

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 15, 2002

ALL COUNTY LETTER NO. 02-51

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FOOD STAMP COORDINATORS

SUBJECT: FOOD STAMP EMPLOYMENT AND TRAINING (FSET)
PROGRAM QUARTERLY ABAWDs STATISTICAL AND
EXPENDITURE REPORT (STAT 46)

The Food and Nutrition Service has changed its instruction regarding reporting of 100% federal FSET dollar expenditures on the federal Employment and Training (E & T) Program Report (FNS 583). Counties report these amounts in column 6 for lines 1, 2, and 3 of the Food Stamp Employment and Training (FSET) Program Quarterly ABAWDs Statistical and Expenditure Report (STAT 46) [copy attached], which the California Department of Social Services (CDSS) uses to complete the FNS 583.

The current STAT 46 instructions say to multiply the number of offered and filled FSET participation slots by specified maximum reimbursement rates (\$175 for filled and \$30 for offered slots) to determine federal 100% expenditures. The new instructions are to report actual 100% FSET expenditures, determined by multiplying the number of offered and filled slots by the cost of serving participants in those slots.

The actual expenditures reported on the STAT 46 should be close to, but not exceed, the 100% federal funds (Program Codes 306 (Workfare) and 307 (Education/Training)) claimed by counties on the County Expense Claim submitted quarterly to CDSS.

The STAT 46 will be revised to incorporate this change in expenditure reporting as well as changes resulting from food stamp program reauthorization. Until a new form and instructions are released, please report actual 100% FSET expenditures on the STAT 46, in lines 1, 2, and 3, column 6. Follow the instructions for completing the current

ALL COUNTY WELFARE DIRECTORS

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STAT 46, but for column 6, report actual expenditures; ignore the "Calculation for Tracking Expenditures" instructional section of the current instructions.

Please begin reporting actual expenditures effective with the fourth quarter report of 2002. This quarter includes the months of July, August, and September 2002.

If you have questions about the STAT 46, contact Juliet Mende of the Data Systems and Survey Design Bureau at (916) 651-8269. Questions about actual reimbursement rates and estimates of the 100% expenditures contained in the counties FSET plans should be directed to Tony Pyara of the Food Stamp Program at (916) 657-2630. County Expense Claim questions should be directed to Jeff Himilaya at (916) 657-3431. Questions about the relationship between the Financial Status Report (SF 269) and determination of actual expenditures should be directed to Jin Wong of the Fund Accounting and Reporting Bureau at (916) 657-3374.

Sincerely,

***Original Document Signed By
Lois VanBeers on 7/15/02***

LOIS VANBEERS
Deputy Director
Research and Development Division

Enclosure

Food Stamp Employment and Training (FSET) Program Quarterly ABAWDs Statistical and Expenditure Report

STATEWIDE

	(1) Month 1		(2) Month 2		(3) Month 3		(4) Quarter Total		(5) Combined Quarter Total	(6) Total 100% FSET Dollars Spent
	Waived Area (a)	Non- Waived Area (b)	Waived Area (a)	Non- Waived Area (b)	Waived Area (a)	Non- Waived Area (b)	Waived Area (a)	Non- Waived Area (b)	Waived and Non-Waived Areas	
PART A: ACTIVITIES/PARTICIPANTS & EXPENDITURES										
1. Number of ABAWDs served in workfare										
2. Number of ABAWDs served in education and training										
3. Total of 100% FSET Dollars Spent										
4. Number of offered and not accepted workfare slots										
5. Number of offered and not accepted education and training slots										
6. Number of ABAWDs served in non-qualifying activities										
7. Number of non-ABAWDs served										
PART B: PROGRAM DATA										
8. Total number of ABAWDs at beginning of month										
9. Number of ABAWDs discontinued due to 3-month time limit										
10. Number of ABAWDs exempt under the 15% Criteria										

PART C: TO BE USED ONLY UPON INSTRUCTIONS FROM CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

INSTRUCTIONS

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs) REPORT

CONTENT: This quarterly report provides information concerning Food Stamp applicants and recipients who are participants in work activities funded by the 100% federal Food Stamp Employment and Training Program (FSET) as required by Public Law 104-193 which in 1996 amended the Food Stamp Act of 1977.

PURPOSE: Data collected through this report is used by the United States Department of Agriculture, Food and Nutrition Service (FNS) to monitor service and funding levels of the Food Stamp Employment and Training Program. This report is distributed to departmental program managers, the FNS, and other interested agencies and individuals.

DUE DATE AND SUBMITTAL INSTRUCTIONS: Each county shall submit a report by the fifteenth working day of the month following the report quarter. Counties should send their report to:

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

DEFINITIONS

ABAWDs: A non-exempt able-bodied adult without dependents who in order to remain eligible for food stamps is required to work 20 hours per week, participate in a workfare program which meets standards approved by the Governor, or participate in an allowable work program, including a qualifying FSET activity for 20 hours per week. Individuals are not ABAWDs if they are: (1) under age 18 or 50 years of age or older; (2) medically certified as physically or mentally unfit for employment; (3) a parent or other member of a household with responsibility for a dependent child; (4) otherwise exempt under subsection (d)(2) [of section 6 of the Food Stamp Act]; or (5) a pregnant woman.

Qualifying FSET Activities: Employment and education and training activities which meet FNS work requirements for food stamp eligibility. These work activities are: Vocational Training, Vocational Training/Drug or Alcohol Rehabilitation, Vocational Training/Job Search, Vocational Training/Job Club, Workfare, Self-Initiated Workfare, OJT, OJT/Drug or Alcohol Rehabilitation, Education, Education/Drug or Alcohol Rehabilitation, Education/Job Search, and Education/Job Club.

