ABATEMENTS NOT PROCESSED THROUGH THE COUNTY EXPENSE CLAIM

CEC Reporting Period: Quarter: YR							
		SE	CTION A:				
COUNTY NAME: CO			COUNTY CONTAC	DUNTY CONTACT PERSON: TELEPHONE NUMBER:			
Explanation:_							
SECTION B:							
Abatement De	etails:						
Program Name	Program Identifier Number (PIN) Code	Amounts (\$)					
		Federal	State/County 2011	Health	County	Total	
Finand 744 P Sacrai	t this form to: rnia Department of Soc cial Services Bureau Street, M.S. 9-5-27 mento, CA 95814 (916) 654-1750	ial Services					
the official res settlement of the provisions CFR Part 301 lobbying restr inclusive of th amount(s) rep properly char administration with all provis Code and rule	fy, under penalty of perpapersible for the examinaccounts; that I have noted to a counts; that I have noted and 45 CFR Part 93, rictions, and sections 10 per Government Code; the corted herein has been a compared as an expenditure of welfare programs in it is not the Welfare and the second secon	official respondence of accounts; that code of Feder CFR Part 93, Sections 1090 Code; that the authorized by therefore have	I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 7 CFR Part 3018 and 45 CFR Part 93, regarding lobbying restrictions, and Sections 1090 and 1906. Inclusive of the Government Code; that the amount(s) reported herein has been authorized by the welfare director; and that warrants therefore have been issued or expenditures/credits otherwise incurred according to law.				
Signature of County Welfare Director Date			Signature of C	Signature of County Auditor-Controller Date			

INSTRUCTIONS FOR COMPLETING THE STATE OF CALIFORNIA (SOC) 812A and SOC 812B FORMS

Only one abatement form can be submitted per abatement quarter or period. If multiple abatement quarters or periods exist, please fill out a separate form for each quarter and period.

1. <u>County Expense Claim (CEC)/California Assistance (CA) 800 Reporting Period:</u> Enter the quarter/month and year next to the claim selected.

Section A:

- 2. County Name: Enter the county name.
- 3. <u>County Contact Person:</u> Enter the county contact person that the California Department of Social Services may contact.
- 4. Telephone Number: Enter the telephone number of the county contact person.
- 5. <u>Explanation:</u> Provide a detailed explanation for the abatement. Reasons include, but are not limited to, discontinued program allocations and other situations where negative adjustments cannot be processed through the CEC or the CA 800 due to claiming periods no longer available or outside of the adjustment periods.

Section B:

For each column:

- 6. <u>Program Name</u>: Enter the program name where the abatement is being applied.
- 7. For SOC 812A Program Identifier Number (PIN): Select this box if the abatement is for an administrative expenditure. Enter each six digit PIN code separately under this column.
- 8. <u>For SOC 812B Aid Code</u>: Select this box if the abatement is for assistance expenditures. Enter each aid code separately under this column.
- 9. <u>Amounts (\$)</u>: Enter the appropriate share of the abatement under each sub-column that identifies the federal, state, health, county and total shares. For abatements of programs identified with Local Revenue Funds (LRF), enter the LRF amount under the State/County 2011 sub-column.
- 10. <u>County Certification:</u> The county welfare director must sign and date on the line provided.
- 11. <u>County Certification:</u> The county auditor-controller must sign and date on the line provided.