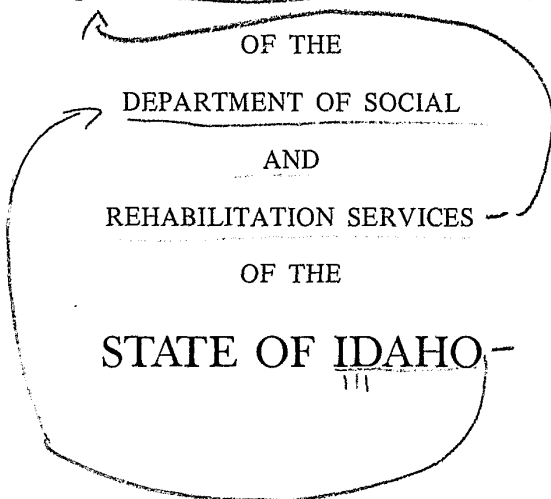


X

BIENNIAL REPORT, 1970-1972



OF THE  
DEPARTMENT OF SOCIAL  
AND  
REHABILITATION SERVICES  
OF THE  
STATE OF IDAHO



1970 - 1972



STATE OF IDAHO  
Department of Social and Rehabilitation Services

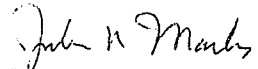
December 1, 1972

Honorable Cecil D. Andrus  
Governor of Idaho  
Boise, Idaho

Dear Governor:

I have the privilege to submit herewith the report of the activities and expenditures of the Department of Social and Rehabilitation Services for the period July 1, 1970, to June 30, 1972.

Respectfully,

  
JOHN R. MARKS  
Commissioner

## TABLE OF CONTENTS

Department Directors .....	v
Letter of Transmittal .....	vii
Introduction .....	1
Public Assistance Programs .....	1
Aid to the Blind .....	2
Aid to the Permanently and Totally Disabled .....	2
Old Age Assistance .....	2
Aid to Families with Dependent Children .....	3
Graph Showing AFDC Caseload .....	5
Method of Determining Eligibility .....	6
Medical Assistance Program .....	7
Food Supplement Program .....	9
Services to Families and Children .....	11
Child Protective Services .....	12
Adoption Services .....	13
Licensing Services .....	13
Developmental Disabilities Services .....	14
Adult Services .....	16
Housing Services .....	17
Work Incentive Program .....	18
Volunteer Services .....	20
Quality Control .....	20
Department Reorganization .....	21
Regional Map .....	22
Epilogue .....	23
Appendix .....	27

DEPARTMENT OF SOCIAL  
AND  
REHABILITATION SERVICES

Directors

John R. Marks, M.D. . . . . . Commissioner

Gerald Quick . . . . . Acting Region I Director  
Ralph Colton . . . . . Region II Director  
Laurence Isom . . . . . Region III Director  
Mark Litvin . . . . . Region IV Director  
Donald Frank . . . . . Region V Director  
Wallace Rounsavell . . . . . Region VI Director  
Robert Decker . . . . . Region VII Director

Wenden Nye . . . . . Director of Administrative Support  
Art Miller . . . . . Director of Eligibility  
Robert Sobelson . . . . . Director of Food Supplement Programs  
Frank Ernest . . . . . Administrator of the  
Idaho State School and Hospital

Richard Russell . . . . . Director of Legal and Special Services  
Ken Thomas . . . . . Director of Medical Assistance  
Harold Smith . . . . . Director of Social Services

BIENNIAL REPORT  
of the  
DEPARTMENT OF

SOCIAL AND REHABILITATION SERVICES

The current debate about social services started ten years ago when Michael Harrington published *The Other America*, a report on poverty in this country. Since that time, a continuing dialogue centering on a higher quality of life for the various minority groups in our society – including the young, the elderly, ethnic and racial populations, and persons in need of specialized services in education, medical care, and rehabilitation – has been raised. The focal point of this debate has been the problem of public welfare.

In Idaho between July 1, 1970, and June 30, 1972, and continuing into the current biennium, public interest in the activities of the Department of Public Assistance, now reorganized as the Department of Social and Rehabilitation Services, has focused on the continuing growth of public welfare rolls and the cost in tax dollars that this growth represents. Of major concern has been the “welfare mothers.”

Because of the great attention that welfare services are receiving, it is in order to begin this report of the Department’s activities with a survey of Public Assistance programs in Idaho.

PUBLIC ASSISTANCE PROGRAMS

The Department sponsors four Public Assistance programs that provide direct money payments to needy individuals. These are Aid to the Blind (AB), Aid to the Permanently and Totally Disabled (APTD), Old Age Assistance (OAA), and Aid to Families with Dependent Children (AFDC). These programs provide a monthly income for eligible recipients to cover the costs of food, housing, utilities and fuel, household operations, clothing, and personal care.

To qualify for a money payment, a recipient’s income must fall below the monthly cost of these items as determined by the Department. Persons approved for money payments under one of

these four Public Assistance categories are also automatically covered for most of their medical expenses through the Medical Assistance Program (Medicaid), and for nutritional benefits through the Food Supplement Program if they have cooking facilities and do not reside with persons not receiving Public Assistance money payments.

#### **AID TO THE BLIND**

Aid to the Blind provides money payments for financially-needy persons who are blind or whose vision is impaired to a degree that prevents them from performing those ordinary activities for which eyesight is essential. To be certified for AB, a recipient must be declared legally blind by an ophthalmologist, another physician, or an optometrist. Applications for AB have declined steadily in recent years, primarily because improved medical procedures are helping to prevent blindness, and improved rehabilitation and job placement programs enable more blind persons to be self-supporting. The number of AB recipients at the end of the biennium was up only two from 1970.\*

#### **AID TO THE PERMANENTLY AND TOTALLY DISABLED**

Persons receiving financial assistance under this category have physical or mental impairments that cannot be corrected in the foreseeable future, and that prevents them from performing available work in their communities. Included in this category are those for whom basic personal care is impossible without help from another person. APTD recipients must be certified as disabled by a physician or psychiatrist, and must be at least age 18. The number of APTD recipients has increased steadily since the program was initiated in Idaho in 1950, rising from 2,756 to 3,404 during the biennium. One reason for growth of APTD is the improved means for the identification of handicapped persons within society.

#### **OLD AGE ASSISTANCE**

Persons age 65 or older whose income falls below poverty level guidelines are eligible for Old Age Assistance. The number of OAA

*\*For a statistical study of the activities of the various programs of the Department, please refer to the appendix.*

recipients declined by more than 100 during the biennium. This decline was largely the result of improved benefits for the aged under the Social Security Act, which transferred a greater share of the financial responsibility for the disadvantaged elderly from the State to the Federal level.

#### **AID TO FAMILIES WITH DEPENDENT CHILDREN**

The AFDC program is designed to provide financial assistance for low-income families with children age 18 and younger, or age 21 and younger if they are in school. AFDC in Idaho is not granted to families in which the father resides in the home, unless he is disabled. During the biennium, the AFDC caseload continued a sharp upward trend that started during the second half of the 1968-70 biennium. The AFDC caseload at the end of June, 1972, was 6,684, compared with 5,238 cases in June, 1971, and 4,786 cases at the start of the biennium; an increase of 37.2 per cent.

During the biennium, 14,044 applications for AFDC were made. Of these, 9,915 were approved and 2,608 were rejected. No action was taken on the remaining applications for various reasons, including withdrawal of application, inability to locate applicant, and referral of applicant to another program. During the biennium, 8,783 AFDC cases were closed. This indicates that in a large number of cases the families served needed financial assistance for a limited time only.

The AFDC caseload increase occurred in two phases, the first of which began in July, 1969, and continued through September, 1970. From the inception of the AFDC program to this time, there had been slight increases in the total caseload from year to year, with seasonal variations. Now a large, unprecedented increase in the AFDC caseload occurred in Idaho, as well as in most other states.

It is generally agreed that factors precipitating this increase included U.S. Supreme Court decisions eliminating durational residential requirements for recipients of public welfare, and holding that any man who is not legally responsible for the support of children in his home is not required to provide such support (in Idaho, this decision was interpreted to include stepparents, making stepchildren eligible for AFDC grants); implementation of a Federal law requiring states to disregard the

first \$30 plus one-third of the balance of monthly earned income received by AFDC recipients; and increased activity on the part of welfare rights organizations that made more low-income people aware of public assistance programs.

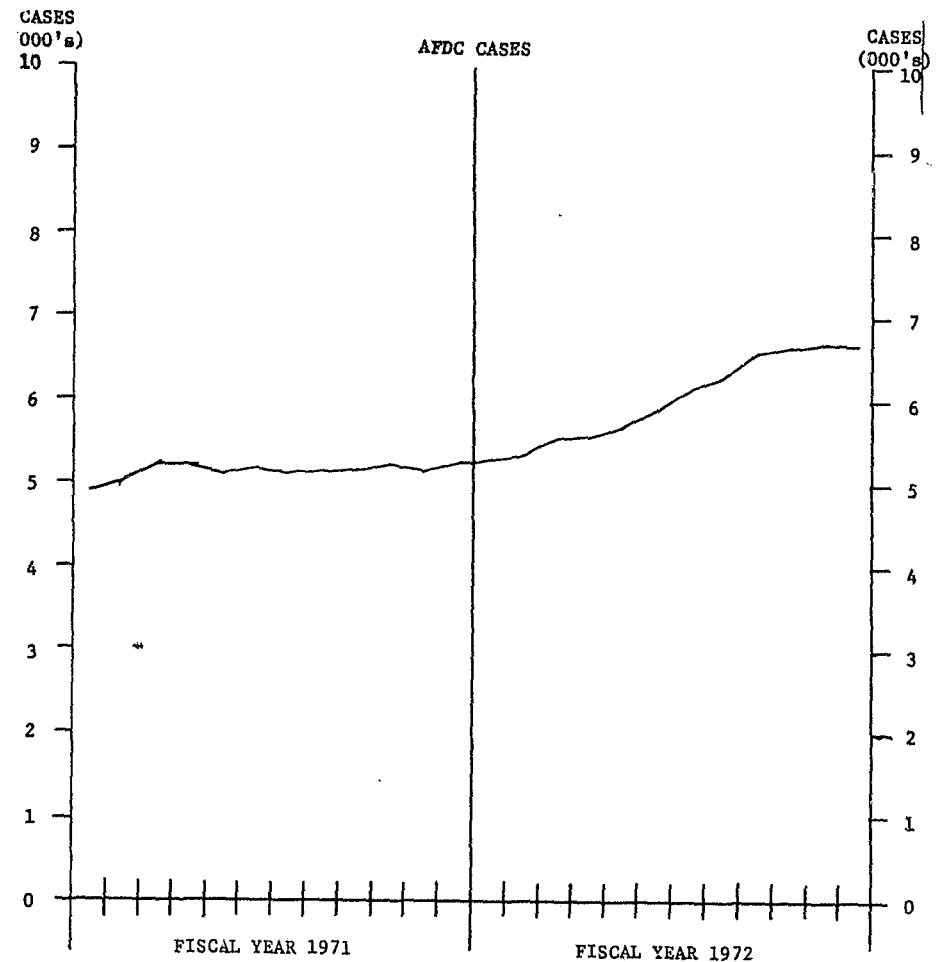
This rise in the AFDC caseload was followed by a leveling-off period, marked with only minor month-to-month fluctuations. The second phase of the AFDC increase (outlined in the chart on the opposite page) began in July, 1971, after no precipitous changes in public welfare policy, and has continued into the current biennium. Other Western States have also experienced accelerated growth rates in their AFDC caseloads during this phase.

