

Food Stamp Program Participants by Race/Ethnicity Federal-Only and Combined Households

DOWNLOAD REPORT FORM (IN EXCEL) AT:
<http://www.cdss.ca.gov/research>
E-MAIL COMPLETED REPORT FORM (AS AN EXCEL ATTACHMENT) TO:
admdfa358f@dss.ca.gov
IF UNABLE TO E-MAIL REPORT FORM, FAX OR MAIL TO:
FAX: (916) 657-2074
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

COUNTY NAME	REPORT MONTH AND YEAR July 2008	VERSION
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Number of Federal-Only and Combined Households participating in the Food Stamp Program during July by race and assistance status.

Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race		
	PAFS Households	NAFS Households	TOTAL	PAFS Households	NAFS Households	TOTAL
1. Household Contacts Who Marked Only One Race						
American Indian or Alaska Native	1	2	3	4	5	6
Asian Categories	7	8	9	10	11	12
Asian Indian	13	14	15	16	17	18
Cambodian	19	20	21	22	23	24
Chinese	25	26	27	28	29	30
Japanese	31	32	33	34	35	36
Filipino	37	38	39	40	41	42
Korean	43	44	45	46	47	48
Laotian	49	50	51	52	53	54
Vietnamese	55	56	57	58	59	60
Other Asian (not included above)	61	62	63	64	65	66
Reporting More Than One Asian Group	67	68	69	70	71	72
Black or African American	73	74	75	76	77	78
Native Hawaiian or Other Pacific Islander	79	80	81	82	83	84
Native Hawaiian	85	86	87	88	89	90
Guamanian	91	92	93	94	95	96
Samoan	97	98	99	100	101	102
Other Pacific Islander (not included above)	103	104	105	106	107	108
Reporting More than one Native Hawaiian or Pacific Islander Group	109	110	111	112	113	114
White	115	116	117	118	119	120
2. Household Contacts Who Marked Two Races						
American Indian or Alaska Native and White	121	122	123	124	125	126
Asian and White	127	128	129	130	131	132
Black or African American and White	133	134	135	136	137	138
American Indian or Alaska Native and Black or African American	139	140	141	142	143	144
3. Other--Household Contacts Who Chose Racial Combinations Not Included Above						
Reporting Race(s) Not Included Above	145	146	147	148	149	150
4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination						
Worker Unable to Determine Race	151	152	153	154	155	156
5. Totals	157	158	159	160	161	162

COMMENTS

CONTACT PERSON (Print)	TELEPHONE	EXTENSION	FAX
TITLE/CLASSIFICATION	E-MAIL	DATE COMPLETED	

**FOOD STAMP PROGRAM PARTICIPANTS BY RACE/ETHNICITY
FEDERAL-ONLY AND COMBINED HOUSEHOLDS
DFA 358F (7/08)**

INSTRUCTIONS

CONTENT

The annual DFA 358F report contains statistical information on the number of federal and federal/state combined households participating in the Food Stamp Program during the month of July by race and assistance status.

Copies of the report and instructions can be viewed or printed from the California Department of Social Services (CDSS), Research and Data Reports website at <http://www.cdss.ca.gov/research/>.

PURPOSE

Title 7, Code of Federal Regulations, Part 272.6 (g) and (h), requires states to provide an ethnic and racial breakdown of the households that participate in the Food Stamp Program. This report also provides county and state entities with information needed for budgeting, staffing, program planning, and other purposes.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal.

Reports are to be received within 45 days following the end of the July report month. This report may be submitted via e-mail or in hard copy:

E-mail submission: Download an Excel version of the form from <http://www.cdss.ca.gov/research/> to your PC desktop, complete the downloaded form, and e-mail to the CDSS, Data Systems and Survey Design Bureau (DSSDB) at admdfa358f@dss.ca.gov. The Excel form contains automatic computation of some cells.

Hard copy submission: If e-mail submission is not possible, complete a paper copy of the report and mail or fax to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

If you have questions regarding this report, contact DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the box provided near the top of the form.

