

File No. 160651

Committee Item No. 11

Board Item No. 31

**COMMITTEE/BOARD OF SUPERVISORS**

**AGENDA PACKET CONTENTS LIST**

Committee: Budget & Finance Committee

Date June 17, 2016

Board of Supervisors Meeting

Date 7/12/16

**Cmte Board**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER (Use back side if additional space is needed)**

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong Date June 10, 2016  
Completed by: Linda Wong Date 7/6/16

1 [Withdrawing from the Statewide Finger Imaging System in County Adult Assistance  
2 Programs]

3 **Resolution authorizing the San Francisco Human Services Agency to withdraw from**  
4 **the Statewide Finger Imaging System for purposes of administering the County Adult**  
5 **Assistance Programs.**

6  
7 WHEREAS, The County Adult Assistance Programs (CAAP) of the Human Services  
8 Agency is comprised of four safety net programs serving indigent adults, including the state-  
9 mandated General Assistance Program; and

10 WHEREAS, In the past the Human Services Agency utilized the Statewide Finger  
11 Imaging System (SFIS) to determine if recipients of CAAP aid are receiving duplicate benefits  
12 in nearby counties; and

13 WHEREAS, CAAP has phased out the use of the Statewide Finger Imaging System  
14 and now uses CHANGES, which is an application developed by the Human Services Agency  
15 for the finger imaging, photo capture and shelter reservation system; and

16 WHEREAS, The Statewide Finger Imaging System is mandated by the State of  
17 California for CalFresh and CalWORKs but it is voluntary for General Assistance and other  
18 County Adult Assistance Programs; and

19 WHEREAS, Withdrawing from the Statewide Finger Imaging System would save the  
20 City and County about \$90,000 in General Fund annually; and

21 WHEREAS, The California Department of Social Services (CDSS) requires that any  
22 California county that elects to opt out of the Statewide Finger Imaging System: 1) provide  
23 CDSS with 60 days notice of its intent to opt out; and 2) provide verification of the County  
24 Board of Supervisor's approval of its decision to opt out; now, therefore, be it

1           RESOLVED, That the Human Services Agency be authorized to withdraw from the  
2 Statewide Finger Imaging System for purposes of administering General Assistance and other  
3 County Adult Assistance Programs.  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Mayor Edwin M. Lee *EW*  
RE: Save \$90,000 in General Fund annually by terminating the use the  
Statewide Finger Imaging System in CCSF County Adult Assistance  
Programs  
DATE: May 31, 2016

---

Attached for introduction to the Board of Supervisors is a resolution authorizing the San Francisco Human Services Agency to withdraw from the Statewide Finger Imaging System for purposes of administering the County Adult Assistance Programs.

I respectfully request that this item be calendared in Budget & Finance Committee on June 17, 2016.

Should you have any questions, please contact Nicole Elliott (415) 554-7940.

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2016 MAY 31 PM 1:36  
BY *EW*