A study conducted by the Department last summer to determine the factors behind the second AFDC caseload increase in Idaho shows that while the unemployment rate in the State was increasing (from an annual rate of 4.0 per cent in 1969 to 5.6 per cent for the first nine months of 1972), more than half of the mothers receiving AFDC who were surveyed had either no employable skills or only minimal job skills.

The major reasons recipients of AFDC who were surveyed applied for assistance were the loss or reduction of employment; the lack of employable skills; the need for medical attention and assistance during the period of treatment; and the loss of support or other income resulting from a change in living arrangements. (Mothers moving to Idaho totalled 14 per cent of those recipients surveyed. However, more than one-third of these consider Idaho to be "home.") When application for AFDC was made, the families were in need of immediate financial assistance because of the loss or reduction of other support.

The primary causes for the breakup of the AFDC families sampled were incompatibility, immaturity of the marriage partners, and husband's excessive use of liquor.

These increases in the AFDC caseload were predicted by the Department, and projections presented to the Legislature in the Department's fiscal 1973 budget request have proven to be correct. (Complete results of the study are found in Research



Report Number 72-1, Findings of the 1972 Idaho AFDC Study, September, 1972, published by the Department of Social and Rehabilitation Services.)

\*\*\*\*\*

Often called the "fifth category" of Public Assistance administered by the Department is Medical Assistance only. There are persons with limited incomes who are eligible for Public Assistance but who choose not to receive money payments. Under certain conditions, these persons can receive benefits provided through the Medical Assistance Program.

Persons not receiving Public Assistance but who are eligible for money payments may also be eligible for the Food Supplement Program.

#### METHOD OF DETERMINING ELIGIBILITY

During the biennium, the Department continued to use the simplified method of determination of need in the Public Assistance categories of Aid to the Blind, Aid to the Permanently and Totally Disabled, and Old Age Assistance. This method, which the State was required to test during the 1968-70 biennium as a condition for receipt of Federal matching funds, is both simple and efficient, and makes the most effective use of limited personnel.

The simplified method employs the "prudent person concept" under which applicants for and recipients of money payments through these categories themselves declare their income, resources, and need. If statements are incomplete, not clear, or inconsistent, or where circumstances would indicate to a "prudent person" that further inquiries should be made, verification of eligibility is made by the Department. Before the simplified method came into use, case workers were required to verify all conditions of eligibility in every case.

In the Aid to Families with Dependent Children category, the simplified method is used to determine identity and age. Verification of deprivation of support, income and resources, and physical incapacity continues to be made by Department personnel. The determination of physical or mental incapacity of

recipients of Aid to the Permanently and Totally Disabled is made at the Regional level.

The Division of Support Enforcement and Collection Services was established by the Department in October, 1971, to enforce payment of child support by absent parents, and to locate absent parents when their addresses are unknown.

With the reorganization of the Department during the biennium (discussed in depth beginning on page 21 of this report), the basic responsibility for the accuracy of the determination of need for Public Assistance was transferred to the Regional level. Development of policy and procedural method remain at the State level.

\*\*\*\*\*

Congress increased Social Security benefits in June, 1971. To comply with the new law, the Department increased the basic income allowances of adult program recipients by \$10 per month to offset the decrease in Public Assistance payments that resulted from the increase in Social Security payments. Congress continued a \$4 per beneficiary monthly exemption and a \$7.50 per month exemption of income from any source.

In December, 1971, the Department revised its standard of payment for adult recipients of Public Assistance to cover increases in the cost of housing, utilities, and personal care. Basic allowances for AFDC recipients were also adjusted upward. The new AFDC standard of payment was 90 per cent of need, compared with a standard of 88.617 per cent of need that had been in effect since July, 1969. (Early in the current biennium, a \$1.8 million deficit in the Department's fiscal 1973 budget was projected. One step toward correcting this deficit was the reduction of the AFDC standard of payment to 80 per cent of need based on December, 1971, prices. However, AFDC recipients continue to receive greater financial assistance than they did under the previous standard.)

#### MEDICAL ASSISTANCE PROGRAM

The scope of care and services of Idaho's original Medical

Assistance Program (Medicaid), which became effective in 1966 under Title XIX of the Social Security Act, included six basic services: physician's services; in-patient and out-patient hospital services; diagnostic services; remedial services by podiatrists, chiropractors, and optometrists; and skilled nursing home services. This title of the act was amended in 1967, 1969, and again in 1972 to include the following benefits: necessary transportation to medical centers; prescription drugs to a maximum of \$20 per month per recipient; periodic screening, diagnosis and treatment of children under six, including eye glasses and hearing aids; and dental care for children under 16. The 1972 amendments are far-reaching, and their full impact on the Medicaid program is not known to the Department at this time.

Medicaid patients have a free choice of providers of medical services, who must render such services without discrimination as to race, color or national origin. Vendors who provide medical services under the provisions of Medicaid claim payment by mailing a standardized request directly to the State office of the Department. When a claim is approved, the Department makes payment, which is considered full settlement for services rendered.

Payments of physician's fees are based on rates that were charged prior to January 1, 1969, at which time the Secretary of Health, Education and Welfare froze payments for these services through Medicaid. Laboratory, x-ray, and prescription charges, dental fees, and hospital bills (the Federal Medicaid program will reimburse the State for payments made for a maximum stay per admission of 20 days in a semi-private room) are paid on the basis of current rates. All rates must be deemed reasonable and customary by the Department. Nursing home care is paid at a flat rate less any financial participation by patients. Medical resources available to Public Assistance recipients are also taken into consideration in determining the amount of Medical Assistance to be paid by the Department.

Persons age 65 and older who are eligible for Medical Assistance can receive supplementary benefits to pay deductible and co-insurance charges not covered by Medicare, and that are within the scope and fee structure of the Department's Medicaid Program.

Although the Medical Assistance Program in Idaho serves

primarily those persons who are receiving Public Assistance money payments, also covered by the program are those persons who have been approved for support but are not receiving money payments (these are known as the "categorically related") and children living in foster homes or private institutions for whom the Department has assumed, in whole or in part, the cost of care.

The total number of persons served by Idaho's Medical Assistance Program increased sharply during the biennium, primarily because of the overall increase in the Public Assistance caseload. On July 1, 1972, the number of Idahoans eligible for Medical Assistance was approximately 31,000, although not all these are ill or need all of the available services during any one month.

The Medical Assistance Program does not cover all the pressing medical needs of program beneficiaries, but rather is designed to cover certain medical needs of persons who are eligible for public support. The scope of Medicaid in Idaho also fails to extend coverage to those who are in need of medical care and who need financial assistance in paying for it, but whose income and resources are marginally above the standards set for public assistance recipients. This group of people, known as the "near poor" or "medically needy," faces both health and financial crises when excessive or long-term illness strikes. If the State were to exercise its option under Title XIX to extend Medicaid benefits to its medically-needy residents, these persons could enjoy a degree of medical security without jeopardizing their self-sufficiency.

A medically-needy program with 69 per cent Federal financial participation would also serve to ease the demand for services from the property-tax-supported medical programs that are operated by the counties.

#### FOOD SUPPLEMENT PROGRAM

The Food Supplement Program is sponsored by the U.S. Department of Agriculture, and is administered in Idaho by the Department of Social and Rehabilitation Services. The Commissioners of each county determine whether their county will participate in the Food Commodities Program or the Food Stamp Program, or whether there will be no program in the



county.

The purpose of the Food Commodities Program is to provide recipients with staples at no cost, thus allowing them to spend their money on meats and other high-nutrient foods. Under the Food Stamp Program, participants exchange stamps for food items worth several dollars more than the purchase price of the stamps.

During the biennial period, approximately 17,500 persons per month received food commodities, and approximately 14,000 persons per month purchased food stamps. An Infant Feeding Program was initiated in all counties with Food Commodities Programs. This program allows the extra issue of evaporated milk, syrup, and cereal each month to families with an infant younger than age one. Both Owyhee and Shoshone counties transferred to the Food Stamp Program from the Food Commodities Program. Oneida and Custer counties entered the Food Stamp Program, and Bear Lake, Butte, and Power counties entered the Food Commodities Program. Previously they had had no Food Supplement Program; only Camas County remains with no food program in effect. Sub-distribution centers were opened for the storage and distribution of food commodities in some participating counties to bring the food closer to the recipients. This was of benefit especially to elderly recipients. The expansion of the Food Commodities Program made it necessary for the Department to obtain larger food storage and distribution sites in some counties.

The major problem with the Food Commodities Program is that at its inception it was designed to reduce food surpluses rather than to improve the diets of commodities recipients. This aspect of the program has undergone a gradual change, however, and today a variety of nutritious food items has been added to the list of foods distributed through the program. Another drawback is that food commodities are only distributed at certain times each month, limiting the availability of these foods.

The Food Stamp Program is not free from problems either. From a nutritional point of view, the major drawback is that while food stamps must be used only for food items (with the inherent implication that persons using food stamps will enjoy better diets), there is no way to control what foods are purchased with the stamps. The sale of food stamps through banks (the only

institutions that meet specialized security requirements for insurance coverage) presents additional administrative problems, and sometimes it is difficult to get the banks to cooperate with the program. A major advantage of the Food Stamp Program is that participants can purchase a wider variety of food at any time.

Most recipients of Public Assistance as well as persons eligible for but not receiving money payments are eligible for the Food Supplement Program. Because the USDA has its own eligibility standards for participation in the Food Supplement Program, low-income persons whose income is above Idaho Public Assistance standards may also be eligible. While this does provide a better diet for many who need it, the determination of eligibility according to a second set of standards places an additional administrative burden on the Department.

## SERVICES TO FAMILIES AND CHILDREN

The emphasis of services available to Public Assistance recipients through the Department's programs for families and children is to maximize the capacity of families for self-care and self-support. This is being accomplished through the use of homemaker and service aides and volunteers who complement the activities of the case workers. During the biennium, the Department initiated programs for comprehensive family planning, for the early screening and diagnosis of pre-school children, and for the dental care of children under age 16. These programs are available to all Public Assistance recipients. Department personnel are also involved in the time-consuming but valuable activity of arranging child care for mothers on Public Assistance who are either employed or involved in a job training program.

A large number of parents in families receiving Aid to Families with Dependent Children have not completed high school and have no employment skills. They frequently have physical or psychological problems that limit their capacity to maintain themselves and their families without supportive services. Problems such as these sometimes result in the neglect of children by the disadvantaged parents.

Recognizing this tendency, Department social workers are now helping families on Public Assistance overcome these problems.

The anticipated result of these efforts will develop, to some degree, self-sufficiency in disadvantaged families, thereby reducing the chronic dependency on Public Assistance that has been the heritage of many disadvantaged children. That these services are proving to be of benefit to AFDC families is reflected in the fact that despite the dramatic increase in the AFDC caseload during the past biennium, a significant number of cases were closed.

#### CHILD PROTECTIVE SERVICES

The Department provides protective services for approximately 2,000 children a month, with services opening for approximately 250 children a month and closing for approximately the same number. The Department held legal custody of 586 children at the start of the biennium and of 622 children at its end, and was named guardian of 519 children, many of whom required foster care during this time. Foster care on a voluntary basis was provided for an average of 15 children a month.

The cost of foster care rose during the biennium. Although foster care was provided for more children, the primary reason for the cost increase was that the rate paid foster parents for room and board was increased for the first time since 1968. This action was necessary if the Department was to reimburse foster parents for the actual costs of caring for a foster child.

