



CDSS

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DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

August 2, 2016

COUNTY FISCAL LETTER NO. 16/17-07

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: CLAIMING INSTRUCTIONS FOR THE AID TO FAMILIES WITH
DEPENDENT CHILDREN-FOSTER CARE OR KINSHIP
GUARDIANSHIP ASSISTANCE PAYMENT INFANT SUPPLEMENT
RATE SUPPLEMENT

REFERENCE: [ALL COUNTY LETTER NO. 16-57](#), DATED JULY 1, 2016;
[ALL COUNTY LETTER NO. 15-58](#), DATED JULY 2, 2015
[ALL COUNTY LETTER NO. 09-45](#), DATED SEPTEMBER 30, 2009
[ASSEMBLY BILL 1603 \(CHAPTER 25, STATUTES OF 2016\)](#);
[WELFARE AND INSTITUTIONS CODE SECTION 11465](#)

The purpose of this County Fiscal Letter (CFL) is to transmit claiming instructions for an additional supplement to the infant supplement rate (ISR) provided on behalf of a child who is living with a parent who receives Aid to Families with Dependent Children-Foster Care (AFDC-FC) or Kinship Guardianship Assistance Payment (Kin-GAP) benefits. Under [Welfare and Institutions Code \(W&IC\) section 11465\(a\)](#) and as communicated by [All County Letter \(ACL\) No. 09-45](#), if a child is living with a parent who is receiving either AFDC-FC or Kin-GAP benefits, the care provider is entitled to receive an infant supplement for care and supervision of the child, which is now supplemented by an additional amount.

This additional supplement was established through [Assembly Bill 1603 \(Chapter 25, Statutes of 2016\)](#), which specifies that an additional monthly amount of \$489 shall be added to the base infant supplement, subject to an appropriation in the annual state Budget Act. This results in a total infant supplement of \$1,379 for AFDC-FC group home placements or \$900 for eligible non-group home placements. This ISR supplement was funded through the 2016 Budget Act and is in effect for Fiscal Year 2016-17, as explained in [ACL No. 16-57](#).

Due to 2011 Realignment, the additional portion of the infant supplement must be claimed separately from the base ISR of \$890 for group home placements or \$411 for eligible non-group home placements, as described in [ACL No. 15-58](#). The base amount will continue to be claimed in the main payroll line of each eligible case's assistance claim. Based on the structure of the existing claims, the ISR supplement portion will be claimed in some instances through existing claim forms and in others through a separate temporary claim as outlined below.

Tracking and Proration of ISR Supplement Expenditures

Due to the different base amounts paid for the infant supplement for different placements, it is necessary to track ISR supplement expenditures separately in order to correctly claim any prorated infant supplement payments. Since various consortia systems have different abilities to track infant supplement case and expenditure information, each county should consult with its consortium to identify the best method for tracking expenditures. It may be necessary for counties to manually track certain case expenditures until consortia systems have been programmed to fully differentiate between the base and ISR supplement portions of the infant supplement.

The California Department of Social Services recommends the following procedure for tracking and claiming the ISR supplement portion of the infant supplement:

- Counties should identify all cases that have received an infant supplement and separate them by aid code.
- If a case has received a prorated infant supplement payment, counties will make a separate proration calculation of the additional \$489 portion of the infant supplement, based on the days the case was eligible for the infant supplement payment (refer to [Manual of Policies and Procedures section 44-315.7](#) for more proration calculation guidance). These amounts should be tracked and summed by aid code (i.e. all prorated ISR supplement amounts for each aid code should be added together). The number of cases receiving a prorated payment in each aid code should also be tracked.
- Counties will take the number of cases receiving non-prorated infant supplement payments (by subtracting the number of prorated cases from the total number of cases receiving the supplement, according to aid code) and multiply it by \$489 to generate the total non-prorated amounts of the additional supplement portion of the ISR for each aid code.
- Counties will then add the prorated and non-prorated amounts of the ISR supplement portion of the payments together to generate the total ISR supplement amount for each aid code.
- Each total ISR supplement amount would be claimed on the ISR supplement line on the appropriate claim form, according to aid code.
- Counties should ensure that these ISR supplement amounts are not claimed in the main payroll along with the base amount of the infant supplement and other realigned assistance expenditures.

