

**NOTICE OF FORM CHANGE NO. 04-117**

DATE

4/9/2004

**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 STEP (3/04) Summary Report of Assistance Expenditures, Supportive Transitional Emancipation Program (STEP) & the Transitional Housing Plus Program (THP-PLUS), Federal

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 3/04	REPLACES 1/30/04	<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 P.O. Box 980788 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)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

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  
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM (STEP)  
AND THE TRANSITIONAL HOUSING PLUS PROGRAM (THP-PLUS),  
FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

		Person Count	Amount
<b>Aid Code</b>			
1	Main Payroll		
2	Current Month Supplemental Payroll		
3	Current Month Cancellation Contra Roll		
4	Prior Months Supplemental Payroll		
5	Current Month Adjustment		
6	<b>Subtotal (Lines 1 - 5)</b>	-	-
7	Prior Months Cancellation Contra Roll		
8	Recoveries of Aid		
9	Prior Month Negative Adjustment		
10	<b>Subtotals (Lines 7 - 9)</b>	-	-
11	Prior Month Positive Adjustment		
12	<b>TOTAL STEP PAYMENT, CURRENT + PRIOR MONTH (Lines 6+10+11)</b>	-	-
13	LESS: THPP RATE INCREASE		
14	<b>NET TOTAL STEP PAYMENTS, CURRENT + PRIOR MONTH (Lines 12-13)</b>	-	-

<i>County Use Only</i>
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	Summary by Funding	Person Count	ILP Allocation Balance	Expenditures for Current Month	Balance (Carry forward to next month)	Federal	State Share	County Share	Total
15	ILP Fund Expenditures Sharing Ratio (80/8/12) Federal/State/County			-	-	-	-	-	-
16	Non ILP Fund Expenditures						-	-	-
17	THP Plus Rate Increase Paid Sharing Ratio (0/40/60) Federal/State/County						-	-	

**INSTRUCTIONS FOR FORM CA 800 STEP  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM, FEDERAL**

**GENERAL INFORMATION**

1. Because there are no counties currently participating in the STEP Program, Lines 1 through 16 of this claim are protected. Should counties choose to participate in STEP, these cells will be reopened. Line 17 is available for any expenditures of cost adjustments for THP Plus (including negative adjustments).
2. Enter county name, and month and year of claim in space provided.
3. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
4. This form is pre-programmed to round all amounts to the nearest dollar.

**STEP PROGRAM:**

**Current Month**

1. 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.
2. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

For each column:

3. 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.
4. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

**Prior Month Positives**

5. 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.

**Totals and THPP Rate Increase**

6. Line 12: Total STEP Payments including THPP rate increase, Current and Prior Months (Lines 6+10+11). This amount will calculate automatically.
7. Line 13: Enter the total THP Plus Rate increase paid.
8. Line 14: Net Total STEP Payments less the THPP rate increase (Lines 12-13).

**Summary by Funding**

9. Line 15: For counties electing to use federal ILP funds, enter the ILP allocation balance; the expenditure data and carry forward balance will calculate automatically. The federal, state, and county shares of the STEP payment amount will also calculate automatically at the appropriate rates.
10. Line 16: The State and county shares of the non ILP STEP payment will calculate automatically.

**THP PLUS PROGRAM:**

1. Line 17: Enter the Person Count and total cost for the THP Plus rate increase. The State and county shares will calculate automatically (Please see #1 under General Information).