

**NOTICE OF FORM CHANGE NO. 04-051**

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 800A NONFED (1/30/04) Summary Report of Assistance Expenditures,  
Adoption Assistance Program, Nonfederal

ORDER UNIT <b>MASTER ONLY</b>	<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 1/30/04*	REPLACES 1/04*	<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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<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 1/30/04 revision of the CA 800A NONFED was released before a GEN 127, Notice of Form Change, could be issued for the 1/04 revision, so there is no GEN 127 for the 1/04 revision of this form. The CA 800A NONFED (1/04) superseded the AD 800B (5/99), which is now obsolete.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](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
ADOPTION ASSISTANCE PROGRAM,  
NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

	Person Count	Amount
<b>Aid Code</b>		<b>04</b>
1 Main Payroll		
2 Current Month Supplemental Payroll		
3 Current Month Cancellation Contra Roll		
4 Prior Months Supplemental Payroll		
5 Current Month Adjustment		
<b>6 Subtotal (Lines 1 - 5)</b>	-	-
7 Prior Months Cancellation Contra Roll		
8 Recoveries of Aid		
9 Prior Month Negative Adjustment		
<b>10 Subtotals (Lines 6 - 9)</b>	-	-
11 Prior Month Positive Adjustment		
<b>12 TOTAL AID PAYMENTS, CURRENT + PRIOR MONTH (Lines 6+10+11)</b>	-	-

<i>County Use Only</i>	-
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Summary by Funding	State Share 75%	County Share 25%	Total
13 Adoption Assistance Program	-	-	-

**INSTRUCTIONS FOR FORM CA 800A NONFED  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
ADOPTION ASSISTANCE PROGRAM, 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 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 Positives**

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**

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

**Summary by Funding**

10. Line 13: Summary by Funding: The state share (100%) will display automatically by aid code.