

NOTICE OF FORM CHANGE NO. 04-040

DATE

02/20/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CA 800 CAPI (1/04) Summary Report of Assistance Expenditures for the Cash Assistance Program For Immigrants, Nonfederal

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify) CFL 03/04-38, CFL 03/04-39, CFL 03/04-40, CFL 03/04-40 Errata

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

The CA 800 CAPI (1/04) supersedes the CA 44 (11/99), which is now obsolete. It is a Microsoft Excel document.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR THE CASH ASSISTANCE
PROGRAM FOR IMMIGRANTS,
NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

	Qualified Aliens (Before 8/22/96)	Non-Qualified Aliens (Before 8/22/96)	Sponsored Aliens (On or After 8/22/96)	Qualified or PRUCOL Aliens (On or After 8/22/96)	Total
Aid Code	1A	6K	6M	6T	
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 Reimbursement of Aid from GA/GR					-
10 Prior Month Negative Adjustment					-
11 Subtotals (Lines 7 - 10)	-	-	-	-	-
12 Prior Month Positive Adjustment					-
13 TOTAL (Lines 6+11+12)	-	-	-	-	-

	County Use Only					-
<i>Summary by Funding</i>						
14	State 100%	-	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800 CAPI
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS, NONFEDERAL**

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 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

For each column:

6. Lines 7 through 10: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 11: Subtotal of Lines 7 through 10. This amount will calculate automatically.

Prior Month Positives

8. Line 12: 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

9. Line 13: Total Aid Payments, current and prior months (Lines 6 + 11 + 12). This amount will calculate automatically.

Summary by Funding

10. Line 14: The state and county shares will display automatically by aid code.