Make an entry for each item. If there is nothing to report for an item, enter "0". **Do not leave any item blank.**

GENERAL INSTRUCTIONS (Continued)

Enter in the boxes at the end of the form the name, job title or classification, telephone, e-mail address, and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

DEFINITIONS

Hispanic or Latino Ethnicity: Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.” (For purposes of this form, “Hispanic or Latino” is an ethnic group, not a race.)

Race

American Indian or Alaskan Native: Person having origins in any of the original peoples of North and South America (including Central American), and who maintain cultural identification through tribal affiliation or community attachment.

Asian: Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: Person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “negro” can be used in addition to “Black or African American”.

Native Hawaiian or Other Pacific Islander: Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islander.

White: Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Other: Any person not mentioned in the above-listed definitions.

ITEM INSTRUCTIONS

When completing the DFA 358F report, enter the required data/information for each item. If there is nothing to report for an item, enter “0”. This form is requesting separate counts for household contacts who chose only one race and those who chose more than one race.

A. **Number of households participating in the Food Stamp Program during July by race and assistance status – Federal-Only and Combined Households [Column A]**

In Column A, report the total number of household contacts by race, including persons of Hispanic or Latino ethnicity.

B. **Number of Hispanic or Latino households participating in the Food Stamp Program during July by race and assistance status – Federal-Only and Combined Households [Column B]**

In Column B, report only household contacts of Hispanic or Latino ethnicity by race.

Items 1 - 2 (for both Columns A and B): report for each racial group the number of household contacts that participated (received food stamp benefits) during July. A household contact is the person who completes the application or is interviewed.

Item 3 (for both Columns A and B): report the total number of household contacts who chose racial combinations that are not included in Items 1 - 2.

ITEM INSTRUCTIONS (Continued)

Item 4 (for both Columns A and B): report the total number of household contacts where the individual did not mark any ethnicity/race on application and the worker is unable to determine ethnicity/race (e.g., telephone interview where face-to-face observation was not possible).

Item 5 (for both Columns A and B): report totals for each column.

For Column A: PAFS Households column, Cell 157: add Cells 1, 7 (for Cell 7: add Cells 13, 19, 25, 31, 37, 43, 49, 55, 61, and 67), 73, 79 (for Cell 79: add Cells 85, 91, 97, 103 and 109), 115, 121, 127, 133, 139, 145, and 151. NAFS Households column, Cell 158: add Cells 2, 8 (for Cell 8: add Cells 14, 20, 26, 32, 38, 44, 50, 56, 62, and 68), 74, 80 (for Cell 80: add Cells 86, 92, 98, 104 and 110), 116, 122, 128, 134, 140, 146, and 152. Totals: add PAFS and NAFS columns across; for (bottom) Total, Cell 159: add Cells 3, 9 (for Cell 9: add Cells 15, 21, 27, 33, 39, 45, 51, 57, 63, and 69), 75, 81 (for Cell 81: add Cells 87, 93, 99, 105 and 111), 117, 123, 129, 135, 141, 147, and 153.

For Column B: PAFS Households column, Cell 160: add Cells 4, 10 (for Cell 10: add Cells 16, 22, 28, 34, 40, 46, 52, 58, 64, and 70), 76, 82 (for Cell 82: add Cells 88, 94, 100, 106 and 112), 118, 124, 130, 136, 142, 148, and 154. NAFS Households column, Cell 161: add Cells 5, 11 (for Cell 11: add Cells 17, 23, 29, 35, 41, 47, 53, 59, 65, and 71), 77, 83 (for Cell 83: add Cells 89, 95, 101, 107 and 113), 119, 125, 131, 137, 143, 149, and 155. Totals: add PAFS and NAFS columns across; for (bottom) Total, Cell 162: add Cells 6, 12 (for Cell 12: add Cells 18, 24, 30, 36, 42, 48, 54, 60, 66, and 72), 78, 84 (for Cell 84: add Cells 90, 96, 102, 108 and 114), 120, 126, 132, 138, 144, 150, and 156.

If completing an electronic version of this form, all the total cells will be automatically calculated, as well as Cells 7, 8, 10, 11, 79, 80, 82 and 83.

Report the number of households participating for the July report month for each race under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

The race/ethnicity is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received.

