

File No. 160489

Committee Item No. _____

Board Item No. 36

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: _____

Date: _____

Board of Supervisors Meeting

Date: May 10, 2016

Cmte Board

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input 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 checked="" type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input 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

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

Prepared by: Brent Jalipa

Date: May 5, 2016

Prepared by: _____

Date: _____

1 [Urging and Supporting All Efforts to Increase State Supplementary Program Payments to
2 Meet or Exceed the Federal Poverty Level Appropriation]

3 **Resolution urging and supporting all efforts by the State Legislature and Governor to**
4 **increase State Supplementary Program payments to meet or exceed the federal poverty**
5 **level for elderly, blind or disabled individuals.**

6
7 WHEREAS, The State Supplementary Payment (SSP) program assists blind, disabled,
8 and elderly individuals and supplements the federal Supplemental Security Income (SSI)
9 program; and

10 WHEREAS, State Supplemental Payment amounts are adjusted based on living
11 arrangement, marital status, status as a minor, and other factors; and

12 WHEREAS, The current State Supplemental Payment amount has not kept pace with
13 the increased cost of living, including such items as housing, food, health care, and
14 transportation; and

15 WHEREAS, The State Supplemental Payment amounts were reduced substantially
16 during and following the Great Recession from \$233 per month to \$156 per month for
17 individuals- the minimum allowed by federal law; and

18 WHEREAS, The pre-recession maximum SSI/SSP grant amount for individuals was at
19 100% of the federal poverty level and the current maximum SSI/SSP grant amount is at
20 90.6% of the federal poverty level; and

21 WHEREAS, The cost of living adjustment (COLA) for the State Supplemental Payment
22 (SSP) has not been provided since the Fiscal Year 2009-10 State Budget; and

23 WHEREAS, SSI/SSP recipients are not eligible for CaiFresh (food stamps) in
24 California; and

1 WHEREAS, Many individuals who depend on this grant as a source of income cannot
2 meet their basic needs and are forced to make painful decisions regarding paying rent and
3 utilities, purchasing food, or medical supplies not covered by health insurance; and

4 WHEREAS, As of January 2014, there were 44,827 individuals in the City and County
5 of San Francisco depending on the State Supplemental Payment program which is equivalent
6 to almost one in five residents; now, therefore, be it

7 RESOLVED: That City and County of San Francisco hereby urges its support of the
8 State of California Legislators and Governor to increase the State Supplementary Payment
9 amounts to meet or exceed the federal poverty level to elderly, blind, and/or disabled
10 individuals to be readjusted and increased annually.

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2016 MAY -4
Time stamp
AM 10:35
on meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Reactivate File No. []
- 10. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

Mar

Subject:

Resolution supporting all efforts by the State Legislature and Governor to increase State Supplementary Program payments to meet or exceed the federal poverty level for elderly, blind or disabled individuals.

The text is listed below or attached:

See attached.

Signature of Sponsoring Supervisor: ERIC MAR

For Clerk's Use Only: