167	35	92	28	248*	223
2	509	456	607	1,122*	224	40	197	54	407	364*
3	631	565	754	1,394*	244	43	252	81	504*	452
4	750	673	895	1,655*	257	45	311	109	600	538
5	855	767	1,020	1,887	257	45	376	137	684	613*
6	961	861	1,147	2,121*	257	45	435	163	768*	688*
7	1,055	946	1,260	2,331	257	45	485	193	844	756*
8	1,150	1,030	1,373	2,540	257	45	531	215	920	824
9	1,243	1,113	1,489	2,754*	257	45	584	246	994	890
10	1,335	1,196	1,616	2,989*	257	45	631	270	1,068	956*
More than 10	1,335	1,196	Add \$14 for each extra person						1,068	956*

Reference 44-315.311 44-207.113 44-115.311-----44-402.1 and 44-211.531

*Rounded down to the next lower whole dollar to stay within the 185% and 80% limits.

**MAP amounts and exemption standards effective on January 1, 1997.

AFDC PAYMENT STANDARDS
Effective July 1, 1997
Region 2

Assistance Unit Size	Maximum Aid Payment Exempt**	Maximum Aid Payment Non-Exempt**	MBSAC	185% of MBSAC	In-Kind Income				80% of MAP Exempt Assistance Units**	80% of MAP Non-Exempt Assistance Units**
					Housing	Utilities	Food	Clothing		
1	295	266	352	651	159	35	92	28	236	212*
2	485	434	578	1,069	212	40	197	54	388	347
3	601	538	717	1,326	232	43	252	81	480*	430
4	714	641	851	1,574	244	45	311	109	571	512*
5	814	730	970	1,794*	244	45	376	137	651	584
6	914	819	1,091	2,018	244	45	435	163	731	655
7	1,004	900	1,198	2,216	244	45	485	193	803	720
8	1,094	980	1,305	2,414	244	45	531	215	875	784
9	1,183	1,059	1,416	2,619*	244	45	584	246	946	847
10	1,270	1,138	1,537	2,843	244	45	631	270	1,016	910
More than 10	1,270	1,138	Add \$14 for each extra person						1,016	910

Reference 44-315.311 44-207.113 44-115.311-----44-402.1 and 44-211.531

*Rounded down to the next lower whole dollar to stay within the 185% and 80% limits.

**MAP amounts and exemption standards effective on January 1, 1997.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of July 1, 1997, the county is changing your monthly cash aid from \$ _____ to \$ _____.

Here is why:

As of July 1, State Law makes the Basic Need standard go up by 2.6 percent. See Section B, Line 1 on this page for your new Basic Need amount.

Your new cash aid amount is figured on this page.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income — Sources:	
.....	+ _____
.....	+ _____
Court Ordered Child/Spousal Support You Paid..	- _____
Unmet Needs of Ineligible Alien(s)	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A.....	- _____
4. Basic Need Subtotal	= <input type="text"/>
5. Maximum Aid, _____ Persons	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid subtotal.....	= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7 or 14).....	= _____
9. Line 8 Prorated for Part of Month.....	= _____
10. Adjustment: Collect Overpayment	- _____
10a. Cal-Learn Penalty	- _____
10b. Cal-Learn Bonus	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted).....	= _____
12. Other State's Maximum Aid, _____ Persons	\$ _____
13. Special Needs (California)	+ _____
14. Other State Subtotal	= <input type="text"/>

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

NOTIFICACION DE ACCION

CONDADO DE _____

ATTACHMENT IIB

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
 Nombre del caso : _____
 Número del trabajador : _____
 Nombre del trabajador : _____
 Número : _____
 Teléfono : _____
 Dirección : _____

(ADDRESSEE)



¿ Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del 1º de julio de 1997, el condado cambiará la cantidad mensual de su asistencia monetaria de \$ _____ a \$ _____.

La razón es la siguiente:

A partir del 1º de julio, las leyes estatales aumentarán el criterio de necesidades básicas un 2.6 por ciento. Vea el renglón 1 de la Sección B de esta página para enterarse de su nueva cantidad para necesidades básicas.

En esta página se calcula la nueva cantidad de su asistencia monetaria.