As an extension of the Foster Care Program, a group home for girls who are not able to adjust to foster care was established during the biennium. This home, which has an average of eight residents at a time, is designed to help these girls return to either their own homes or foster homes. The emphasis on a family-type environment rather than on group living is proving beneficial for the participants.

Two shelter homes were established during the biennium, and plans were made for the establishment of others. Shelter homes are primarily for the care of abandoned, neglected, or abused children pending court action for their return to their own homes or for their placement in other homes.

During the biennium, Child Protective Services appeared to stabilize to a point where the Department can predict with reasonable accuracy the staff time and financial support necessary

to provide care for those children who will be referred to this division.

#### ADOPTION SERVICES

Adoptions were arranged for 379 children during the biennium. Of these, 270 were infants, 64 were preschool children, and 45 were children at least age six. Since the Department supervises child placement for a six-month period, only 329 of these adoptions are final at this time. The Department is also required by law to submit reports to the Courts on privately-arranged adoptions. During the two-year period, 342 such reports were filed.

During 1972, a decrease in the number of children — especially infants — available for adoption has occurred. Among the apparent reasons for this are the development of family planning clinics, the use of birth-control devices and drugs, and the enactment in neighboring states of liberalized abortion laws. There is evidence that while there continues to be a large number of unwed mothers, many of these girls are now keeping their babies.

#### LICENSING SERVICES

The Department is responsible for licensing agencies and institutions for the care of children. During the biennium, two new agencies that offer services to children on a state-wide basis were licensed, and the Department worked with a number of private agencies for the organization of group care resources at the local level.

There were 1,080 foster homes licensed by the State on July 1, 1970, and approximately 1,300 licensed foster homes on June 30, 1972. Of the licensed foster homes at the close of the biennium, 625 were operated by the Church of Jesus Christ of Latter-Day Saints as part of their programs for Indian children, troubled youth, and unwed mothers.

The Department closed the biennium with 300 licensed day-care homes and 44 day-care centers. The increase in these facilities is related in part to Federal programs that require certain AFDC mothers to accept job training or employment, if available.

The responsibility for licensing child care facilities and homes is being transferred from the State Office of the Department to the Regional level. This is being made possible by the development of a computer program for licensing. A computer program to simplify and to speed payment to those foster parents and other vendors of services to children for whom the Department is responsible is also being developed.

The Department has, in the past and without success, proposed legislation to strengthen the child care licensing law. However, some revisions in Departmental rules and regulations for day-care facilities have been made; and these may be a step toward making the licensing of day-care facilities more acceptable to the public.

#### DEVELOPMENTAL DISABILITIES SERVICES

The reorganization of the Department of Public Assistance into the Department of Social and Rehabilitation Services included the transfer, by Executive Order, of responsibility for Developmental Disabilities Services from the old Department of Health to this Department.

The major objectives of these services, which under Health were the responsibility of the Division of Mental Retardation and Child Development, are the primary prevention of organic congenital handicapping, the prevention of handicapping arising during the perinatal process, and the prevention of handicapping acquired during infancy and childhood. If and when handicapping does occur, these services are designed to provide the earliest possible detection of handicapping together with comprehensive diagnosis and evaluation, followed by the application of totally integrated treatment and habilitation programs to meet the unique needs of each handicapped child.

Although Federal programs for the Developmentally Disabled emphasize Mental Retardation, Cerebral Palsy, and Epilepsy, the Department is concerned with any disability that may impair a child's ability to develop and function normally. Therefore, any handicap, including physical, intellectual, emotional, and social handicaps may be dealt with through Developmental Disabilities Services.

These services are provided through Child Development Centers

at Coeur d'Alene, Lewiston, Nampa, Boise, Twin Falls, Pocatello, and Idaho Falls. Each Center serves one of the seven Regions of the Department of Social and Rehabilitation Services throughout the State.

Since Developmental Disabilities Services are new to this Department, a brief history of their development in Idaho is in order here. In 1956, Idaho received a grant from the Children's Bureau to establish itinerant Mental Retardation Clinics throughout the State for the purpose of child evaluation and family counseling. These clinics, located regionally, provided diagnostic workups and, wherever possible, follow-up treatment services in a child's home community. The clinics were the forerunners of today's Child Development Centers.

The itinerant Mental Retardation program was conducted for some ten years and in the late 1960's was integrated into the then-new Division of Mental Retardation and Child Development of the Department of Health, through which the concept of delivery of services at the community level was expanded to include services for not only the Mentally Retarded but also for all types of handicapped persons who might benefit from the same approach while remaining at or near their homes.

Each Child Development Center operates independently to meet the unique needs of the Region it serves. A diagnostic evaluation together with treatment and follow-up care make up the core of Center programs. The problems and needs most frequently encountered by Center staffs are poor progress in school by children referred to them, and a lack of pre-school programs, vocational training programs and job placement services. These gaps in available services are being filled either by the Child Development Centers as the special needs become known and as resources allow, or through cooperative programs in which the Centers share responsibility with local school districts or education, psychology and vocational education departments of State universities and colleges. A cross-section of resource personnel at the community level is frequently involved in the administration of services through the Centers.

All seven Child Development Centers extend their services through satellite offices to communities throughout each Region for those persons who find it difficult or impossible to commute

to the Centers.

Until 1969, the Idaho State School and Hospital at Nampa provided primarily institutional care for many of the State's Mentally Retarded residents, most of whom were (or still are) dependent for life. The development of localized services with their goal of helping the handicapped develop self-sufficiency to the greatest degree possible has changed the scope of ISS&H services. Long-term residential care is being phased out, and all residential programs will eventually be conducted at the Regional level. The ISS&H is revising its programs to provide intensive evaluation and acute medical care for the Developmentally Disabled (this may involve temporary residential care, which the ISS&H can provide), programs in special education and vocational training, and broad recreation programs for both temporary and remaining long-term residents.

The large wards at the institution have been converted into small family-living units. Ten cottages with a capacity of eight residents each opened there in 1971. These allow each resident to live in an individualized setting, and also make it possible to give greater attention to each resident.

All referrals for treatment at the ISS&H now are made through the Child Development Centers, where parents are helped in planning a total program of services and treatment for their handicapped children.

Since the beginning of community-oriented services, the census of the ISS&H has dropped from 740 to 560. During the biennium, approximately 13,000 children with Developmental Disabilities were provided services through Child Development Centers. If national statistics showing that some 16 per cent of the population suffer from some form of a Developmental Disability are correct — and analyses of community needs conducted by the Regional Centers support them — then the Department has only begun to reach and to meet the needs of Idaho's handicapped children.

### ADULT SERVICES

The single State agency responsible for the administration of Adult Services Programs under Titles I, X, and XIV of the Social

Security Act is the Department of Social and Rehabilitation Services. Prior to reorganization, this responsibility was carried out through a joint office of Eligibility and Adult Services. The major thrust of that office had been, of necessity, the administration of eligibility for Public Assistance money payment programs. A sharp increase in the number of money payment recipients, particularly in the Aid to Families with Dependent Children category, made it necessary to stress eligibility determinations. This resulted in a decline in the attention paid to the needs of adults for services. Therefore, with the reorganization of the Department, an Office of Adult Services was created, separating Adult Services Programs from the determination of eligibility for money payments.

The responsibility of Adult Services is to plan and develop state-wide service programs for the aged, the blind, and the disabled, with recipients of Old Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled receiving primary consideration. However, late in the biennium the Department also made eligible for Adult Services those persons who have received Public Assistance through these categories during the past two years, those who are currently applying for such assistance, and those who have a potential of becoming aid recipients within the next five years. Additional services for adults, within the scope of Department programs, are being developed to help eligible persons become or remain self-sufficient for as long as possible.

As do Services to Children, Adult Services are designed to improve the quality of life of recipients as well as to prevent or at least delay costly dependency on institutional care. Through Adult Services, Regional Adult Development Centers that correspond in purpose to the Child Development Centers, but which serve the State's older handicapped and other disadvantaged residents, are scheduled to be opened during the current biennium.

### HOUSING SERVICES

Housing Services was developed as a separate program of the Department in October, 1971. As a new program, the primary focus of Housing Services has been on the education of personnel in job responsibility. Housing Services is preparing a survey to determine the adequacy of housing of Public Assistance recipients

and what changes are needed in current Department policies regarding housing. Plans for Housing Services during the current biennium include educational sessions with Federal housing specialists and, with the completion of the State housing survey, the establishment of priorities to meet the housing needs of Public Assistance recipients. The establishment of the State Housing Authority should increase the direct involvement of local Department personnel in community housing programs. At least two Department representatives in each region should be well informed about housing programs.

### WORK INCENTIVE PROGRAM

The Work Incentive Program (WIN) involves the cooperative efforts of the Idaho Department of Employment and the Department of Social and Rehabilitation Services. The program in essence is a continuation of efforts begun by the Department under the Work Experience Program to prepare appropriate recipients of Aid to Families with Dependent Children for paid employment through a comprehensive program of education and training and work experience. Participants are provided with supporting social services.

The Department of Employment administers WIN and has the responsibility for all training and employment aspects of the program. The Department of Social and Rehabilitation Services has the responsibility to see that persons 16 years of age and over on AFDC are screened to determine whether they are appropriate for referral to WIN, that referrals are made, that assistance payments are made as indicated, that referral services are provided, and that supporting services and child care are made available to individuals engaged in WIN activities. It is also the responsibility of this Department to provide the State portion of all program costs incurred by both agencies.

During the biennium, WIN was operational in ten counties: Nez Perce, Kootenai, Ada, Canyon, Twin Falls, Jerome, Power, Bannock, Bingham, and Bonneville. The following statistics are available:

Win Results:	1971	1972	TOTAL
Number of recipients	1000	1067	2067
Employed as result of WIN	107	131	238
Refused to continue training	127	142	269
Terminated from program for other reasons (marriage, pregnancy, illness, moved from area, lack of transportation, etc.)	354	437	711
Remaining in program at end of year	412	437	849

Of those AFDC recipients who were employed as a result of their participation in WIN, approximately 15 per cent of those enrolled in the program earned enough to become self-supporting and no longer required Public Assistance money payments. In the remaining cases, the amount of support was reduced because of the increased earning power of the recipients.

The approximate costs of WIN total \$1,361,024 for the biennium. Of this amount, \$285,583 was for the purchase of child care (with 75 per cent Federal participation). Actual training costs totalled \$1,075,441 (with 80 per cent federal participation).

In addition to the costs as listed above, there are administrative costs involved in carrying out the Department's responsibility for the program that cannot be separated from the administration of other programs for which the Department has responsibility. These costs include such items and functions as the WIN coordinator's salary, the time spent by service and eligibility workers in WIN activities, extra work and training allowances included in assistance grants to AFDC recipients for their transportation, lunches, and clothing while participating in WIN, and medical examinations.

The facts indicate that the cost of the Work Incentive Program is exceeding any benefits or savings that might be realized by the training and employment of Public Assistance recipients.

## VOLUNTEER SERVICES

The integration of Volunteer Services into Department programs (now a Federal requirement) has proven to be a significant development. Volunteers are recruited from a cross-section of a community, including recipients of Public Assistance, to meet that community's needs. Volunteers provide services, including therapy work with Developmentally Disabled and other handicapped children and adults, transportation for individuals as the need arises, taking disadvantaged children on outings and educational tours, and friendly visitation of the lonely, sick and invalid.

