NOTICE OF FORM CHANGE NO. 05-148

DATE
11/17/2005

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 FC1B (11/05) Foster Care out-of-State Facility Report

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☒ Free ☐ Sold		☐ Yes ☒ No

| ☐ New   ☐ Revised | DATE OF FORM 11/05 | REPLACES 1/04 | ☐ 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:

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   11/05

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☒ Other (specify)

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

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: This column has been blocked. There are no program numbers for Foster Care out-of-state facilities.

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.

8. The totals for Columns E and F will calculate automatically.