

**NOTICE OF FORM CHANGE NO. 05-045**

DATE

03/16/2005

**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 FED (2/05) Summary Report of Assistance Expenditures, CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Federal

|  |   |   |  |
|--|---|---|--|
| ORDER UNIT<br><b>MASTER ONLY</b>   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold                  | ESTIMATED PRICE                           | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised   | DATE OF FORM<br>2/05  | REPLACES<br>1/05                          | <input type="checkbox"/> Obsolete  |
| REQUIRED FORM-<br><input checked="" type="checkbox"/> No Change Permitted  | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:<br><b>Department of Social Services Warehouse<br/>P.O. Box 980788<br/>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  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)  
ASSISTANCE, CALWORKS DIVERSION, AND KinGAP  
FEDERAL**

|               |                   |
|---------------|-------------------|
| County        | Date (Month/Year) |
| Claim Contact | Telephone         |

| Aid Code             | All Families<br>30/3P  | Zero Parent<br>33/3R | TANF Timed Out<br>32 | Diversion AF<br>3J | Diversion 2Pr<br>3K | KinGAP<br>4F | Total |
|----------------------|--|----------------------|----------------------|--------------------|---------------------|--------------|-------|
| <u>Current Month</u> |  |                      |                      |                    |                     |              |       |
| 1                    | Main Payroll   |                      |                      |                    |                     |              | -     |
| 2                    | Current Month Supplemental Payroll                                   |                      |                      |                    |                     |              | -     |
| 3                    | Current Month Cancellation Contra Roll                               |                      |                      |                    |                     |              | -     |
| 4                    | Prior Month Supplemental Payroll                                     |                      |                      |                    |                     |              | -     |
| 5                    | Current Month Adjustment   |                      |                      |                    |                     |              | -     |
| 6                    | <b>Subtotal (Lines 1 - 5)</b>  | -                    | -                    | -                  | -                   | -            | -     |
| 7                    | Amount payable with State/County Funds Only                          |                      |                      |                    |                     |              | -     |
| 8                    | <b>Federal/State Share (Line 6 minus Line 7 x 97.5%)</b>             | -                    | -                    | -                  | -                   | -            | -     |
| <u>Prior Month</u>   |  |                      |                      |                    |                     |              |       |
| 9                    | Prior Month Cancellation Contra Roll                                 |                      |                      |                    |                     |              | -     |
| 10                   | Recoveries of Aid  |                      |                      |                    |                     |              | -     |
| 11                   | Prior Month Negative Adjustment                                      |                      |                      |                    |                     |              | -     |
| 12                   | <b>Subtotal (Lines 9 - 11)</b>                                       | -                    | -                    | -                  | -                   | -            | -     |
| 13                   | Amount payable with State/County funds only                          |                      |                      |                    |                     |              | -     |
| 14                   | <b>Federal/State Share( Line 12 minus Line 13 x 97.5%)</b>           | -                    | -                    | -                  | -                   | -            | -     |
| 15                   | Prior Month Positive Adjustment                                      |                      |                      |                    |                     |              | -     |
| 16                   | Grant-Based On-the-Job Training (OJT) (Wage Subsidy)                 |                      |                      |                    |                     |              | -     |
| 17                   | Amount payable with State/County Funds Only                          |                      |                      |                    |                     |              | -     |
| 18                   | <b>Federal/State Share (Line 15+ Line 16-Line 17 x 97.5%)</b>        | -                    | -                    | -                  | -                   | -            | -     |
| 19                   | <b>TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+12+15+16)</b> | -                    | -                    | -                  | -                   | -            | -     |
| 20                   | Number of Federal Assistance Units                                   |                      |                      |                    |                     |              | -     |
| 21                   | Amount Payable by State Funds - Multiplied by \$1.00                 | -                    | -                    | -                  | -                   | -            | -     |

|                           |   |   |    |        |   |    |   |
|---------------------------|---|---|----|--------|---|----|---|
| 22                        | <b>Persons Count</b>                                      |   |    |        |   |    |   |
| <u>SUMMARY BY FUNDING</u> |   |   |    |        |   |    |   |
|                           |   |   | 1/ | ← 2/ → |   | 3/ |   |
| 23                        | Federal   |   |    |        |   |    | - |
| 24                        | State (Line 7 + Line 13 + Line 17) x 95% + (Line 21 x 5%) | - | -  | -      | - | -  | - |
| 25                        | Fed/State (Line 8 + Line 14 + Line 18)                    | - | -  | -      | - | -  | - |
| 26                        | County (Line 19-24-25)                                    | - | -  | -      | - | -  | - |
| 27                        | <b>Total</b>  | - | -  | -      | - | -  | - |

| <u>SUMMARY BY PROGRAM</u> |   | Federal | State | Fed/State | County | Total |
|---------------------------|---|---------|-------|-----------|--------|-------|
| 28                        | All Families/Zero Parents (30, 3P, 33, 3R)      |         | -     | -         | -      | -     |
| 29                        | TANF Timed-Out (32)                             | -       | -     | -         | -      | -     |
| 30                        | Diversion (3J, 3K))                             |         |       | -         | -      | -     |
| 31                        | KinGAP (4F)                                     | -       | -     | -         | -      | -     |
| 32                        | <b>Total</b>                                    | -       | -     | -         | -      | -     |
| 33                        | Grant-Based OJT (Wage Subsidy) Information Only |         |       | -         | -      | -     |

1/ Funding 97.5% TANF and 2.5% County for the basic grant. The nonfederal share of the \$2 grant increase is 100% State  
 2/ 97.5%/2.5% (Fed-State/County)  
 3/ TANF funding is \$347 TANF; the balance is funded 50% State and 50% County.

**INSTRUCTIONS FOR FORM CA 800 FED  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
CALWORKS ASSISTANCE, CALWORKS DIVERSION, AND KINGAP, FEDERAL**

**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**

For each column:

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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.
6. Line 7: Enter the total payments payable with state and county funds only. These payments have no federal funding participation (FFP).
7. Line 8: Federal/State share of current month payments (Line 6 minus Line 7 x 97.5% sharing ratio). This amount will calculate automatically.

**Prior Month**

For each column:

8. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
9. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
10. Line 11: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
11. Line 12: Subtotal of Lines 9 through 11. This amount will calculate automatically.
12. Line 13: Enter the total of all prior month negative adjustments which are payable with State and county funds only.
13. Line 14: Federal/State share of negative adjustments (Line 12 - Line 13 x 97.5% sharing ratio). This amount will calculate automatically.

**Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)**

14. Line 15: 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.
15. Line 16: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 12.
16. Line 17: Enter the total of all prior month positive adjustments that are payable with State and county funds only.
17. Line 18: Federal/State share of Lines 15+16-17 x 97.5% sharing ratio. This amount will calculate automatically.

**Total**

18. Line 19: Total Aid Payments, current and prior months. This amount will calculate automatically.

**State Only Funds**

19. Line 20: Enter the number of federal Assistance Units (AUs) represented in your total federal persons count (children and adults).
20. Line 21: Amount payable with state funds only (state share of the \$2 grant increase effective June 1, 1973 for federal AUs) – Line 20 x \$1 (State Share). This amount will calculate automatically.

**Persons Count**

21. Line 22: Enter the persons count for the KinGAP program.

**Summary by Funding**

23. This form will calculate the federal, state, federal/state, and county shares automatically by aid code and by program/reporting category on Lines 23 through 27 and Lines 28 through 33, respectively. For Aid Code 4F (KinGAP), counties must enter the amount (\$347/person) on Line 23. On Line 24, for Aid Code 4F, state and county share is 50% of nonfederal share.