## QUALITY CONTROL

Quality Control is a Federally-required internal audit to evaluate and strengthen Department policies, procedures and effectiveness. Quality Control is responsible for the review of all State Public Assistance programs (OAA, APTD, AB, AFDC, Food Stamp and Food Commodities) to determine if assistance, in the correct amount, is properly and equitably being given to those who meet the established requirements for assistance. This is accomplished by Quality Control through the selection of a random sampling of cases, the review of these cases, and the reporting and evaluation of the findings. The sample of cases (of sufficient size to be statistically reliable) is selected by the Research and Statistics division of the Department from the total caseload. This sample is representative of the total caseload and inferences from it can be projected to the total caseload.

The Quality Control review includes an analysis of the case record, a full field investigation, a determination of eligibility and payment status, and the reporting of the findings. Quality Control then evaluates the findings to determine whether the number of ineligible recipients and incorrect payments remain below established minimal percentages of the total caseload. When errors are too high the system provides for the taking of corrective action. Also determined is whether all eligible applicants are granted assistance in accordance with Department policies. This is determined by including in the sample cases in which assistance was denied or terminated (negative cases) as well as cases in which assistance was given (positive cases).

An Early Warning Report, compiled monthly from Quality Control findings, identifies for corrective action significant sources of both Department and client error, and shows where corrective action is needed to hold the incidences of error within minimal levels.

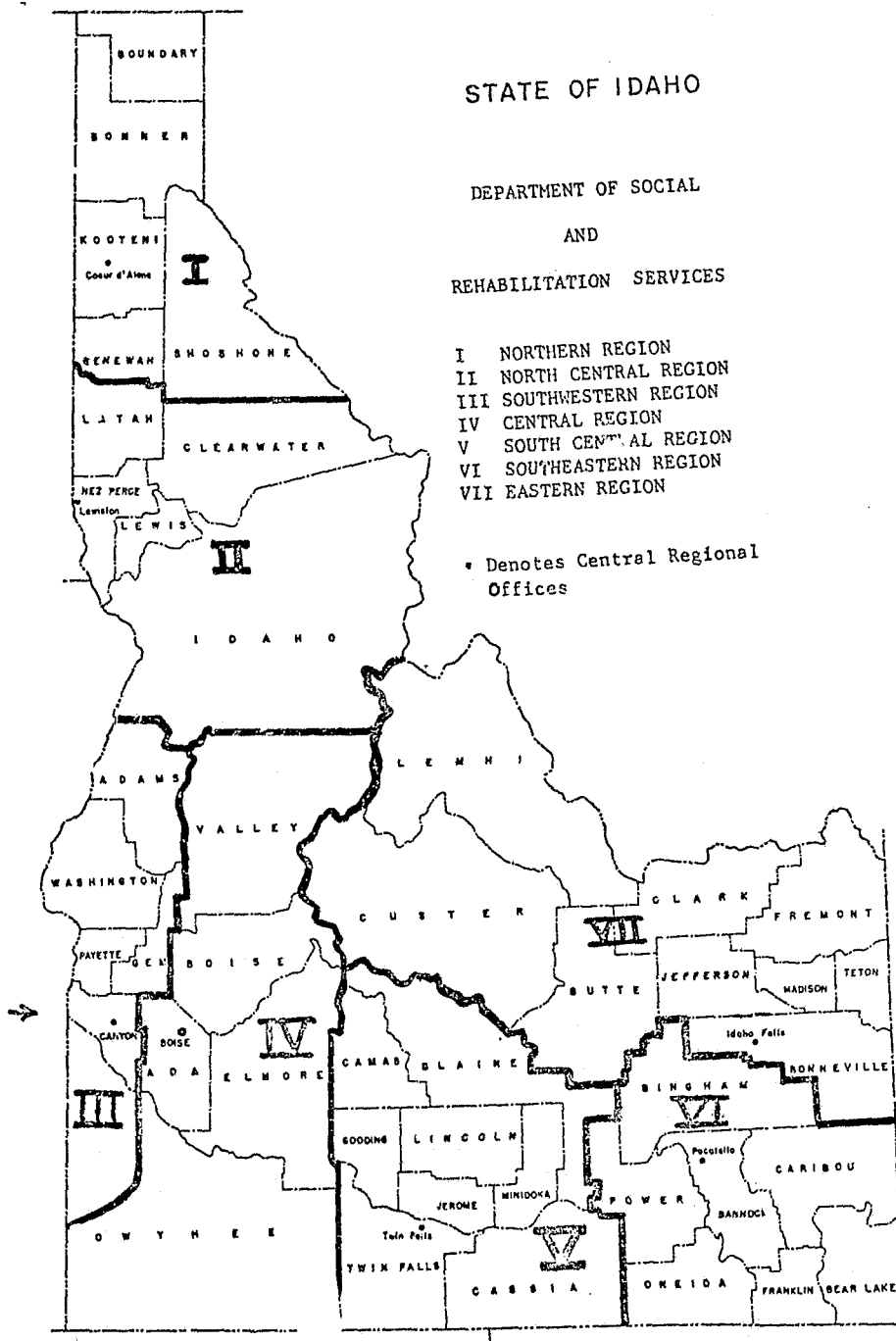
During the biennium, Quality Control reviewed a total of 2,417 cases in all categories of Public Assistance administered by the Department. These reviews can be further broken down, as follows:

Category	Cases Reviewed
ADC Positive	427
ADC Negative	434
Adult Aid Positive	512
Adult Aid Negative	444
Food Stamp Positive	247
Food Stamp Negative	50
Donated Commodity Positive	303

## DEPARTMENT REORGANIZATION

On July 1, 1972, as the result of both Executive Order and Legislative action, the reorganization of the Department of Public Assistance was completed, and the new title of the Department of Social and Rehabilitation Services (SRS) became official. The Department was reorganized for three primary reasons, the first of which is that the Department, through the establishment of Regional programs, is now in a better position to respond to local needs, and has greater flexibility in the utilization of both staff and financial resources. The separation of service and eligibility functions made at that time has helped in the development of a client-oriented service-delivery system. Reorganization also made possible the unification of several related services, primarily those for Developmentally Disabled children and adults, with other related service programs. The third reason is that the reorganization of some programs through the Department made the State eligible to receive a greater share of Federal financial assistance.

The old Department of Public Assistance included four districts



(not truly administrative entities), and 28 local offices, each with its own Director. The Department of Social and Rehabilitation Services is comprised of seven administrative Regions, each with its own director. Each director is responsible for planning and administering all Department programs in his Region. The Regional directors report directly to the Commissioner of the Department. The State Office of the Department serves to develop general policy guidelines and State plan material, to consult with Regional staff personnel, and to monitor the effectiveness of Department programs. Public Assistance and Medicaid payments, are handled at the State Office, as are data processing, fiscal management, and program support. Apart from payments, however, the Regions have their own budgets for which they alone are responsible.

Although the Regions have many similarities and conduct the same or similar programs, regionalization allows for Idaho's geographic and economic differences, and encourages innovative approaches to meet each consumer's unique needs.

### EPILOGUE

The two major objectives of the Department of Social and Rehabilitation Services, as mandated by State and Federal legislation and regulations are to reduce dependency of individuals and families, and to improve the quality of life for persons potentially, presently, or formerly dependent. How well the present system is meeting and will continue to meet these objectives remains a continuing source of discussion and controversy, not only at the State level but also at the national level.

There are two basic questions that constantly reoccur in the national debate over public welfare: precisely who is entitled to receive Public Assistance without significantly contributing to the material productivity of society; and at what level of support should these dependent people be maintained by the public treasury.

We must somehow agree on a definition of "who" before we can develop programs that will effectively reduce dependency. And even once this question is answered, providing the welfare

program to meet the challenge of dependency will not be easily achieved. The Congress has been struggling with welfare reform for some time now, and after two years of sound and fury, from the standpoint of reform, H.R. 1 signifies nothing. It does not address itself to these basic questions.

Furthermore, the end result of Congressional activity to this time has been a hodge podge of demands on State welfare agencies. These are mandated through a morass of Federal regulations often written by people who obviously do not understand, to any great extent, human behavior and the practicality of delivering the appropriate services to reduce dependency and to improve the essential quality of life to those who, through no choice of their own, are dependent. These regulations must be conformed to if the States are to receive Federal financial assistance for their programs for the dependent, despite the fact that many of the regulations eliminate practically all flexibility that a State may wish to apply to solutions of its own welfare problems. These regulations also change frequently, even weekly, in many areas, and one regulation may be countermanded just as a State has begun to implement it.

What lies in the future? A favorable concept that has recently appeared from the Federal bureaucracy calls for each State to develop goal-oriented service delivery systems. This will require — and allow — each State to identify the major goal or goals for each of its welfare clients, as worked out by client and caseworker. Through this approach, barriers that prevent the client from realizing a better quality of life will be identified and, it is hoped, removed. This will mark the first time that the relationship between welfare agencies and clients is specifically directed toward the goal of reducing dependency and materially improving the lives and futures of the many people who now receive welfare support.

The transfer of income maintenance for the adult categories of Public Assistance to the Social Security program is a reasonable change in view of the fact that most adult welfare clients are also receiving Social Security benefits. This change of administrative responsibility appears to offer little financial relief to the States.

It is readily apparent, then, that despite modest improvements in the administration of public welfare, the questions of who

should receive public support and what the level of that support should be, remain unanswered.

During the current post-election period, indications from official Washington are that the Department of Health, Education and Welfare has been given the responsibility of interpreting all Federal welfare legislation from a fundamentalist viewpoint and of placing the major emphasis in welfare programs on fiscal accountability. It will be interesting to see if this approach can be successful without seriously reducing the quality of life for many people at the lower end of the economic spectrum.

There are many knowledgeable people who view this developing approach to public welfare with considerable apprehension. It is their belief that if this trend continues, it will result in a greater infringement on the autonomy of the States by the Federal government, and in a further retreat by the Administration from meeting the challenge of contemporary America's pressing domestic needs.

It is hoped that the 93rd Congress will meet the responsibility of these challenges, and will strenuously address itself to the unresolved "welfare mess," and that from the ensuing debate will come the necessary viable answers.