ISR Supplement Claims and Instructions

Samples of the claim forms used to claim the ISR supplement expenditures (and their corresponding instructions) are included as attachments to this letter. These claims should be used effective with the July 2016 claiming month. Below each form name is the respective line number on the claim on which the ISR supplement expenditures should be claimed.

Federal and State AFDC-FC Placements (for Youth Up to Age 18) and State Kin-GAP Placements (Including Over 18 Kin-GAP Due to Disability)

Attachment 1A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES, FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP), INFANT SUPPLEMENT RATE (ISR) SUPPLEMENT, FEDERAL AND NONFEDERAL TEMPORARY CLAIM
(FORM CA 800 TEMP ISR Supplement)
Federal AFDC-FC: Line 1, Aid Code 42
State AFDC-FC: Line 1, Aid Code 40
State Kin-GAP: Line 1, Aid Codes 4F and 4G

Attachment 1B: INSTRUCTIONS FOR FORM *CA 800 TEMP ISR Supplement*, SUMMARY REPORT OF ASSISTANCE EXPENDITURES, FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) INFANT SUPPLEMENT RATE (ISR) SUPPLEMENT, FEDERAL AND NONFEDERAL TEMPORARY CLAIM

Federal Kin-GAP (Fed-GAP) placements

Attachment 2A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES, FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Fed-GAP)
(FORM CA 800 Fed-GAP)
Line 14

Attachment 2B: INSTRUCTIONS FOR FORM *CA 800 Fed-GAP*, SUMMARY REPORT OF ASSISTANCE EXPENDITURES, FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Fed-GAP)

Federal Extended Foster Care (EFC) Placements

Attachment 3A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC
WRAPAROUND FEDERAL
(FORM CA 800 FC EFC FED)
Line 19

Attachment 3B: INSTRUCTIONS FOR FORM *CA 800 FC EFC FED*,
SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC
WRAPAROUND FEDERAL

Non-federal Extended Foster Care (EFC) placements

Attachment 4A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
FOSTER CARE EXTENDED FOSTER CARE (EFC)
NONFEDERAL
(FORM CA 800 FC EFC NONFED)
Line 16

Attachment 4B: INSTRUCTIONS FOR FORM CA 800 FC EFC NONFED,
SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
FOSTER CARE EXTENDED FOSTER CARE (EFC)
NONFEDERAL

Fed-GAP for Non-Minors (Age 18+)

Attachment 5A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
Kin-GAP 18+ FEDERAL
(FORM CA 800 Kin-GAP [18+ TEMP] FED)
Line 13

Attachment 5B: INSTRUCTIONS FOR FORM *CA 800 Kin-GAP (18+ TEMP) FED*,
SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
Kin-GAP 18+ FEDERAL

State Kin-GAP for Non-Minors (Age 18+)

Attachment 6A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
Kin-GAP 18+ AND CALWORKS NON-MINOR
DEPENDENT (NMD) NONFEDERAL
(FORM CA 800S [18+/NMD TEMP] NONFED)
Line 13

Attachment 6B: INSTRUCTIONS FOR FORM CA 800S (18+/NMD TEMP)
NONFED, SUMMARY REPORT OF ASSISTANCE
EXPENDITURES, Kin-GAP 18+ AND CALWORKS NON-MINOR
DEPENDENT (NMD) NONFEDERAL

Contact Information

Questions regarding the rates information for the AFDC-FC infant supplement can be directed to the Foster Care Audits and Rates Bureau at (916) 651-9152. Questions regarding claiming should be directed to assistance.claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
 FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP)
 INFANT SUPPLEMENT RATE (ISR) SUPPLEMENT
 FEDERAL AND NONFEDERAL
 TEMPORARY CLAIM**

County	Date (Month/Year)
County Name	Date
Claim Contact	Telephone

		Foster Care		Kin-GAP	
Aid Code		42	40	4F	4G
1	Infant Supplement Rate (ISR) Supplement				

	Summary by Funding	Federal	State	County	Total
2	Foster Care - Federal (42)	-	-		-
3	Foster Care - Nonfederal (40)		-		-
4	Kin-GAP (4F and 4G)		-		-
5	Total	-	-		-

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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Last Modified: 8/2/16

**INSTRUCTIONS FOR FORM CA 800 TEMP ISR Supplement
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT (Kin-GAP) INFANT SUPPLEMENT RATE (ISR) SUPPLEMENT
FEDERAL AND NONFEDERAL TEMPORARY CLAIM**

GENERAL INFORMATION

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. Enter county name, month and year of claim in space provided.
3. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
4. Line 1: Enter the amount of the ISR supplement expenditures on this line under the appropriate aid code, as follows:
 - Federal AFDC-FC: Aid Code 42
 - State AFDC-FC: Aid Code 40
 - State Kin-GAP: Aid Codes 4F and 4GExpenditures of the base amount of the infant supplement should continue to be claimed in the main payroll line of their respective claims. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, and [Welfare and Institutions Code 11465\(c\)\(5\)](#) for additional information.

