

NOTICE OF FORM CHANGE NO. 04-044

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 FC1B (1/04) Foster Care Out-Of-State Facility Report

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 type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES 3/99	<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.

FOSTER CARE OUT-OF-STATE FACILITY REPORT

County	Date (Month/Year)				
A. FACILITY TYPE	B. LOCATION	C. PROGRAM NUMBER	D. PAYMENT TYPE	E. PERSONS COUNT	F. AID PAYMENT
TOTALS				-	-

INSTRUCTIONS FOR THE FORM CA 800 FC1B FOSTER CARE OUT-OF-STATE FACILITY REPORT

The CA 800FC1B is to be submitted on a monthly basis as back-up to the CA 800FC FED and CA 800FC NONFED when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the CA 800FC1B does not need to be completed.

1. Enter County Name and Date (Month and year).
2. Column A: Enter the facility name.
3. Column B: Enter the state in which the facility is located.
4. Column C: Enter the facility program number.
5. Column D: Enter the payment type listed below:
 - R-Revised
 - C-Current
 - P-Prior
 - O-Original
6. Column E: Enter the number of children placed in the facility.
7. Column F: Enter the total amount of aid paid to the facility. Highlight in bold or identify with an asterisk the placement costs paid with county only funds.
8. The totals for Columns E and F will calculate automatically.