APPENDIX TO THE  
BIENNIAL REPORT

**TABLE 1**  
**STATEMENT OF EXPENDITURES – BY SOURCE OF FUNDS & BY PROGRAM**  
**JULY 1, 1970 TO JUNE 30, 1971**

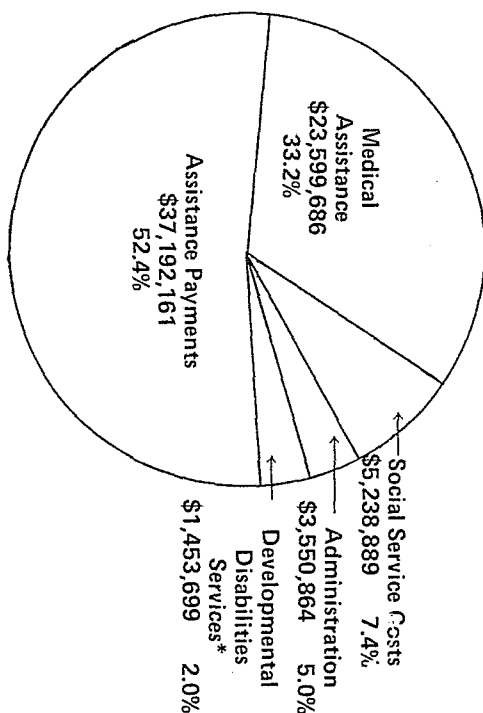
	Federal Funds	State Funds	County Funds	Total
<b>ASSISTANCE:</b>				
Old Age Assistance .....	\$ 1,626,508.14	\$ 730,297.60	\$	\$ 2,356,805.74
Aid to the Blind .....	64,734.06	29,205.94		93,940.00
Aid to the Perm. & Tot. Disabled .....	1,759,899.53	794,002.47		2,553,902.00
Aid to Families with Dep. Children .....	6,979,598.22	3,148,784.21		10,128,382.43
Medical Assistance Programs .....	7,190,143.54	3,243,964.08		10,434,107.62
General Assistance Programs .....		2,667.50	648.00	3,315.50
Total Assistance Costs .....	17,620,883.49	7,948,921.80	648.00	25,570,453.29
<b>SERVICES:</b>				
Foster Home & Child Day Care .....	452,614.43	292,453.76		745,068.19
Other Social Services .....	1,177,702.80	409,216.06		1,586,918.86
Total Service Costs .....	1,630,317.23	701,669.82		2,331,987.05
<b>ADMINISTRATION:</b>				
Administration & Eligibility .....	550,944.91	534,455.16		1,085,400.07
Medical Assistance Programs .....	47,804.56	24,749.90		72,554.46
Food Service Programs .....	82,039.02	326,999.89		409,038.91
Habilitation Programs .....		122,637.83		122,637.83
Other Miscellaneous Programs .....	34,049.49	853.38		34,902.87
Total Administration Costs .....	714,837.98	1,009,696.16		1,724,534.14
Grand Total of Expenditures .....	\$19,966,038.70	\$9,660,287.78	\$648.00	\$29,626,974.48

\*Developmental Disabilities Services were taken over by the Department of Social and Rehabilitation Services effective March 1, 1972. The expenditures shown are for the four-month period March through June, 1972.

**CHART 1**  
**SOURCE AND USES OF FUNDS**  
**TOTAL BIENNIAL EXPENDITURES – \$71,035,299**  
**SOURCE OF FUNDS**



**USES OF FUNDS**



**TABLE 2**  
**STATEMENT OF EXPENDITURES – BY SOURCE OF FUNDS & BY PROGRAMS**  
**JULY 1, 1971 TO JUNE 30, 1972**

	Federal Funds	State Funds	County Funds	Total
<b>ASSISTANCE:</b>				
Old Age Assistance	\$ 2,060,732.54	\$ 822,413.68	\$	\$ 2,883,146.22
Aid to the Blind	84,020.15	33,386.85		117,407.00
Aid to the Perm. & Tot. Disabled	2,601,320.83	1,033,675.17		3,634,996.00
Aid to Families with Dep. Children	10,035,541.87	3,987,881.59		14,023,423.46
Medical Assistance Programs	9,346,297.75	3,819,280.93		13,165,578.68
General Assistance Programs	120.00	13,445.42	594.00	14,159.42
Total Assistance Costs	24,128,033.14	9,710,083.64	594.00	33,838,710.78
<b>SERVICES:</b>				
Foster Home & Child Day Care	529,412.71	294,837.54		824,250.25
Other Social Services	1,559,506.50	546,005.53		2,105,512.03
Total Service Costs	2,088,919.21	840,843.07		2,929,762.28
<b>ADMINISTRATION:</b>				
Administration & Eligibility	482,906.31	454,164.74		937,071.05
Medical Assistance Programs	132,069.87	99,724.32		231,794.19
Food Service Programs	68,179.24	373,144.38		441,323.62
Habilitation Programs	82,781.76	1,474,346.68		1,557,128.44
Other Miscellaneous Programs		90,041.56		90,041.56
Total Administration Costs	765,937.18	2,491,421.68		3,257,358.86
Grand Total of Expenditures	\$26,982,889.53	\$13,042,348.39	\$594.00	\$40,025,831.92

**TABLE 3**  
**STATEMENT OF APPROPRIATION**  
**AND EXPENDITURES**  
**STATE FUNDS**

	July 1, 1970 to June 30, 1971	July 1, 1971 to June 30, 1972
<b>Revenue:</b>		
Balance from Prior Period	\$ 9,087,779.73	\$ 352,826.23
Supplemental Appropriations (1969-71)	723,193.00	
Annual Appropriation (1971-72)		11,186,982.00
Liquor Funds Appropriation (1971-72)		650,000.00
Contingency Appropriation - MAP		65,322.00
Public Health Approp. Transfer		1,326,588.00
Collections and Refunds:		
Old Age Assistance - Lien Law	92,490.01	85,395.06
Old Age Assistance - Other	317.32	660.32
Aid to the Blind	21.14	
Aid to the Perm. & Totally Disabled	679.17	3,014.56
Aid to Families with Dep. Children	29,146.14	52,453.92
Medical Assistance Programs (MAP)	16,149.08	19,912.32
Other Assistance Programs	75,985.53	210,986.72
Administrative Expense Programs	9,570.13	148,120.55
Child Development Centers		13,333.93
State School & Hospital		60,361.02
<b>Revenue Transfers &amp; Adjustments:</b>		
Federal – County Maintenance	20,796.42	16,015.42
Social Security	57,727.87	70,275.10
Audit & Other Adjustments		Cr. (141,716.83)
State – Erroneous Receipts Refunds	1,123.35	1,288.05
Social Security Trust Fund	Cr. (101,864.88)	Cr. (119,667.45)
Total Available Revenue	10,013,114.01	14,002,150.92
<b>Expenditures:</b>		
Public Assistance	9,660,287.78	11,653,503.80
Child Development Centers		348,081.19
State School & Hospital		1,040,763.40
Total State Expenditures	\$ 9,660,287.78	\$13,042,348.39
Revenue Balance Forwarded	\$ 352,826.23	\$ 959,802.53

TABLE 4

STATEMENT OF EXPENDITURES - BY COUNTY & BY PROGRAM  
JULY 1, 1970 TO JUNE 30, 1971

County	OAA	AB	APTD	AFDC	MAP	GA	TOTAL
Ada	\$ 297,528.74	\$ 30,007.00	\$ 306,578.00	\$ 1,487,633.88	\$ 1,397,496.84		\$ 3,519,244.46
Adams	5,207.00		4,960.00	5,562.00	10,098.75		25,827.75
Bannock	97,495.00	7,028.00	129,842.00	928,172.02	738,879.68		1,901,416.70
Bear Lake	10,887.00		5,667.00	27,242.28	17,587.28		61,383.56
Benewah	35,697.00	1,211.00	23,595.00	89,729.16	111,583.19		261,815.35
Bingham	84,934.00	5,269.00	132,545.00	567,050.47	364,207.88	2,667.50	1,156,673.85
Blaine	15,680.00		7,411.00	23,959.00	26,348.29		73,398.29
Boise	3,011.00		2,636.00	15,310.00	19,883.34		40,840.34
Bonner	53,926.00		57,039.00	180,869.43	275,337.57		567,172.00
Bonneville	99,551.00	7,009.00	129,865.00	761,082.59	575,589.20		1,573,096.79
Boundary	27,969.00		27,223.00	102,893.25	87,073.69		245,158.94
Butte	18,437.00		51,526.00	16,541.00	30,744.81		117,248.81
Camas	3,281.00			3,622.00	1,218.48		8,121.48
Canyon	352,064.00	5,227.00	443,452.00	1,376,844.82	1,525,358.07		3,702,945.89
Caribou	9,015.00		6,514.00	44,208.00	47,639.70		107,376.70
Cassia	41,438.00	561.00	32,224.00	262,933.28	213,324.38		550,480.66
Clark	3,754.00		274.00	4,989.00	791.80		9,808.80
Clearwater	31,449.00	549.00	37,848.00	126,582.68	146,667.03		343,095.71
Custer	9,118.00		7,324.00	17,244.00	17,676.01		51,362.01
Elmore	19,755.00	919.00	23,293.00	142,823.17	115,187.20		301,977.37
Franklin	20,404.00	1,265.00	14,017.00	24,119.24	18,877.74		78,682.98
Fremont	20,922.00	642.00	28,654.00	64,263.21	25,086.17		139,567.38

TABLE 4 (Continued)

STATEMENT OF EXPENDITURES - BY COUNTY & BY PROGRAM  
JULY 1, 1970 TO JUNE 30, 1971

County	OAA	AB	APTD	AFDC	MAP	GA	TOTAL
Gem	\$ 44,746.00	\$ 1,717.00	\$ 29,550.00	\$ 134,207.86	\$ 229,125.13		\$ 439,345.99
Gooding	32,278.00		22,694.00	69,360.14	174,349.55		298,681.69
Idaho	48,752.00	1,750.00	57,500.00	125,073.26	197,171.40		430,246.66
Jefferson	26,424.00		17,085.00	68,435.00	70,855.63		182,799.63
Jerome	43,214.00	1,177.00	25,878.00	149,720.99	152,529.16		372,519.15
Kootenai	176,644.00	5,780.00	177,523.00	727,442.04	675,754.40		1,763,143.44
Latah	28,168.00	1,222.00	24,449.00	98,515.47	228,297.35		380,651.82
Lemhi	33,281.00	1,652.00	17,355.00	79,163.34	82,246.77		213,698.11
Lewis	17,676.00	1,516.00	31,101.00	27,188.00	23,643.03		101,124.03
Lincoln	7,376.00	763.00	6,108.00	20,742.00	42,178.62		77,167.62
Madison	18,775.00	655.00	12,793.00	46,495.00	49,071.32		127,789.32
Minidoka	32,586.00	7,027.00	25,236.00	194,156.66	134,886.53		393,892.19
Nez Perce	142,705.00	3,168.00	195,365.00	659,343.49	604,062.99		1,604,644.48
Oneida	10,598.00	339.00	7,442.00	3,000.00	22,813.99		44,192.99
Owyhee	30,487.00		25,013.00	93,698.00	130,069.16		279,267.16
Payette	92,129.00		75,971.00	259,697.75	288,199.10		715,996.85
Power	11,885.00		32,953.00	58,730.00	61,175.33	648.00	165,391.33
Shoshone	36,360.00	167.00	50,876.00	286,242.64	297,616.24		671,261.88
Teton	24,179.00		65,415.00	16,439.00	15,349.97		121,382.97
Twin Falls	170,248.00	5,122.00	140,948.00	887,060.52	858,154.98		2,061,533.50
Valley	9,610.00	2,198.00	10,957.00	31,632.00	140,801.82		195,198.82
Washington	57,162.00		29,203.00	97,614.05	189,098.05		373,077.10
Total	\$2,356,805.74	\$93,940.00	\$2,553,902.00	\$10,407,631.69*	\$10,434,107.62	\$3,315.50	\$25,849,702.55

