

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 20, 2001

COUNTY FISCAL LETTER (CFL) NO. 01/02-01

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ADDITIONAL STATE SUPPLEMENTAL CLOTHING ALLOWANCE
INFORMATION AND REVISIONS TO THE ASSISTANCE CLAIM FORMS
AND/OR INSTRUCTIONS FOR THE CA 800 FC FEDERAL, CA 800A FC
NONFEDERAL, CA 800 EA FEDERAL, AND DFA 881 FEDERAL.

REFERENCE: CFL No. 00/01-34, All County Letter (ACL) No. 00-64, Assembly Bill
(AB) 2876 (Chapter 108, Statutes of 2000)

This CFL provides information pertaining to the revision of the following assistance claim forms (sample copies of the below revised claim forms are attached):

- CA 800 FC (FED) Summary Report Of Assistance Expenditures – Federal Children in Foster Care.
- CA 800A FC, Summary Report Of Assistance Expenditures – Non Federal.
- Children in Foster Care CA 800 EA (FED) Summary Report of Assistance. Expenditures for Emergency Assistance (EA) Foster Care - Federal.
- DFA 881 (FED) Summary of Assistance Expenditures for EA/General Assistance (GA) – Child Welfare Services (CWS) – Federal.

As outlined in CFL No. 00/01-34 and ACL No. 00-64, counties were notified that effective July 1, 2000, and subject to the availability of funds, children in foster care are entitled to a \$100 Supplemental Clothing Allowance. This is in addition to the existing clothing allowance and is funded with 100 percent Federal and/or State funds.

To clarify information issued in CFL 00/01-34, the supplemental clothing allowance is only for those foster children in foster family homes and in certified homes of Foster Family Agencies.

It has also come to our attention that further clarification may be needed with regard to claiming the supplemental clothing allowance on the above mentioned assistance claim forms. Some counties have included the amounts paid for the supplemental clothing allowance in the main payroll on the Assistance Claim form. However, since the

supplemental clothing allowance is a separate fund source, with a different sharing ratio than the rest of the costs on the Assistance Claim form, counties should back out these expenditures from their main payroll line prior to any amounts being added. These expenditures may then be claimed on the supplemental clothing allowance line on the bottom portion of the assistance claim form.

Revision of the CA 800 EA (FED) form.

In order to incorporate the funding for the supplemental clothing allowance for children in the EA-FC program, a line has been added to the CA 800 EA (Fed) form. Counties will now report all eligible current and prior month supplemental clothing allowance costs on Line 14 of this assistance claim. The cost will be funded 100 percent TANF. Corresponding instructions have been added to page two of the claim form.

Revision of the DFA 881 (FED) form.

Children receiving EA-GA foster care payments are also eligible for the supplemental clothing allowance. Therefore, the DFA 881 (FED) form has been revised along with its instructions to reflect these expenditures. Counties will now report all eligible supplemental clothing allowance costs on Line 23 of DFA 881 (FED) assistance claim form. The costs will be funded 100 percent TANF.

Revision of the CA 800 FC (FED) and CA 800A FC (Nonfed) Forms.

Counties have requested revisions to the supplemental clothing allowance instructions listed on the back of the CA 800 (FED) and CA 800A FC (Nonfed) assistance claim forms. As requested, language was added instructing counties to gather the supplemental clothing allowance expenditure data from the foster care payroll summaries or other county payroll reports.

Those counties that in prior months have inappropriately claimed the supplemental clothing allowance on the assistance claim forms should back out those amounts using the schedule of adjustments line on the appropriate claim form.

Effective with the December claiming month, all counties are required to complete and submit the revised CA 800 FC (FED), CA 800A (Nonfed), CA 800 EA (FED), and DFA 881 (FED) claim forms. Please destroy all previous versions of these forms since they will no longer be accepted. Camera-ready copies of the revised forms are available on request by contacting:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number (916) 657-3447

Please contact the Fiscal Policy Bureau at (916) 657-3447 if you have any questions or need further information.

***Original Document
Signed By***

MARGE DILLARD, Chief
Fiscal Systems and Accounting Branch

Attachments

C: CWDA

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE

For State Use → CDSS County Welfare County Auditor

| | |
|----------------------|--------------------|
| COUNTY | DATE (MONTH, YEAR) |
| CLAIM CONTACT PERSON | TELEPHONE () |

| A PERSONS COUNT | B AMOUNTS | SOURCE DOCUMENTS |
|--------------------|--------------|--|
| | | 1. Main Payroll |
| | | 2. Current Month Supplemental |
| () | () | 3. Current Month Cancellation Contra Roll |
| | | 4. Prior Months Supplemental Payroll |
| | | 5. Subtotal (reconciliation totals) |
| () | () | 6. Prior Months Cancellation Contra Roll |
| () | () | 7. Recoveries of Aid |
| | | 8. Schedule of Adjustments (show minus items in parentheses) |
| | | 9. Subtotals (Lines 6,7,8) |
| | | 10. DSS Office Audit Corrections (for state use only) |
| | | 11. TOTAL |
| | | 12. Amount not Reimbursable from Federal Funds |