Summary by Funding

5. Lines 2 through 4: These lines will calculate automatically at the appropriate funding ratios.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Fed-GAP)**

County	Date (Month/Year)
Claim Contact	Telephone

		Fed-GAP
Aid Code		4T
1	Main Payroll	
2	Current Month Supplemental Payroll	
3	Current Month Cancellation Contra Roll	
4	Prior Month Supplemental Payroll	
5	Current Month Adjustment	
6	Subtotal (Lines 1 - 5)	
7	Prior Month Cancellation Contra Roll	
8	Recoveries of Aid	
9	Prior Month Negative Adjustment	
10	Subtotal (Lines 7 - 9)	
11	Prior Month Positive Adjustment	
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)	
13	Supplemental Clothing Allowance	
14	Infant Supplement Rate (ISR) Supplement	
15	TOTAL ALL PAYMENTS (Lines 12+13+14)	

16	Persons Count	
17	Number of Children Non-Recurring Payments	

SUMMARY BY FUNDING		Federal	State	County 2011	County	Total
18	FED-GAP					
19	Supplemental Clothing Allowance					
20	Infant Supplement Rate (ISR) Supplement					
21	Total					

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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Updated 8/2/16

**INSTRUCTIONS FOR FORM CA 800 Fed-GAP
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Fed-GAP)**

General Information

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1, 2, 3, 4 and 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

For each column:

6. Lines 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 8: Enter the total of all cash recovered in this month for aid paid. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease monetary amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

10. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

TOTAL AID PAYMENT, Current + Prior Months (Lines 6+10+11)

11. Line 12: Total Aid Payments, current and prior months. This amount will calculate automatically.

Supplemental Clothing Allowance (SCA)

12. Line 13: Enter the SCA expenditures for the Kin-GAP program from county payroll records or other automated payroll system. REMINDER: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

Infant Supplement Rate (ISR) Supplement

13. Line 14: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#).

REMINDER: Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

TOTAL ALL PAYMENTS (Lines 12+13+14)

14. Line 15: Total All Payments, current and prior months. This amount will calculate automatically.

Persons Count

15. Line 16: Enter the persons count for the Fed-GAP program.

Non-Recurring Payments

16. Line 17: Enter number of children that received a Fed-GAP Non-Recurring Payments.

Summary by Program

17. Line 18 through 21 will calculate automatically.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		EFC FED	EFC WRAPAROUND			
		49	49			
1	Main Payroll					
2	Current Month Supplemental Payroll					
3	Current Month Cancellation Contra Roll					
4	Prior Months Supplemental Payroll					
5	Current Month Adjustment					
6	Subtotal (Lines 1 - 5)	-	-			
7	Prior Months Cancellation Contra Roll					
8	Recoveries of Aid					
9	Prior Month Negative Adjustment					
10	Subtotals (Lines 7 - 9)	-	-			
11	Prior Month Positive Adjustment					
12	Office Audit Corrections					
13	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)	-	-			
14	Amount Not Reimbursable at Fed FMAP Rate [FC 1 & Adj Col D6+E2(FFAs)+J4(Grp Homes)]	-	-			
15	TOTAL - Line 13 - Line 14	-	-			
16	Funeral Costs (100% State)					
17	Educational Travel Reimbursement (50/20/30)					
18	Supervised Independent Living Placement (SILP) - Parenting Support Plan (Post-Realignment)					
19	Infant Supplement Rate (ISR) Supplement					
20	TOTAL ALL PAYMENTS (Lines 13+16+17+18+19)	-	-			
21	Person Count					
Summary by Funding		Federal	State	County 2011	County	Total
22	Foster Care / Extended Foster Care	-		-	-	-
23	Fed Adm Costs (FC1 & Adj Col E4)	-		-	-	-
24	Non Fed. Admin Costs (FC1 & Adj Col F2)			-	-	-
25	Funeral Costs		-			-
26	Educational Travel Reimbursement	-		-	-	-
27	SILP - Parenting Support Plan (Post-Realignment)	-	-			-
28	Infant Supplement Rate (ISR) Supplement	-	-			-
29	Total Payment Extended Foster Care	-	-	-	-	-
30	SB 163 EFC	-				-
31	Fed Adm Costs (FC1_SB163 & Adj Col E4)FFAs x 50%	-				-
32	Total Payment SB-163 Extended Foster Care	-				-
33	Total EFC and SB-163 EFC	-	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800 FC EFC FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE
EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND FEDERAL**

