

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814

ERRATA

June 25, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAPI PROGRAM MANAGERS

SUBJECT: ERRATA TO ALL-COUNTY INFORMATION NOTICE (ACIN) NO. I-31-03

REFERENCE: ACIN I-31-03: JUNE 2003 COST-OF-LIVING ADJUSTMENTS THAT
AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
(CAPI)

The purpose of this errata is to provide counties with the correct June 2003 CAPI Payment Standards Chart containing the CAPI payment standards that were effective on June 1, 2003. Unfortunately, the CAPI Payment Standards Chart with rates effective January 1, 2003 was inadvertently attached to ACIN I-31-03, dated June 11, 2003. Information and instructions contained in the body of ACIN I-31-03 were correct and remain in effect.

Any questions regarding these adjustments should be directed to your Operations Analyst at (916) 229-4582.

Attachment

CAPI PAYMENT STANDARDS
EFFECTIVE JUNE 1, 2003
BASED ON JUNE 1, 2003 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	768.00		778.00	585.00		595.00	754.00		764.00	942.00		952.00
- without cooking facilities (RMA) 1/	850.00		860.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	832.00		842.00	664.00		674.00	754.00		764.00	942.00		952.00
DISABLED MINOR												
- living with parent(s)	657.00		667.00	463.00		473.00						
- living with non-parent relative or non-relative guardian	657.00		667.00	463.00		473.00	754.00		764.00	942.00		952.00
COUPLE:	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	1,362.00	1,372.00	1,382.00	1,112.00	1,122.00	1,132.00	1,550.00	1,560.00	1,570.00	1,884.00	1,894.00	1,904.00
- without cooking facilities (RMA) 1/	1,526.00	1,536.00	1,546.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,582.00	1,592.00	1,602.00	1,333.00	1,343.00	1,353.00	1,550.00	1,560.00	1,570.00	1,884.00	1,894.00	1,904.00
BLIND/AGED OR DISABLED												
- per couple	1,500.00	1,510.00	1,520.00	1,249.00	1,259.00	1,269.00	1,550.00	1,560.00	1,570.00	1,884.00	1,894.00	1,904.00

TITLE XIX MEDICAL FACILITY

1/ RMA - Restaurant Meals Allowance - \$82 Individual; \$164 Couple

	Individual	Couple
Total CAPI _____	\$39	\$78
SSI/SSP _____	49	98