| A | | B | C TOTALS | D FEDERAL | E STATE | F COUNTY | |
|--|---|---|-------------|-------------------------------|--|--|-----|
| | | | | (Line 11B - Line 12A) X .5140 | (Line 11B - Line 13D - FC 1 Col. E1) X .40 | (Line 11B - Line 13D - FC 1 Col. E1) X .60 | 13. |
| GRAND TOTALS | | | (Line 11B) | (Line 13D) | (Line 13E) | (Line 13F) | 14. |
| | | | | | | | 15. |
| | | | | | | | 16. |
| Total Fed Admin Costs (FC 1 COL. E3) | Total Non-Fed. Admin Costs (FC 1 COL. F2) | | | (Line 17A) X .5 | (Line 17A - Line 17D + Line 17B) X .40 | (Line 17A - Line 17D + Line 17B) X .60 | 17. |
| SUPPLEMENTAL CLOTHING ALLOWANCE | | | | (Line 18C) X .5140 | (Line 18C - Line 18D) | | 18. |
| FUNERAL COSTS (11-420.2) | | | | | | | 19. |
| THPP | PERS. CTS. | | | | | | 20. |
| (FOR COUNTY USE ONLY) | PERS. CTS. | | | | | | 21. |
| | | | | | | | 22. |

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children 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 Department of Social Services.

| | | | |
|--------------------------------------|------|---|------|
| SIGNATURE OF COUNTY WELFARE DIRECTOR | DATE | SIGNATURE OF COUNTY AUDITOR OR CONTROLLER | DATE |
|--------------------------------------|------|---|------|

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name, month and year of claim in space provided.
2. Enter name and telephone number of the county contact for assistance claim questions.
3. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls, enter grant totals shown for each payroll or contra roll). All money amounts may be rounded to the nearest dollar.
4. Enter the subtotals in line 5 and 9 and the Totals in Line 11.
5. Line 12A - Enter the net amount not reimbursable from federal funds. (Example: Social Worker services (FC1 Column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
6. Line 13D - Enter the Federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.40 percent.
7. Line 13E - Enter the State share: total aid paid (11B) minus the federal share (Line 13 D) minus FC1 Column E1 multiplied by 40 percent.
8. Line 13F - Enter the County share: total aid paid (11B) minus the federal share (Line 13D) minus FC1 Column E1 multiplied by 60 percent.
9. Line 14 - Enter grand totals.
10. Lines 15 and 16 - Reserved for State Use.
11. Lines 17A - Enter the Total Federal Administration Costs: FC1 column E3. reported in line 9, which affected total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the County auditor's records of expenditures.
12. Line 17B - Enter the Total Non-Federal Administration Costs: FC1 Column F2.
13. Line 17D - Enter the federal share: (17A) multiplied by .5.
14. Line 17E - Enter the state share: (17A) minus (17D) plus 17B multiplied by 40 percent.
15. Line 17F - Enter the county share: (17A) minus (17D) plus 17B multiplied by 60 percent.
16. Line 18C - Enter the supplemental clothing allowance expenditure.
17. Line 18D - Enter the federal share: (18C) multiplied by .5140.
18. Line 18E - Enter the State share: (18C) minus (18D) equals 18E.
19. Line 19 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with the MPP Handbook, Section 11-405.2 (also see MPP Handbook, Section 25-753).
20. Line 20B - Enter the persons count (total number of Federal Children in Foster Care in the Transitional Housing Placement Program [THPP]).
21. Line 20C - Enter the total THPP cost: total rate increase paid.
22. Line 20D - Enter the Federal share of costs for THPP: Total rate increase paid x .5140.
23. Line 20E - Enter the State share of costs for THPP: Total rate increase paid minus (20D) x 40 percent.
24. Line 20F - Enter the County share of costs for THPP: Total rate increase paid minus (20D) and (20E).
25. Lines 21 and 22 - Requested by counties and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
NONFEDERAL CHILDREN IN FOSTER CARE**