Non-Qualifying FSET Activities: Employment and training activities which do not meet FNS work requirements. Examples are: Job Club (as a stand-alone activity), Drug Rehabilitation, Alcohol Rehabilitation, and Job Search.

15% Exemption Criteria: The Balanced Budget Act (BBA) of 1997 permits states to exempt 15 percent of its ABAWDs population that is in danger of losing eligibility for food stamps for not meeting the work requirement. Each county receives an apportionment of ABAWDs based on its non-assistance food stamp caseload that may be designated exempt.

Time Limits: ABAWDs are subject to a time limit upon receipt of food stamps unless they work or participate in an approved work or training program. This report collects counts relative to the three-month time limit.

Workfare and Education and Training Slots: Slots are used by FNS to determine the reimbursement rate for both workfare and 20-hour a week education and training components. A slot is filled when a participant reports to a work or training site to begin his or her work activities. For each month an ABAWD is in a workfare program or an education and training slot, FNS will reimburse the filled slot rate. A slot is considered offered when a bona fide workfare or training opportunity is made available to a participant, but the participant either refuses the assignment or does not report. NOTE: For the work slot to qualify as offered, the ABAWD must be informed of the assignment location, the scheduled date to appear, and the time to report.

Waived Area: Waived areas are specified areas determined by the Secretary of the United States Department of Agriculture at the request of the State agency to meet certain criteria: an unemployment rate of over 10 percent; or a lack of a sufficient number of jobs to provide employment for the individuals. Prior approval of the Secretary is required.

PART A. ACTIVITIES/PARTICIPANTS & EXPENDITURES

Fill in the information requested at the top and bottom of the report form and enter the figures for each item. If there is nothing to report on an item, enter "0": do not leave any item blank.

Line 1

In columns 1, 2, and 3 enter the number of ABAWDs participating in workfare and SIP workfare. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

* In column 6, enter the total of 100% Federal FSET dollars spent on services and administration for ABAWDs in workfare or SIP workfare. Include the total of 100% Federal FSET dollars spent on services and administration for assignments on Line 4.

Line 2

In columns 1, 2, and 3 enter the number of ABAWDs participating in qualifying education and training activities. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

* In column 6, enter the total of 100% Federal FSET dollars spent on services and administration for ABAWDs in education and training activities. Include the total of 100% Federal FSET dollars spent on services and administration for assignments on Line 5.

Line 3

In column 6 enter the sum of lines 1 and 2.

Line 4

In columns 1, 2, and 3, enter the number of workfare slots that were offered to ABAWDs only, but the ABAWD either refused the assignment or failed to report. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

Line 5

In columns 1, 2, and 3, enter the number of education and training slots that were offered to ABAWDs only, but the ABAWD either refused the assignment or failed to report. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

Line 6

In columns 1, 2, and 3, enter the number of ABAWDs served in non-qualifying activities. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

Line 7

In columns 1, 2, and 3, enter the number of non-ABAWDs served. Use the appropriate subcolumn (a) or (b).

In column 4(a), calculate the quarter totals from columns 1(a), 2(a), and 3(a).

In column 4(b), calculate the quarter totals from columns 1(b), 2(b), and 3(b).

In column 5, calculate the combined total from columns 4(a) and 4(b).

PART B. PROGRAM DATA

Line 8

In columns 1, 2, and 3, enter the number of ABAWDs. Include all ABAWDs regardless of participation status.
In column 4, calculate the quarter total from columns 1, 2, and 3.

Line 9

In columns 1, 2, and 3, enter the number of ABAWDs discontinued due to the exhaustion of three-month time limit.
In column 4, calculate the quarter total from columns 1, 2, and 3.

Line 10

In columns 1, 2, and 3, enter the number of ABAWDs determined to be in danger of losing food stamp program eligibility and are designated as being exempt under the 15% Criteria.
In column 4, calculate the quarter total from columns 1, 2, and 3.

PART C. TO BE USED ONLY UPON INSTRUCTION FROM THE DEPARTMENT OF SOCIAL SERVICES

This section is reserved for additional information that may be required temporarily or permanently due to a court decision or a change in legislation or regulation. In order to avoid a revision to this form, this section is provided for any unforeseen reporting needs or requirements. If any items are added under this section, you will be notified by All-County Letter.

CALCULATION FOR TRACKING EXPENDITURES:

Step 1. Multiply the sum of Lines 1 and 2 quarterly totals (Column 5) by \$175.00.

Step 2. Multiply the sum of Lines 4 and 5 quarterly totals (Column 5) by \$30.00.

Step 3. Sum the two above products to determine the ABAWDs reimbursement estimate.

Step 4. Compare the total calculated (Step 3) with the expenditure total on Line 3, (Column 6) to ensure that these 100% Federal FSET costs do not exceed allowable reimbursement rates.

Example:

Column 5:

Line 1 Total: 3,000
Line 2 Total: 500
Line 4 Total: 1,500
Line 5 Total: 150

Calculation 1: $3,000 + 500 = 3,500 \times \$175 = \$612,500$

Calculation 2: $1,500 + 150 = 1,650 \times \$30 = \$49,500$

Calculation 3: $\$612,500 + \$49,500 = \$662,000$ { Compare this sum to expenditure total on Line 3 (Column 6). Refer to Step 4 above }