

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:

Program Name	Program Identifier Number (PIN) Code	Amounts (\$)				
		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

<p><i>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 paid and is properly chargeable as an expenditure or credit to administration of welfare programs in accordance with all provisions of the Welfare and Institutions Code and rules and regulations of the California Department of Social Services.</i></p>	<p><i>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.</i></p>
<p>_____ Signature of County Welfare Director Date</p>	<p>_____ Signature of County Auditor-Controller Date</p>

**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.