\*Includes \$279,249.26 for AFDC-Foster Care

**TABLE 5**  
**STATEMENT OF EXPENDITURES – BY COUNTY & BY PROGRAM**  
**JULY 1, 1971 TO JUNE 30, 1972**

County	OAA	AB	APTD	AFDC	MAP	GA	TOTAL
Ada	\$ 364,351.22	\$ 33,216.00	\$ 470,365.00	\$ 2,127,617.10	\$ 1,892,903.92		\$ 4,888,453.24
Adams	8,189.00		6,309.00	23,531.00	15,874.34		53,903.34
Bannock	116,768.00	7,404.00	187,744.00	1,307,659.33	994,374.68		2,613,950.01
Bear Lake	15,026.00		7,422.00	37,874.99	13,977.33		74,300.32
Benewah	41,761.00	2,716.00	35,930.00	124,558.93	162,138.71		367,104.64
Bingham	113,520.00	6,050.00	189,239.00	691,190.52	434,082.44	3,514.00	1,437,595.96
Blaine	16,294.00		5,268.00	38,706.42	19,276.84		79,545.26
Boise	4,634.00		3,809.00	34,563.00	12,423.69		55,429.69
Bonner	61,972.00		84,426.00	253,285.63	343,469.58		743,153.21
Bonneville	122,519.00	11,360.00	186,605.00	1,055,029.90	713,002.45		2,088,516.35
Boundary	35,049.00	582.00	36,133.00	127,045.59	127,518.04		326,327.63
Butte	25,604.00		71,283.00	24,793.44	26,429.32		148,109.76
Camas	2,416.00			1,416.00	1,246.13		5,078.13
Canyon	432,923.00	7,196.00	576,875.00	1,841,679.46	2,081,278.24	10,051.42	4,887,003.12
Caribou	11,462.00		6,561.00	49,134.58	71,723.23		138,880.81
Cassia	44,508.00	1,148.00	52,272.00	338,663.93	154,863.87		591,455.80
Clark	4,556.00		874.00	3,612.00	1,476.76		10,518.76
Clearwater	33,248.00	2,854.00	69,269.00	155,829.12	154,043.45		415,243.57
Custer	12,585.00		6,120.00	24,529.00	13,210.70		56,444.70
Elmore	24,772.00	959.00	31,710.00	235,796.42	174,628.19		467,865.61
Franklin	25,146.00	1,656.00	15,929.00	32,976.73	29,721.24		105,428.97
Fremont	23,688.00	1,131.00	26,661.00	75,204.90	38,228.60		164,913.50

**TABLE 5 (Continued)**

**STATEMENT OF EXPENDITURES – BY COUNTY & BY PROGRAM**  
**JULY 1, 1971 TO JUNE 30, 1972**

County	OAA	AB	APTD	AFDC	MAP	GA	TOTAL
Gem	\$ 54,126.00	\$ 1,819.00	\$ 47,333.00	\$ 165,728.97	\$ 245,818.59		\$ 514,825.56
Gooding	42,681.00	57.00	33,465.00	111,985.06	255,847.28		444,035.34
Idaho	61,151.00	3,363.00	84,429.00	153,222.47	255,056.28		557,221.75
Jefferson	31,444.00		28,836.00	110,156.78	84,428.01		254,864.79
Jerome	56,148.00	106.00	33,017.00	215,305.27	204,308.15		508,884.42
Kootenai	209,185.00	6,846.00	280,568.00	976,785.67	869,391.42		2,342,776.09
Latah	36,669.00	3,202.00	44,557.00	154,020.45	265,364.76		503,813.21
Lemhi	46,495.00	521.00	23,523.00	108,562.13	93,713.24		272,814.37
Lewis	28,696.00	1,750.00	54,798.00	49,003.19	29,269.28		163,516.47
Lincoln	7,041.00		8,391.00	30,249.97	59,371.33		105,053.30
Madison	22,688.00	909.00	13,071.00	75,682.50	65,308.97		177,659.47
Minidoka	38,519.00	1,268.00	37,508.00	296,904.00	206,096.18		580,295.18
Nez Perce	167,226.00	8,757.00	250,072.00	898,322.09	751,762.73		2,076,139.82
Oneida	11,356.00		8,571.00	6,859.00	36,104.22		62,890.22
Owyhee	39,994.00	2,597.00	37,012.00	157,507.56	166,387.04		403,497.60
Payette	108,055.00	785.00	109,959.00	394,288.65	349,957.32		963,044.97
Power	15,179.00		56,130.00	81,101.22	70,566.54	594.00	223,570.76
Shoshone	47,980.00	221.00	67,673.00	373,955.44	332,338.81		822,168.25
Teton	33,693.00		100,195.00	22,056.00	19,625.35		175,569.35
Twin Falls	206,060.00	5,918.00	200,780.00	1,176,224.44	1,028,599.96		2,617,582.40
Valley	12,880.00	2,726.00	12,411.00	38,137.00	147,311.23		213,465.23
Washington	64,889.00	290.00	31,893.00	138,377.53	216,060.24		451,509.77
Total	\$2,883,146.22	\$117,407.00	\$3,634,996.00	\$14,339,133.38*	\$13,165,578.68	\$14,159.42	\$34,154,420.70

\*Includes \$315,709.92 for AFDC-Foster Care

**TABLE 6**  
**COMPARATIVE REPORT OF EXPENDITURES**  
**ASSISTANCE, ADMINISTRATION & SERVICE COSTS**

	July 1, 1966 to June 30, 1967	July 1, 1967 to June 30, 1968	July 1, 1968 to June 30, 1969	July 1, 1969 to June 30, 1970	July 1, 1970 to June 30, 1971	July 1, 1971 to June 30, 1972
Old Age Assistance	\$ 3,168,961.00	\$ 2,857,955.00	\$ 2,557,671.00	\$ 2,670,095.00	\$ 2,356,805.74	\$ 2,883,146.22
Aid to the Blind	109,700.00	101,044.00	100,901.00	100,628.00	93,940.00	117,407.00
Aid to the Perm. & Tot.						
Disabled	2,209,614.00	2,345,588.00	2,500,212.00	2,599,883.00	2,553,902.00	3,634,996.00
Fam. with Dep. Children	6,006,355.00	6,656,824.94	7,078,065.39	9,378,974.62	10,128,382.43	14,023,423.46
Med. Assistance Programs	5,937,035.58	6,439,191.81	7,134,075.66	8,438,581.94	10,434,107.62	13,165,578.68
Other Asst. Programs	829,206.61	1,079,922.89	787,240.14	434,092.02	3,315.50	14,159.42
Total Assistance	18,260,872.19	19,480,526.64	20,158,165.19	23,622,254.58	25,570,453.29	33,838,710.78
Adm. and Services	2,107,517.04	2,298,949.93	2,617,514.22	2,842,050.58	4,056,521.19	6,187,121.14
Total Expenditures	\$20,368,389.23	\$21,779,476.57	\$22,775,679.41	\$26,464,305.16	\$29,626,974.48	\$40,025,831.92
From Federal Funds	14,080,634.16	14,672,700.96	15,312,902.19	17,799,467.32	19,966,038.70	26,982,889.53
From State Funds	6,158,951.67	7,105,282.61	7,461,599.22	8,664,189.84	9,660,287.78	13,042,348.39
From County Funds	128,803.40	1,493.00	1,178.00	648.00	648.00	594.00

**TABLE 7**  
**STATEMENT OF EXPENDITURES FOR ASSISTANCE BY MONTHS**  
**JULY 1, 1970 TO JUNE 30, 1971**

Month	OAA	AB	APTD	AFDC	MAP	GA
July 1970	\$ 220,791.00	\$ 8,622.00	\$ 219,553.00	\$ 874,105.00	\$ 771,051.78	\$ 204.00
August	220,364.00	8,708.00	225,781.00	935,067.00	762,606.61	234.50
September	1,175.00	7.00	8,065.00	53,176.00	812,937.99	202.00
October	220,230.00	8,842.00	227,611.00	943,167.00	799,491.51	204.00
November	215,716.00	8,960.00	224,525.00	915,747.00	803,657.05	204.00
December	212,457.00	8,220.00	226,976.00	931,956.00	799,108.21	204.00
January 1971	211,160.00	8,448.00	226,732.00	905,568.00	786,324.97	219.00
February	209,879.00	8,502.00	233,464.00	909,299.00	1,056,709.27	562.00
March	208,553.00	8,485.00	233,306.00	916,693.43	938,942.59	313.00
April	210,024.00	8,203.00	234,056.00	924,629.00	964,596.82	313.00
May	209,686.00	8,221.00	240,127.00	924,988.00	972,294.71	313.00
June	216,770.74	8,722.00	253,706.00	893,987.00	966,386.11	343.00
Total	\$2,356,805.74	\$93,940.00	\$2,553,902.00	\$10,128,382.43	\$10,434,107.62	\$3,315.50
Federal	1,626,508.14	64,734.06	1,759,899.53	6,979,598.22	7,190,143.54	
State	730,297.60	29,205.94	794,002.47	3,148,784.21	3,243,964.08	2,667.50
County						648.00

**TABLE 8**  
**STATEMENT OF EXPENDITURES FOR ASSISTANCE BY MONTHS**  
**JULY 1, 1971 TO JUNE 30, 1972**

Month	OAA	AB	APTID	AFDC	MAP	GA
July 1971	\$ 226,852.22	\$ 8,755.00	\$ 266,050.00	\$ 943,286.46	\$ 887,732.04	\$ 318.00
August	223,183.00	8,655.00	265,975.00	943,780.00	948,658.29	349.00
September	226,455.00	9,125.00	271,699.00	991,620.00	957,025.49	461.50
October	225,195.00	9,685.00	274,560.00	985,496.00	945,696.43	313.00
November	228,143.00	10,345.00	284,900.00	968,011.00	961,700.24	337.00
December	257,171.00	10,686.00	319,482.00	1,231,214.00	1,014,157.22	339.50
January 1972	249,117.00	10,201.00	313,683.00	1,258,567.00	926,120.00	352.00
February	249,420.00	10,200.00	318,310.00	1,274,571.00	1,207,301.24	346.00
March	248,979.00	9,915.00	323,729.00	1,346,253.00	1,117,453.26	575.19
April	250,240.00	10,291.00	328,553.00	1,344,002.00	1,385,946.97	1,885.42
May	249,276.00	9,858.00	333,994.00	1,370,276.00	1,161,025.75	3,985.75
June	249,115.00	9,691.00	334,061.00	1,366,347.00	1,652,761.75	4,897.06
Total	\$2,883,146.22	\$117,407.00	\$3,634,996.00	\$14,023,423.46	\$13,165,578.68	\$14,159.42
Federal	2,060,732.54	84,020.15	2,601,320.83	10,035,541.87	9,346,297.75	120.00
State	822,413.68	33,386.85	1,033,675.17	3,987,881.59	3,819,280.93	13,445.42
County						594.00

**TABLE 9**  
**STATEMENT OF EXPENDITURES**  
**BY OBJECT CLASSIFICATION**

	July 1, 1970 to June 30, 1971	July 1, 1971 to June 30, 1972
Department of Public Assistance		
Salaries & Wages	\$ 2,377,610.20	\$ 2,826,349.00
Travel Expense	134,290.69	174,130.35
Employee Benefits	214,230.00	288,081.22
Other Current Expense	549,614.89	574,756.64
Capital Outlay	35,707.22	55,906.75
Relief & Pensions	26,315,521.48	34,652,909.61
Total	29,626,974.48	38,572,183.57
Child Development Centers		
Salaries & Wages		264,997.47
Travel Expense		10,894.42
Employee Benefits		18,882.05
Other Current Expense		69,571.79
Capital Outlay		1,577.09
Relief & Pensions		3,336.53
Total (4 months)		369,259.35
State School & Hospital		
Salaries & Wages		822,459.74
Travel Expense		1,684.13
Employee Benefits		62,980.71
Other Current Expense		186,733.27
Capital Outlay		3,866.26
Relief & Pensions		6,714.89
Total (4 months)		1,084,439.00
Grand Total of Expenditures	\$29,626,974.48	\$40,025,831.92
From Federal Funds	19,966,038.70	26,982,889.53
From State Funds	9,660,287.78	13,042,348.39
From County Funds	648.00	594.00

