

ABATEMENTS NOT PROCESSED THROUGH THE COUNTY EXPENSE CLAIM

CEC Reporting Period: Quarter: _____ YR _____

SECTION A:

COUNTY NAME: _____ COUNTY CONTACT PERSON: _____ TELEPHONE NUMBER: _____

Explanation: _____

SECTION B:

Abatement Details:

Table with columns: Program Name, Program Identifier Number (PIN) Code, and Amounts (\$). Amounts sub-columns: Federal, State/County 2011, Health, County, Total.

Please submit this form to: California Department of Social Services, Financial Services Bureau, 744 P Street, M.S. 9-5-27, Sacramento, CA 95814, FAX: (916) 654-1750

Signature and Date lines for County Welfare Director and County Auditor-Controller, with associated certification text.

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

Section A:

2. County Name: Enter the county name.
3. County Contact Person: 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. Explanation: 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. Program Name: 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. For SOC 812B - Aid Code: Select this box if the abatement is for assistance expenditures. Enter each aid code separately under this column.
9. Amounts (\$): 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. County Certification: The county welfare director must sign and date on the line provided.
11. County Certification: The county auditor-controller must sign and date on the line provided.