General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

Office Audit Corrections

9. Line 12: Enter the adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Refer to [All County Information Notice I-67-03](#), dated October 16, 2003, and [County Fiscal Letter No. 03/04-20](#), dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically.
11. Line 14: Amount not reimbursable at Federal Medical Assistance Payments Rate from FC1 column D6+E2 (FFAs) + J4 (Group Homes). This amount will populate automatically from the FC 1 form.
12. Line 15: Total – The net amount of Line 13 minus Line 14. This amount will calculate automatically.

Funeral Costs

13. Line 16: Enter funeral costs for EFC youth in accordance with the [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)).
Required detailed support: Aid payroll, contra roll or equivalent form.

Educational Travel Reimbursement (ETR)

14. Line 17: Enter the ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) – Parenting Support Plan (Post-Realignment)

15. Line 18: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 18.

Infant Supplement Rate (ISR) Supplement

16. Line 19: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#).
REMINDER: Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

Total All Payments (Lines 13 + 16 + 17 + 18 + 19)

17. Line 20: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan and ISR supplement expenditures. This amount will calculate automatically.

Person Count

18. Line 21: Enter the persons count for the federal EFC. The persons count on this line should equal Line 6 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) EXTENDED FOSTER CARE FEDERAL form.

Summary of Funding

19. Lines 22 through 33: The federal, State, County 2011 and county share will calculate automatically.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	EFC NONFED	TOTAL
	43	
1 Main Payroll		-
2 Current Month Supplemental Payroll		-
3 Current Month Cancellation Contra Roll		-
4 Prior Months Supplemental Payroll		-
5 Current Month Adjustment		-
6 Subtotal (Lines 1 - 5)	-	-
7 Prior Months Cancellation Contra Roll		-
8 Recoveries of Aid		-
9 Prior Month Negative Adjustment		-
10 Subtotal (Lines 7 - 9)	-	-
11 Prior Month Positive Adjustment		-
12 TOTAL PAYROLL, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-
13 Funeral Cost (100% State)		-
14 Educational Travel Reimbursement (40% County 2011 / 60% County)		-
15 Supervised Independent Living Placement (SILP) - Parenting Support Plan (Post-Realignment)		-
16 Infant Supplement Rate (ISR) Supplement		-
17 TOTAL PAYMENTS (Lines 12 - 16)	-	-

18 Persons Count		
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County Use Only (non-add line)		-
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Summary by Funding/Program	State	County 2011	County	Total
19 Extended Foster Care		-	-	-
20 Funeral Cost				-
21 Educational Travel Reimbursement		-	-	-
22 SILP - Parenting Support Plan (Post-Realignment)	-			-
23 Infant Supplement Rate (ISR) Supplement	-			-
24 Total	-	-	-	-

Last Modified: 8/2/16

**INSTRUCTIONS FOR FORM CA 800 FC EFC NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE
EXTENDED FOSTER CARE (EFC) NONFEDERAL**

General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

Total Payments, Current + Prior Month (Lines 6+10+11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically.

Funeral Costs

10. Line 13: Enter funeral costs for EFC children in accordance with [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)). Required detailed support: Aid payroll, contra-roll or equivalent form.

Educational Travel Reimbursement (ETR)

11. Line 14: Enter ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) - Parenting Support Plan (Post-Realignment)

12. Line 15: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 15.

Infant Supplement Rate (ISR) Supplement

13. Line 16: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#).

REMINDER: Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

Total (Lines 12+13+14+15+16)

14. Line 17: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan and ISR Supplement expenditures. This amount will calculate automatically.