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de _____

Total de ingresos ganados..... \$ _____
 Dedución por gastos de trabajo - _____
 Dedución de \$30 y 1/3..... - _____
 Dedución por cuidado de personas a su cargo - _____
 Otros ingresos contables (enumere las fuentes):
 _____ + _____
 _____ + _____
 Mantenimiento de hijos/esposa(o) que usted pagó por orden de la corte - _____
 Necesidades no satisfechas de inmigrantes que no son elegibles - _____
Ingresos netos contables = _____

Sección B. Su asistencia monetaria para el mes de _____

1. Necesidades básicas, _____ personas.... \$ _____
 2. Necesidades especiales..... + _____
 3. Ingresos netos contables de la Sección A - _____
 4. Subtotal de necesidades básicas..... =
 5. Asistencia máxima, _____ personas.... \$ _____
 6. Necesidades especiales..... + _____
 7. Subtotal de asistencia máxima..... =
8. Subtotal de asistencia del mes completo
 (Cantidad menor de los renglones 4, 7 ó 14) = _____
 9. Renglón 8 prorrateado para parte del mes = _____
 10. Ajustes: cobro por pago excesivo - _____
 10a. por una sanción de Cal-Learn* - _____
 10b. por una cantidad adicional de Cal-Learn* + _____
11. Cantidad mensual de asistencia monetaria
 (Renglón 8 ó 9, incluyendo los ajustes)... = _____
 12. Asistencia máxima del otro estado, _____ personas \$ _____
 13. Necesidades especiales (California) + _____
 14. Subtotal del otro estado =

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios del Programa de Asistencia Médica de California (Medi-Cal). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-325.1

NOA Msg. Doc.: Page 2 of 2
Effective Date : 07-01-97
Revision Date :

INSTRUCTIONS: This message is to be sent to all clients whose cash aid is changing on July 1, 1997 because of the 2.6 percent increase in MBSAC on that date required by State law.

- Fill in the old and new aid amounts.

FOOD STAMP CHANGE

As of July 1, 1997, the Minimum Basic Standard of Adequate Care for AFDC is increased by 2.6 percent. If your cash aid goes up, this change may lower your food stamps.

CAMBIO EN LAS ESTAMPILLAS PARA COMIDA

A partir del 1º de julio de 1997, se aumenta el Criterio Mínimo Básico de Cuidado Adecuado (MBSAC) de Asistencia para Familias con Niños Necesitados (AFDC) un 2.6 por ciento. Si su asistencia monetaria aumenta, este cambio pudiera reducir la cantidad de sus estampillas para comida.

Spanish

ការផ្លាស់ប្តូរនៃបណ្ណាចិញ្ចម្ហូប

ចាប់ពីថ្ងៃទី១ ខែកក្កដា ឆ្នាំ១៩៩៧ ចំនួនកំរិតតិចបំផុតសំរាប់ការចិញ្ចឹមថែរក្សាឱ្យបានគ្រប់គ្រាន់ (Minimum Basic Standard of Adequate Care) នៃជំនួយដល់គ្រួសារមានកូនក្នុងបន្ទុក (Aid to Families with Dependent Children ឬ AFDC) ត្រូវបានតម្លើងចំនួន២,៦ភាគរយ (2.6%) ។ បើសិនជាប្រាក់ជំនួយរបស់លោកអ្នកបានកើនឡើង ការផ្លាស់ប្តូរនេះអាចបន្ថយបណ្ណាចិញ្ចម្ហូបរបស់លោកអ្នក ។

Cambodian

SỰ THAY ĐỔI VỀ TRỢ CẤP PHIẾU THỰC PHẨM

Kể từ ngày 1 tháng 7 năm 1997, Mức Tiêu Chuẩn Căn Bản Tối Thiểu Về Lợi Túc Đủ Để Sinh Sống (*Minimum Basic Standard of Adequate Care*) của Trợ Cấp Cho Các Gia Đình Có Con Em Nhỏ (*AFDC*) được tăng lên 2.6 phần trăm. Nếu trợ cấp tiền mặt của quý vị tăng lên thì trợ cấp phiếu thực phẩm của quý vị có thể bị giảm xuống.

Vietnamese

糧食券改變

自1997年7月1日起，貧困子女家庭補助(AFDC)項目下，適當照顧的最低基本標準增加百分之二點六。假如你的現金補助增多的話，這一改變就會減少你的糧食券。

Chinese