For State Use: CDSS County Welfare County Auditor

| | |
|--------|--------------------|
| COUNTY | DATE (MONTH, YEAR) |
|--------|--------------------|

| A PERSONS COUNT | B AMOUNTS | SOURCE DOCUMENTS |
|-------------------------------|-------------------------------|--|
| | | 1. Main Payroll |
| | | 2. Current Month Supplemental Payroll |
| () () | () () | 3. Current Month Cancellation Contra Roll |
| | | 4. Prior Months Supplemental Payroll |
| | | 5. Subtotal (reconciliation totals) |
| () () | () () | 6. Prior Months Cancellation Contra Roll |
| () () | () () | 7. Recoveries of Aid |
| | | 8. Schedule of Adjustments (show minus items in parentheses) |
| | | 9. Subtotals (Lines 6,7,8) |
| | | 10. DSS Office Audit Corrections (for state use only) |
| | | 11. TOTAL |

C
STATE
(Line 11B X .40)

D
COUNTY
(Line 11B minus
Line 12C)

| | | | | 12. |
|--|------------|--------------|--------------|-----|
| GRAND TOTALS | | | | 13. |
| | (Line 11B) | (Line 12C) | (Line 12D) | |
| | | | | 14. |
| | | | | 15. |
| SUPPLEMENTAL CLOTHING ALLOWANCE | | | | 16. |
| FUNERAL COSTS (11-420.2) | | | | 17. |
| THPP | PERS. CTS. | | | 18. |
| (FOR COUNTY USE) | PERS. CTS. | | | 19. |
| | | | | 20. |

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect 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 Department of Social Services.

| | | | |
|--------------------------------------|------|---|------|
| SIGNATURE OF COUNTY WELFARE DIRECTOR | DATE | SIGNATURE OF COUNTY AUDITOR OR CONTROLLER | DATE |
|--------------------------------------|------|---|------|

INSTRUCTIONS FOR USE OF FORM CA 800A FC (NON-FEDERAL)

1. Enter county name, month and year of claim in space provided.
2. Enter name and telephone number of the county contact for assistance claim questions.
3. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls, enter grand totals shown for each payroll or contra roll). All money amounts may be rounded to the nearest dollar.
4. Enter the subtotals in line 5 and 9 and the Totals in Line 11.
5. Line 12C - Enter the State share: total aid paid (11B) x 40 percent.
6. Line 12D - Enter the County share: total aid paid (11B) minus (12C).
7. Line 13 - Enter Grand Totals.
8. Lines 14 and 15 - Reserved for State Use.
9. Line 16 - Enter the supplemental clothing allowance expenditure.
10. Line 17 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with the MPP Handbook, Section 11-405.2 (also see MPP Handbook, Section 25-753).
11. Line 18A - Enter the persons count (total number of State FC in the Transitional Housing Placement Program [THPP]).
12. Line 18B - Enter the total THPP rate increase.
13. Line 18C - Enter the State share of costs for THPP: Total rate increase paid x 40 percent.
14. Line 18D - Enter the County share of costs for THPP: Total rate increase paid minus (18C).
15. Lines 19 and 20 - Requested by counties and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

INSTRUCTIONS FOR USE OF THE CA 800 EA (FEDERAL)

GENERAL INFORMATION

Enter the county name, month and year of claim in space provided. Enter the name and telephone number of county staff person to be contacted if there are any questions regarding the claim. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

Lines 1A through 5A: Enter the number of children in the person counts column. **Lines 1B through 5B:** Complete with 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 5B. **Line 6A:** Enter the subtotal of person counts. **Line 6C:** Enter the subtotal from Lines 1B through 5B.

Please note: Since the \$100 Supplemental Clothing Allowance is a separate fund source than the rest of the costs on the Assistance Claim with a different sharing ratio (in this case 100% federal), counties must back out expenditures from the Main Payroll prior to any amount being added to Line 1B.

PRIOR MONTH NEGATIVES

Lines 7A through 9A: Enter the number of children in the person counts column. **Line 7B:** Input total month cancellations from integrated payroll summary. (For non-integrated payrolls, enter the grand totals on each contra roll. **Line 8B:** Enter the total of all cash recovered in this month for aid paid in a prior month, including cash abatements or repayments or repayments received during this report month. **Line 9B:** Enter the total of all prior month negative adjustments that decrease amounts that decrease amounts claimed in a prior month. **Line 10C:** Enter the subtotal from Lines 7B through 9B.

PRIOR MONTH POSITIVES

Line 11A: Enter the number of children in the person counts column. **Line 11B:** Enter the amounts for prior months positive adjustments which were in addition to amounts claimed or should have been claimed on a prior month Summary Report. **Line 12A:** Enter the number of children in the Persons Count column. **Line 12C:** Enter the subtotal of the prior month positive adjustments.

COMPUTE GRAND TOTALS FOR FEDERAL AND COUNTY SHARES

Line 13A: Enter the Total Person Counts by adding Lines 6A, 10A, and 12A. **Line 13B:** Enter the Total Aid Payments by adding lines 6C, 10C, and 12C. **Line 13C:** Enter the federal share by multiplying line 13B by .70. **Line 13D:** Enter the county share by multiplying line 13B by .30.