Persons Count

15. Line 18: Enter persons count for non-federal Extended Foster Care.

Summary by Funding/Program

Lines 19 through 24: The State, County 2011 and county shares will calculate automatically.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES

Kin-GAP 18+ FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Kin-GAP 18+ FED				
Aid Code		4S		TOTAL		
1	Main Payroll					-
2	Current Month Supplemental Payroll					-
3	Current Month Cancellation Contra Roll					-
4	Prior Month Supplemental Payroll					-
5	Current Month Adjustment					-
6	Subtotal (Lines 1 - 5)		-			-
7	Prior Month Cancellation Contra Roll					-
8	Recoveries of Aid					-
9	Prior Month Negative Adjustment					-
10	Subtotal (Lines 7 - 9)		-			-
11	Prior Month Positive Adjustment					-
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)		-			-
13	Infant Supplement Rate (ISR) Supplement					-
14	TOTAL ALL PAYMENTS (Lines 12+13)		-			-
15	Number of Children Non-Recurring Payments					-
16	Persons Count					-
SUMMARY BY FUNDING		Federal	State	County 2011	County	Total
17	Kin-GAP(4S) 50/39.5/10.5	-		-	-	-
18	Infant Supplement Rate (ISR) Supplement		-			-
19	Total	-	-	-	-	-

Last Modified: 8/2/16

**INSTRUCTIONS FOR FORM CA 800 Kin-GAP (18+ TEMP) FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
Kin-GAP 18+ FEDERAL**

General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of recoveries of aid in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

10. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

Total Aid Payments, Current + Prior Months (Line 6+10+11)

11. Line 12: Total Aid Payments, current and prior months (lines 6+10+11). This amount will calculate automatically.

Infant Supplement Rate (ISR) Supplement

12. Line 13: Enter only the expenditures of the ISR Supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#).

REMINDER: Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

Total Payments (Lines 12 + 15)

13. Line 14: This is the grand total of aid payments and ISR supplement expenditures. This amount will calculate automatically.

Persons Count

14. Line 15: Enter number of children Non-Recurring Payments.

15. Line 16: Enter the persons count for the Kin-GAP 18+.

Summary by Funding

16. Line 17 and 19: This will calculate automatically.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
Kin-GAP 18+ AND CALWORKS NON-MINOR DEPENDENT (NMD) NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	Kin-GAP 18+ 4W	CalWORKS NMD 4N	Total
Current Month			
1 Main Payroll			-
2 Current Month Supplemental Payroll			-
3 Current Month Cancellation Contra Roll			-
4 Prior Month Supplemental Payroll			-
5 Current Month Adjustment			-
6 Subtotal (Lines 1 - 5)	-	-	-
7 Prior month cancellation Contra Roll			-
8 Recoveries of aid			-
9 Prior month Negative Adjustment			-
10 Subtotal (Lines 7 - 9)	-	-	-
11 Prior Month Positive Adjustment			-
12 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)	-	-	-
13 Infant Supplement Rate (ISR) Supplement			-
14 TOTAL ALL PAYMENTS (Lines 12+13)	-	-	-

15 Persons Count			
<i>County Use Only</i>			-

Summary by Funding	(79/21/0)		
16 AB85 MAP Increase (State)		-	-
17 State	-	-	-
18 County	-		-
19 Total	-	-	-

SUMMARY BY PROGRAM/REPORTING CATEGORY				
	State	County	AB85 MAP Increase (State)	Total
20 Kin-GAP (4W)	-	-		-
21 CalWORKs (4N)	-		-	-
22 Infant Supplement Rate (ISR) Supplement	-			-
23 Total	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800S (18+/NMD TEMP) NONFED,
SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
Kin-GAP 18+ AND CALWORKS NON-MINOR DEPENDENT (NMD) NONFEDERAL**

General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on line 5.
5. Line 6: Subtotal of lines 1 through 5. This amount will calculate automatically.

Prior Month

6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 8: Enter the total of recoveries of aid in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

10. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11)

11. Line 12: Total Aid Payments, current and prior months (lines 6+10+11). This amount will calculate automatically.

Infant Supplement Rate (ISR) Supplement

12. Line 13: Enter only the expenditures of the ISR Supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#).

REMINDER: Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

Total All Payments (Lines 12 + 13)

13. Line 14: This is the grand total of aid payments and ISR supplement expenditures. This amount will calculate automatically.

Person Count

14. Line 15: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).

Summary by Funding (State/State-County 2011/County)

15. Line 16 and 19: This will calculate automatically.

Summary by Program/Reporting Category

16. Lines 20 through 23: This will calculate automatically.