

**NOTICE OF FORM CHANGE NO. 05-139**

DATE

11/16/2005

**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 **SOC 448**

**In-Home Supportive Services program Public Authority Invoice Admin Costs**

ORDER UNIT	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/05	REPLACES 7/04	<input type="checkbox"/> Obsolete

REQUIRED FORM-

No Change Permitted

REQUIRED FORM-

Substitute Permitted With Prior DSS Approval

Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788**

Other:

See Below in Additional Information Regarding Form

**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 10/05

USE FORM IN ACCORDANCE WITH

All County Letter No.

Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a large Excel form that is emailed to County fiscal offices by the Adult Programs Branch Fiscal Administration Unit. Due to the size of the Excel form, only the cover document is included with this Notice of Form Change.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
PUBLIC AUTHORITY INVOICE  
ADMINISTRATIVE COSTS**

To: Adult Programs Branch  
California Department of Social Services  
744 P Street, MS19-96  
Sacramento , CA 95814

County:	0.00
Address:	0.00 0.00 0.00 0.00
Contact:	0.00
Phone:	0.00
E-mail:	0.00

Fiscal Year: **2005/2006**

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q1

FUNDING SOURCE	Hours	Admin. Costs		Benefit Costs		Total Costs
		Fed. & State Eligible	Fed. Eligible Only	Fed. & State Eligible	Fed. Eligible Only	
PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**COST REIMBURSEMENT BY FUNDING SOURCE:**

Funding Source	Federal	State	County	Total Costs
PCSP	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP		\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$0.00

<p>I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.</p>		<p>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.</p>	
SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE

Approved by: \_\_\_\_\_  
(State IHSS Program Manager)

Date \_\_\_\_\_

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E-mail:	0.00

Fiscal Year: **2005/2006**

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q2

FUNDING SOURCE	Hours	Admin. Costs		Benefit Costs		Total Costs
		Fed. & State Eligible	Fed. Eligible Only	Fed. & State Eligible	Fed. Eligible Only	
PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**COST REIMBURSEMENT BY FUNDING SOURCE:**

Funding Source	Federal	State	County	Total Costs
PCSP	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP		\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00	\$0.00

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Fiscal Year: **2005/2006**

Public Authority Service Delivery Totals by Funding Source for the Quarter:

**Q3**

FUNDING SOURCE	Hours	Admin. Costs		Benefit Costs		Total Costs
		Fed. & State Eligible	Fed. Eligible Only	Fed. & State Eligible	Fed. Eligible Only	
PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**COST REIMBURSEMENT BY FUNDING SOURCE:**

Funding Source	Federal	State	County	Total Costs
PCSP	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP		\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

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SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

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(State IHSS Program Manager)

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Fiscal Year: **2005/2006**

Public Authority Service Delivery Totals by Funding Source for the Quarter:

**Q4**

FUNDING SOURCE	Admin. Costs		Benefit Costs		Total Costs
	Hours	Fed. & State Eligible	Fed. Eligible Only	Fed. & State Eligible	
PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	0.0	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>0.0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**COST REIMBURSEMENT BY FUNDING SOURCE:**

Funding Source	Federal	State	County	Total Costs
PCSP	\$0.00	\$0.00	\$0.00	\$0.00
Waiver Plus	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP		\$0.00	\$0.00	\$0.00
Year-End Claim Rate Cap Adjustment	\$0.00	\$0.00	\$0.00	\$0.00
<b>Pre-Adjust. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Adjusted TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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