COMPUTE TOTALS FOR SUPPLEMENTAL CLOTHING ALLOWANCE

Lines 14B and C: Enter the supplemental clothing allowance expenditures reported on the county Foster Care Payroll Records or other automated payroll system. Note: The supplemental clothing allowance expenditures must be backed out of the Main Payroll before the Main Payroll is listed on Line 1B.

COMPUTE FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

Line 15A: Enter Persons Count. **Line 15B:** Enter the total THPP expenditures reported on the county Foster Care Payroll records or other automated payroll system. **Line 15C:** Enter the Federal share of costs (Line 15B X .70). **Line 15D:** Enter the State Share of Costs (Line 15B - Line 15C X .40). **Line 15E:** Enter the County Share of Costs: (Line 15B - Line 15C -Line 15D).

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)/GENERAL ASSISTANCE (GA)-CHILD WELFARE SERVICES (CWS) - FEDERAL

FOR STATE USE CDSS COUNTY WELFARE COUNTY AUDITOR

| | |
|----------------------|-----------------------|
| COUNTY | DATE (MONTH/YEAR) |
| CLAIM CONTACT PERSON | TELEPHONE () |

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

| A. Persons Counts | B. Total Aid | SOURCE DOCUMENTS |
|---|-----------------|---------------------------------------|
| Children | | Current Month |
| | | 1. Main Payroll |
| | | 2. Current Month Supplemental Payroll |
| () () | | 3. Current Month Cancellation |
| | | 4. Prior Month Supplemental Payroll |
| | | 5. Current Month Adjustments |
| | | 6. Subtotal |

| | | Prior Month Negatives |
|---|--|-------------------------------------|
| () () | | 7. Prior Month Cancellation |
| () () | | 8. Recoveries of Aid |
| () () | | 9. Prior Month Negative Adjustments |
| () () | | 10. Subtotal |

| | | Prior Month Positives |
|--|--|--------------------------------------|
| | | 11. Prior Month Positive Adjustments |

| | | |
|--|--|-------------------------------|
| | | 12. Total (Lines 6 + 10 + 11) |
|--|--|-------------------------------|

| | B. | C. Federal (Line 12B x .5) | D. County (12B -13C) | |
|---------------------------------|------------|----------------------------------|----------------------------|-----|
| | | | | 13. |
| GRAND TOTALS | \$ | \$ | \$ | 14. |
| | (Line 12B) | (LINE 13C) | (Line 13D) | |
| (FOR STATE USE) | | | | 15. |
| | | | | 16. |
| SUPPLEMENTAL CLOTHING ALLOWANCE | | | | 17. |
| (FOR COUNTY USE) | | | | 18. |

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance General Assistance in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the government Code; 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.

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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance General Assistance made by the county; that said amounts correctly reflect 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 WELFARE DIRECTOR | DATE | SIGNATURE OF COUNTY OR AUDITOR CONTROLLER | DATE |
|--------------------------------------|------|---|------|

INSTRUCTIONS FOR USE OF FORM DFA 881 (FEDERAL)

1. Enter the county name, month and year of claim in spaces 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 can be used for claiming federal reimbursement of General Assistance expenditures for eligible Emergency Assistance (EA)-CWS recipients. In addition, expenditures for undocumented aliens eligible for EA are to be reported on this form
4. Complete **Lines 1** through **5** and **Lines 7** through **9** and **11** for columns A and B in accordance with the amount shown on the integrated payroll summary. (On non-integrated payrolls, enter the grand totals shown for each payroll or contra roll) after the subtotals of **Lines 6** through **10**.
5. **Line 12** - enter the totals of **Lines 6 + 10 + 11**.
6. **Line 13C** - The federal share is computed by multiplying **Line 12B** by .5.
7. **Line 13D** - The county share is computed by **Line 12B** minus **Line 13C**.
8. **Lines 14B, C and D** - Enter grand totals.
9. **Lines 15 and 16** - Reserved for application of adjustments made by the state (federal and/or state field audit exceptions, etc.).
10. **Line 17B** - Enter the supplemental clothing allowance expenditures from the county foster care payroll records or other automated payment systems.

Please note: Supplemental clothing allowance expenditures must be backed out of the Main Payroll costs before the Main Payroll is listed on **Line 1B**. Since the \$100 Supplemental Clothing Allowance is a separate fund source than the rest of the costs on the Assistance Claim with a different sharing ratio (in this case 100% federal), counties must back out these expenditures from the Main Payroll prior to any amount being added to **Line 1B**.
11. **Line 18** - Included at county request and use is optional. If adjustments are reported in **Lines 5, 9** or **11** which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's record of expenditures.