The number of households should be the same as the corresponding number of households on the Food Stamp Program Participation and Benefit Issuance Report (DFA 256) for July. Explain any difference between the number of households reported in the Comments section.

COMMENTS

Use the Comments section to:

- Explain differences in the number of households between this report and the DFA 256.
- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide any other comments the county determines necessary.

Food Stamps Program
Participants by Race/Ethnicity
Federal-Only and
Combined Households

VALIDATION RULES AND EDITS

1. Household Contacts Who Marked Only One Race

- CELL 3:** Cell 3 must equal to (Cell 1 plus Cell 2)
CELL 6: Cell 6 must equal to (Cell 4 plus Cell 5)
CELL 7: Cell 7 must equal to (Cell 13 plus Cell 19 plus Cell 25 plus Cell 31 plus Cell 37 plus Cell 43 plus Cell 49 plus Cell 55 plus Cell 61 plus Cell 67)
CELL 8: Cell 8 must equal to (Cell 14 plus Cell 20 plus Cell 26 plus Cell 32 plus Cell 38 plus Cell 44 plus Cell 50 plus Cell 56 plus Cell 62 plus Cell 68)
CELL 9: Cell 9 must equal to (Cell 15 plus Cell 21 plus Cell 27 plus Cell 33 plus Cell 39 plus Cell 45 plus Cell 51 plus Cell 57 plus Cell 63 plus Cell 69)
CELL 10: Cell 10 must equal to (Cell 16 plus Cell 22 plus Cell 28 plus Cell 34 plus Cell 40 plus Cell 46 plus Cell 52 plus Cell 58 plus Cell 64 plus Cell 70)
CELL 11: Cell 11 must equal to (Cell 17 plus Cell 23 plus Cell 29 plus Cell 35 plus Cell 41 plus Cell 47 plus Cell 53 plus Cell 59 plus Cell 65 plus Cell 71)
CELL 12: Cell 12 must equal to (Cell 18 plus Cell 24 plus Cell 30 plus Cell 36 plus Cell 42 plus Cell 48 plus Cell 54 plus Cell 60 plus Cell 66 plus Cell 72)
CELL 15: Cell 15 must equal to (Cell 13 plus Cell 14)
CELL 18: Cell 18 must equal to (Cell 16 plus Cell 17)
CELL 21: Cell 21 must equal to (Cell 19 plus Cell 20)
CELL 24: Cell 24 must equal to (Cell 22 plus Cell 23)
CELL 27: Cell 27 must equal to (Cell 25 plus Cell 26)
CELL 30: Cell 30 must equal to (Cell 28 plus Cell 29)
CELL 33: Cell 33 must equal to (Cell 31 plus Cell 32)
CELL 36: Cell 36 must equal to (Cell 34 plus Cell 35)
CELL 39: Cell 39 must equal to (Cell 37 plus Cell 38)
CELL 42: Cell 42 must equal to (Cell 40 plus Cell 41)
CELL 45: Cell 45 must equal to (Cell 43 plus Cell 44)
CELL 48: Cell 48 must equal to (Cell 46 plus Cell 47)
CELL 51: Cell 51 must equal to (Cell 49 plus Cell 50)
CELL 54: Cell 54 must equal to (Cell 52 plus Cell 53)
CELL 57: Cell 57 must equal to (Cell 55 plus Cell 56)
CELL 60: Cell 60 must equal to (Cell 58 plus Cell 59)
CELL 63: Cell 63 must equal to (Cell 61 plus Cell 62)
CELL 66: Cell 66 must equal to (Cell 64 plus Cell 65)
CELL 69: Cell 69 must equal to (Cell 67 plus Cell 68)
CELL 72: Cell 72 must equal to (Cell 70 plus Cell 71)
CELL 75: Cell 75 must equal to (Cell 73 plus Cell 74)
CELL 78: Cell 78 must equal to (Cell 76 plus Cell 77)
CELL 79: Cell 79 must equal to (Cell 85 plus Cell 91 plus Cell 97 plus Cell 103 plus Cell 109)
CELL 80: Cell 80 must equal to (Cell 86 plus Cell 92 plus Cell 98 plus Cell 104 plus Cell 110)
CELL 81: Cell 81 must equal to (Cell 87 plus Cell 93 plus Cell 99 plus Cell 105 plus Cell 111)
CELL 82: Cell 82 must equal to (Cell 88 plus Cell 94 plus Cell 100 plus Cell 106 plus Cell 112)
CELL 83: Cell 83 must equal to (Cell 89 plus Cell 95 plus Cell 101 plus Cell 107 plus Cell 113)
CELL 84: Cell 84 must equal to (Cell 90 plus Cell 96 plus Cell 102 plus Cell 108 plus Cell 114)
CELL 87: Cell 87 must equal to (Cell 85 plus Cell 86)
CELL 90: Cell 90 must equal to (Cell 88 plus Cell 89)
CELL 93: Cell 93 must equal to (Cell 91 plus Cell 92)
CELL 96: Cell 96 must equal to (Cell 94 plus Cell 95)
CELL 99: Cell 99 must equal to (Cell 97 plus Cell 98)
CELL 102: Cell 102 must equal to (Cell 100 plus Cell 101)
CELL 105: Cell 105 must equal to (Cell 103 plus Cell 104)
CELL 108: Cell 108 must equal to (Cell 106 plus Cell 107)
CELL 111: Cell 111 must equal to (Cell 109 plus Cell 110)
CELL 114: Cell 114 must equal to (Cell 112 plus Cell 113)
CELL 117: Cell 117 must equal to (Cell 115 plus Cell 116)
CELL 120: Cell 120 must equal to (Cell 118 plus Cell 119)