TABLE 10

Number of Recipients of Old Age Assistance  
By County, During the Past 6 Years

	June 1967	June 1968	June 1969	June 1970	June 1971	June 1972
Ada	496	441	407	443	413	430
Adams	13	10	10	9	9	9
Bannock	166	149	136	154	141	157
Bear Lake	24	24	25	17	19	18
Benewah	52	44	52	48	53	50
Bingham	122	110	88	88	101	99
Blaine	25	21	21	20	21	18
Boise	9	8	4	2	4	4
Bonner	101	99	88	93	81	77
Bonneville	142	134	120	132	133	148
Boundary	46	37	33	34	42	39
Butte	10	12	12	17	18	23
Camas	5	6	5	3	3	1
Canyon	571	509	471	523	512	509
Caribou	14	11	11	12	14	12
Cassia	60	53	46	53	53	47
Clark	4	4	3	4	4	4
Clearwater	55	49	54	58	26	41
Custer	26	21	16	14	14	15
Elmore	25	23	25	28	28	30
Franklin	40	40	38	36	29	28
Fremont	39	34	34	29	27	24
Gem	90	83	75	71	67	64
Gooding	62	67	52	55	52	57
Idaho	86	76	74	82	69	64
Jefferson	36	32	28	42	33	36
Jerome	83	80	76	72	72	73
Kootenai	275	251	241	249	240	235
Latah	61	54	50	50	42	48
Lemhi	45	36	31	45	48	54
Lewis	24	24	19	21	24	31
Lincoln	13	9	7	13	11	9
Madison	18	17	19	21	22	23
Minidoka	44	44	50	51	49	50
Nez Perce	245	232	220	211	204	199
Oneida	22	19	14	14	14	12
Owyhee	57	52	49	56	47	49
Payette	129	121	108	133	128	126
Power	12	9	9	15	18	18
Shoshone	51	56	44	56	51	54
Teton	6	9	15	23	24	25
Twin Falls	306	290	283	273	258	260
Valley	12	9	11	13	12	16
Washington	79	72	72	87	75	67
	3801	3481	3246	3470	3305	3353

TABLE 11

Number of Recipients of Aid to the Blind  
By County, During the Past 6 Years

	June 1967	June 1968	June 1969	June 1970	June 1971	June 1972
Ada	27	27	31	33	30	31
Adams						
Bannock	8	7	9	7	7	7
Bear Lake						
Benewah			1	1	1	2
Bingham	8	8	7	6	5	3
Blaine						
Boise		1				
Bonner						
Bonneville	7	6	5	5	8	9
Boundary						1
Butte						
Camas						
Canyon	7	6	8	6	6	8
Caribou						
Cassia	1	1	2	2		
Clark		1				
Clearwater	2	2	2		1	2
Custer						
Elmore	1	3	1		1	
Franklin	1	1	1	1	2	2
Fremont	1	1	1	1	1	1
Gem	3	2	2	2	2	1
Gooding	2	1	1			
Idaho	1	1	2	2	1	2
Jefferson						
Jerome	1		1	2	1	1
Kootenai	11	10	8	8	7	6
Latah	2	2	3	1	2	3
Lemhi	1	1	1	2	1	
Lewis			1	2	1	2
Lincoln						
Madison	1	1	1	1	1	1
Minidoka	2	2	1	1	2	2
Nez Perce	8	9	8	6	9	7
Oneida						
Owyhee	4	3	3	4	4	2
Payette	3	2	2	2	1	2
Power						
Shoshone				1	1	1
Teton						
Twin Falls	3	3	4	4	3	5
Valley	2	2	2	2	2	2
Washington						1
	107	103	108	102	100	104



TABLE 12

Number of Recipients of Aid to the  
Permanently and Totally Disabled  
By County, During the Past 6 Years

	June 1967	June 1968	June 1969	June 1970	June 1971	June 1972
Ada	312	342	357	329	354	454
Adams	7	5	5	5	3	7
Bannock	124	142	134	131	148	186
Bear Lake	7	7	6	8	8	7
Benewah	16	16	22	26	33	34
Bingham	100	123	128	124	147	140
Blaine	12	13	13	12	6	7
Boise	4	8	4	3	2	2
Bonner	83	73	78	58	70	90
Bonneville	117	124	144	143	144	196
Boundary	26	30	34	32	31	33
Butte	33	36	43	44	47	49
Camas						
Canyon	408	456	496	489	523	572
Caribou	6	7	7	8	10	8
Cassia	30	28	31	33	36	50
Clark	1	2	2	1	2	2
Clearwater	39	52	69	51	37	56
Custer	9	7	7	7	6	5
Elmore	19	21	23	25	28	30
Franklin	21	23	21	19	18	18
Fremont	20	16	18	19	31	22
Gem	38	43	44	40	41	54
Gooding	25	28	30	30	33	42
Idaho	46	55	58	63	63	72
Jefferson	33	31	30	25	24	28
Jerome	31	37	38	39	44	43
Kootenai	176	157	146	167	202	231
Latah	42	43	40	30	32	43
Lemhi	29	35	35	25	24	24
Lewis	15	20	20	25	33	45
Lincoln	6	6	5	2	10	10
Madison	11	11	12	9	11	12
Minidoka	34	34	30	27	33	41
Nez Perce	218	219	215	197	200	220
Oneida	8	8	9	6	7	8
Owyhee	40	40	44	42	40	42
Payette	84	85	91	77	97	102
Power	7	13	12	31	36	41
Shoshone	74	74	63	63	61	69
Teton	7	27	49	56	69	72
Twin Falls	176	161	178	170	159	196
Valley	5	14	19	23	17	14
Washington	35	31	32	26	28	27
	2534	2703	2843	2740	2948	3404

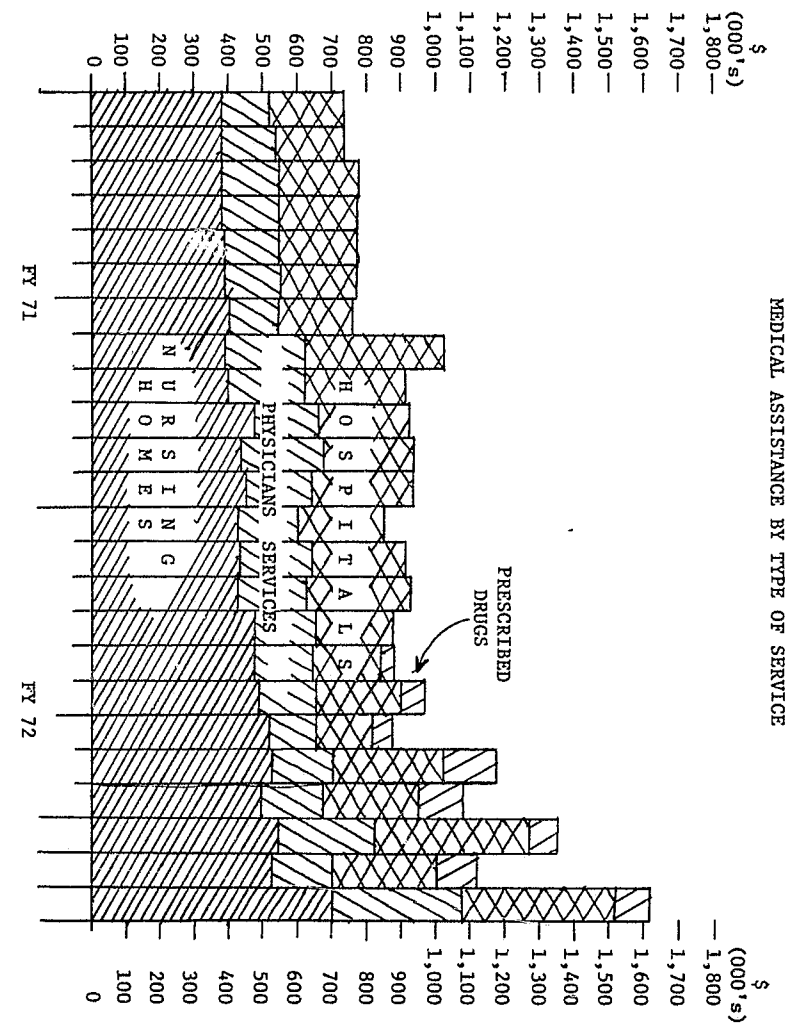
TABLE 13

Number of Aid to Families with  
Dependent Children Cases  
During the Past 6 Years (Excluding ADC-FC)

	June 1967	June 1968	June 1969	June 1970	June 1971	June 1972
Ada	426	473	477	711	763	1014
Adams	7	3	4	5	3	14
Bannock	250	281	276	402	501	602
Bear Lake	12	16	15	16	14	21
Benewah	24	27	34	43	46	60
Bingham	180	193	206	268	298	277
Blaine	20	14	9	14	16	22
Boise	3	2	4	8	8	21
Bonner	60	60	58	77	98	130
Bonneville	201	218	224	332	406	485
Boundary	17	16	20	44	43	67
Butte	7	8	9	8	13	20
Camas	1	1	1	1		1
Canyon	358	381	432	583	614	782
Caribou	9	11	10	17	23	20
Cassia	66	84	96	129	109	167
Clark			1	2	1	2
Clearwater	30	31	51	62	56	78
Custer	7	4	11	11	12	10
Elmore	37	30	25	66	77	121
Franklin	14	13	15	12	15	18
Fremont	18	13	21	35	34	30
Gem	46	49	40	68	73	77
Gooding	17	22	23	35	29	70
Idaho	42	46	50	64	51	67
Jefferson	19	28	32	40	38	53
Jerome	48	39	42	61	89	98
Kootenai	197	211	223	321	376	462
Latah	24	31	44	50	55	89
Lemhi	26	32	31	41	48	56
Lewis	8	12	9	6	16	20
Lincoln	7	8	6	8	13	18
Madison	13	19	20	23	29	38
Minidoka	34	41	43	69	104	127
Nez Perce	238	257	308	335	325	386
Oneida	4	1	1	2	3	6
Owyhee	34	36	41	52	60	78
Payette	87	88	93	114	136	192
Power	10	15	23	29	35	35
Shoshone	101	88	89	125	132	194
Teton	8	6	6	8	7	11
Twin Falls	215	259	318	437	412	561
Valley	8	10	9	16	14	25
Washington	24	31	38	36	43	59
	2957	3208	3488	4786	5238	6684

**TABLE 14**  
**Average Monthly Payment**  
**per Recipient of Public Assistance**  
**Biennium July 1, 1970 – June 30, 1972**  
**Aid to Fam.**

	Old Age Assistance	Aid to Fam. with Dep. Children per Family	Aid to Fam. with Dep. Children per Recipient	Aid to the Blind	Aid to the Perm. & Tot. Disabled
July 1970	\$63.62	\$178.21	\$49.62	\$82.77	\$79.92
August	63.63	179.34	49.55	81.84	80.20
September	63.81	179.33	50.20	82.33	81.13
October	63.44	179.45	50.33	82.62	80.95
November	63.06	179.21	50.17	84.24	80.33
December	62.81	178.60	50.28	83.84	
January 1971	62.95	178.54	50.39	82.77	81.06
February	62.99	178.38	50.53	83.52	81.11
March	62.72	177.80	50.27	83.19	80.97
April	62.65	176.82	49.83	81.10	81.33
May	62.71	176.25	49.98	80.91	81.06
June	67.63	176.96	50.79	88.64	87.91
July	67.49	177.02	50.50	89.91	88.78
August	67.98	177.31	50.37	88.13	88.69
September	68.34	177.17	50.63	89.91	88.88
October	68.24	176.83	50.76	91.32	89.71
November	69.52	174.74	51.10	93.94	93.66
December	76.66	205.29	58.79	97.66	99.81
January 1972	75.22	203.55	59.77	95.26	98.89
February	75.10	203.78	59.50	95.93	98.48
March	74.97	204.09	59.78	94.58	99.38
April	75.10	204.32	59.23	95.70	99.77
May	74.80	204.41	59.10	93.81	98.41
June	74.63	204.02	59.46	94.33	98.22



