

NOTICE OF FORM CHANGE NO. 04-041

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 CERT (1/04) Expenditure Certification for the County Welfare Department
Assistance Claim Expenditures

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

This 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.

**EXPENDITURE CERTIFICATION FOR THE
COUNTY WELFARE DEPARTMENT
ASSISTANCE CLAIM EXPENDITURES**

COUNTY
MONTH/YEAR

Enter Total Allowable Welfare Costs as Reported on the following claims:

	Form Number	Form Title	Amount
1	CA 800 FED	CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Federal	-
2	CA 800S NONFED	CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Nonfederal	-
3	CA 800M	CalWORKs Assistance, Recent Non-Citizens Mixed Cases	-
4	CA 800L NONFED	CalWORKs Assistance, Recent Non-Citizens Nonfederal	-
5	CA 800A FED	Adoptions Assistance, Emergency Assistance-General Assistance, Emergency Assistance-Foster Care, Refugee Cash Assistance, Federal	-
6	CA 800A NONFED	Adoption Assistance Program, Nonfederal	-
7	CA 800FC FED	Foster Care and Foster Care SB 163	-
8	CA 800FC NONFED	Foster Care, Seriously Emotionally Disturbed Children, Nonfederal	-
9	CA 800 STEP	Supportive Transitional Emancipation Program and Transitional Housing Plus Program	-
10	CA 800 CAPI	Cash Assistance Program for Immigrants, Nonfederal	-
		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 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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