2. Household Contacts Who Marked Two Races

- CELL 123:** Cell 123 must equal to (Cell 121 plus Cell 122)
CELL 126: Cell 126 must equal to (Cell 124 plus Cell 125)
CELL 129: Cell 129 must equal to (Cell 127 plus Cell 128)
CELL 132: Cell 132 must equal to (Cell 130 plus Cell 131)
CELL 135: Cell 135 must equal to (Cell 133 plus Cell 134)
CELL 138: Cell 138 must equal to (Cell 136 plus Cell 137)
CELL 141: Cell 141 must equal to (Cell 139 plus Cell 140)
CELL 144: Cell 144 must equal to (Cell 142 plus Cell 143)

3. Household Contacts Who Chose Racial Combinations Not Included Above

- CELL 147:** Cell 147 must equal to (Cell 145 plus Cell 146)
CELL 150: Cell 150 must equal to (Cell 148 plus Cell 149)

4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination

- CELL 153:** Cell 153 must equal to (Cell 151 plus Cell 152)
CELL 156: Cell 156 must equal to (Cell 154 plus Cell 155)

5. Totals

- CELL 157:** Cell 157 must equal to (Cell 1 plus Cell 7 plus Cell 73 plus Cell 79 plus Cell 115 plus Cell 121 plus Cell 127 plus Cell 133 plus Cell 139 plus Cell 145 plus Cell 151)
CELL 158: Cell 158 must equal to (Cell 2 plus Cell 8 plus Cell 74 plus Cell 80 plus Cell 116 plus Cell 122 plus Cell 128 plus Cell 134 plus Cell 140 plus Cell 146 plus Cell 152)
CELL 159: Cell 159 must equal to (Cell 3 plus Cell 9 plus Cell 75 plus Cell 81 plus Cell 117 plus Cell 123 plus Cell 129 plus Cell 135 plus Cell 141 plus Cell 147 plus Cell 153)
CELL 160: Cell 160 must equal to (Cell 4 plus Cell 10 plus Cell 76 plus Cell 82 plus Cell 118 plus Cell 124 plus Cell 130 plus Cell 136 plus Cell 142 plus Cell 148 plus Cell 154)
CELL 161: Cell 161 must equal to (Cell 5 plus Cell 11 plus Cell 77 plus Cell 83 plus Cell 119 plus Cell 125 plus Cell 131 plus Cell 137 plus Cell 143 plus Cell 149 plus Cell 155)
CELL 162: Cell 162 must equal to (Cell 6 plus Cell 12 plus Cell 78 plus Cell 84 plus Cell 120 plus Cell 126 plus Cell 132 plus Cell 138 plus Cell 144 plus Cell 150 plus Cell 156)