**TABLE 15**  
**Medical Assistance, According to Type of Payment**  
**July 1, 1970 to June 30, 1972**

	Total	Nursing Home Care	Hospital Care	Physicians & Other Practitioners Services	Drugs	Medicare Insurance Premiums
July - 1970	768,882	379,224	223,020	138,641		27,997
August	761,839	370,767	193,231	170,328		27,513
September	812,230	378,814	235,078	168,495		29,843
October	797,740	379,471	224,874	164,810		28,585
November	804,423	384,423	231,450	159,828		28,722
December	796,540	389,856	216,615	161,271		28,798
January - 1971	783,898	402,796	208,824	145,745		26,533
February	1,055,328	386,386	404,818	235,703		28,421
March	938,455	397,655	291,023	222,134		27,643
April	958,732	472,520	268,850	188,748		28,614
May	966,118	439,818	265,340	232,690		28,270
June	963,732	451,246	290,257	192,855		29,374
Total	10,407,917	4,832,976	3,053,380	2,181,248		340,313

**TABLE 15 (Continued)**  
**Medical Assistance, According to Type of Payment**  
**July 1, 1970 to June 30, 1972**

	Total	Nursing Home Care	Hospital Care	Physicians & Other Practitioners Services	Drugs	Medicare Insurance Premiums
July - 1971	878,511	427,508	250,054	172,405		28,544
August	943,526	432,317	270,235	212,196		28,778
September	960,004	428,800	307,158	195,248		28,798
October	905,693	470,078	225,936	181,230		28,449
November	910,787	477,868	196,550	167,749	40,234	28,386
December	995,019	488,684	255,681	162,068	60,283	28,303
January - 1972	898,435	517,262	167,560	133,481	52,692	27,440
February	1,205,191	533,371	315,952	174,539	152,226	29,103
March	1,115,944	497,224	279,447	177,793	132,120	29,360
April	1,382,939	548,655	450,537	273,513	81,663	28,571
May	1,153,961	528,929	304,180	178,316	112,337	30,199
June	1,652,419	703,129	441,138	382,451	92,641	33,060
Total	13,002,429	6,053,825	3,464,428	2,410,989	724,196	348,991

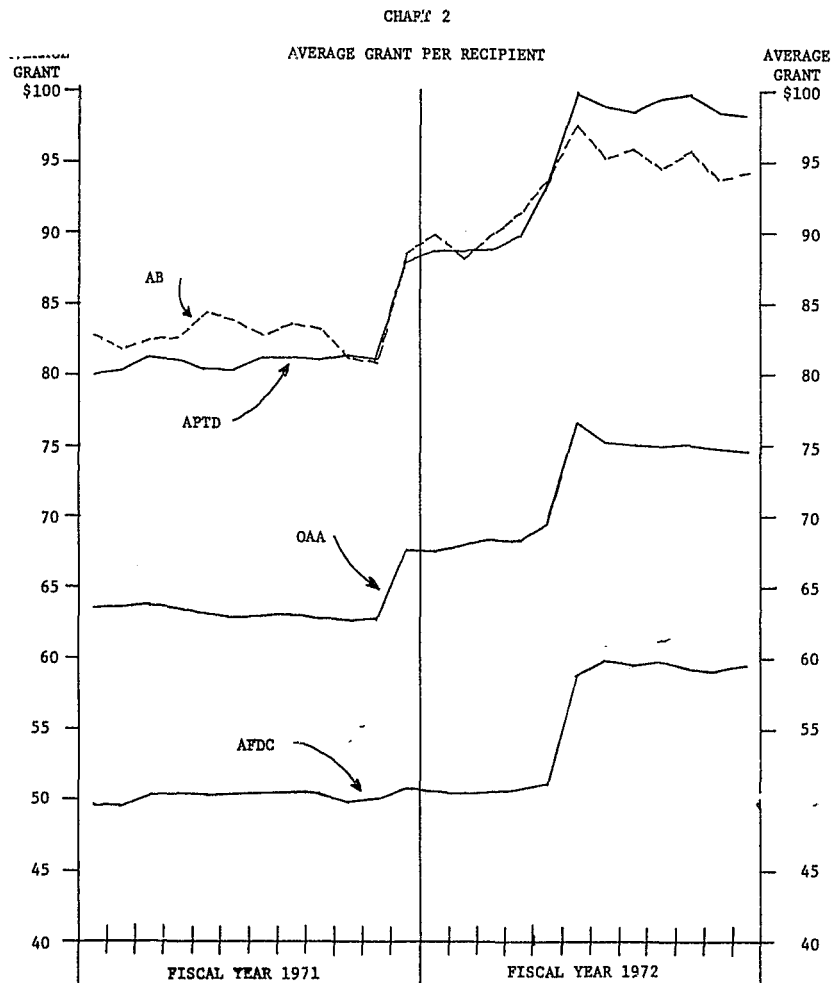


TABLE 16

	Corr. Forward From Previous Quarter	Total	Cases Added New	Cases Added Reopened	Closed	Cont. to next Period
<b>OLD AGE ASSISTANCE</b>						
July 1970 to June 1971	3470	713	523	190	697	3486
July 1971 to June 1972	3486	827	624	203	788	3525
<b>AID TO DEPENDENT CHILD</b>						
July 1970 to June 1971	4786	4290	3011	1279	3519	5557
July 1971 to June 1972	5557	5266	3659	1607	4265	6558
<b>AID TO THE BLIND</b>						
July 1970 to June 1971	102	16	11	5	15	103
July 1971 to June 1972	103	32	18	14	29	106
<b>AID TO THE PERMANENTLY &amp; TOTALLY DISABLED</b>						
July 1970 to June 1971	2740	1171	897	274	877	3034
July 1971 to June 1972	3034	1571	1243	328	1141	3464
<b>MEDICAL ASSISTANCE</b>						
July 1970 to June 1971	2235	884	738	146	621	2498
July 1971 to June 1972	2498	1015	856	159	872	2641
<b>DIRECT ASSISTANCE</b>						
July 1970 to June 1971						
July 1971 to June 1972						
<b>AFDC-SO</b>						
July 1970 to June 1971	234	223	183	40	244	213
July 1971 to June 1972	213	457	409	48	290	380

TABLE 17  
Reasons for Approving AFDC Cases

	Death	Desertion	Legal Separation	Divorce	Unmarried Mother	Incarceration	Father in Armed Services	Hosp. or Institution	Physical or Mental Incapacity	Total
July -- 1970	11	174	11	95	52	18	2	4	46	413
August	13	177	9	123	21	9	2	8	61	453
September	11	156	5	97	53	9	3	12	63	409
October	10	122	13	97	47	14	1	8	55	367
November	8	107	2	56	35	9	3	3	41	264
December	7	119	10	108	58	14	3	2	63	384
January -- 1971	9	120	8	98	42	11	3	3	53	347
February	10	120	8	96	54	8	1	2	53	352
March	9	125	8	98	52	10	2	5	59	368
April	5	129	6	109	56	14	2	6	41	368
May	8	83	10	81	45	6	2	3	32	270
June	7	92	10	82	41	7	2	2	43	284
July	9	124	11	140	54	13	1	3	55	410
August	4	143	4	106	54	12	1	1	55	380
September	10	161	10	128	67	9		1	51	437
October	16	137	7	101	53	11	2	4	53	384
November	10	175	11	151	91	12	2	2	66	520
December	7	121	6	146	56	8	2	2	55	403
Jan. -- 1972	15	177	10	156	78	18	1	4	95	554
February	15	224	10	155	79	13		6	84	586
March	15	217	9	175	77	17	2	5	78	595
April	11	169	13	127	83	14	1	3	59	480
May	9	119	14	125	74	12	2	8	58	421
June	7	156	18	133	70	16		3	63	466

TABLE 18  
Reasons for Closing Public Assistance  
Biennium July 1, 1970 -- June 30, 1972

	OAA	AFDC	AB	APTD
Death	348	10	8	221
Employment or Increased Earnings of:				
Recipient or Spouse	38		2	162
AFDC Father		288		
AFDC Mother		807		
AFDC Child		9		
Other Persons	3	19	1	8
Absent Parent Returned		696		
Support by Remarriage		1047		
Receipt of or Increase in Support From:				
Absent AFDC Father		99		
Other person outside the home	11	20		16
Receipt of or Increases in Benefits under:				
OASDI	61	217	3	221
Other Federal	37	110		60
State and Local	3	55		22
Non-governmental Programs	6	52	1	21
Other Material Change in Income or Resources	106	260	4	146
Decrease in Requirements	60	34	3	32
Receipt of Another Type of Assistance	468	49	7	471
No Longer Blind, Disabled, or Incapacitated		293	1	24
Admitted to Institution	28	59	1	123
AFDC Parent Returned Home or remarried		426		
No Longer an Eligible Child in the Home		466		
Loss of Residence	195	1423	11	255
Change in Law or Agency Policy	2	1		2
Refused to Comply with Procedural Requirements	21	239	2	31
Client Requested Closure -- No Reason Given	17	288		30
Unable to Locate	17	432		62
Other Reason	64	385		111
TOTAL	1485	7784	44	2018

**TABLE 19**  
**Child Protective Services**

Turnover of Children Receiving Child Protective Services	
No. of Children Receiving Services in June, 1970 .....	2037
Children for Whom Service was Initiated during Biennium .....	5813*
Children for Whom Service was Terminated during Biennium .....	5876*
No. of Children Receiving Services in June, 1972 .....	1974

**Number of Children Under Court Order,  
By Type of Order for  
Final Month of Each Quarter During Biennium**

Month	Guardianship	Legal Custody	Protective Supervision	Shelter Order
September, 1970	228	562	182	77
December, 1970	226	575	173	75
March, 1971	200	556	159	77
June, 1971	186	572	151	94
September, 1971	166	628	151	69
December, 1971	159	599	146	69
March, 1972	153	642	163	75
June, 1972	139	622	186	91

*\*Figures are estimated for July and August of 1970 because at that time the Department was in the process of converting to a new system for the reporting of child protective services, and actual data for those two months are not available.*

**TABLE 20**  
**ANALYSIS OF OCTOBER, 1972, EXPENDITURES**

	Monthly Expenditures	Percent of Total
I. Services		
Social Services - Staff Costs & Purchased Services	\$ 150,520	4.0
Food Services - Operations of Food Stamps and Commodity M.R.C.D. - Regions	8,551	.2
	171,439	4.5
II. Assistance Payments		
Eligibility Staff and Fees	\$ 60,625	1.6
Direct Payments	1,744,458	46.0
Medical Payments to Vendors	1,452,939	38.4
	3,258,022	86.0
III. Administration		
Training Costs	\$ 10,837	.3
Legal Operations - SECS	9,237	.3
State Office Operations	62,415	1.6
(Fiscal Office, Data Processing, Medical Claims Processing, Quality Control)		
Administration Staff Costs		
Regional	\$71,115	1.9
State Office	46,260	1.2
	117,375	5.3
Total Expenditures Excluding ISS&H	\$3,788,396	100.0

**END**