**INSTRUCTIONS FOR FORM *CA 800CCR Rate***

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES**

**CONTINUUM OF CARE REFORM (CCR)**

**RATE ADJUSTMENT CALCULATION**

**General Information**

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. This form is used to determine the monthly total CCR costs that may result in payment adjustments between general fund and 2011 Realignment. For more information, please refer to County Fiscal Letter No. 16/17-41, dated

December 19, 2016.

Instruction

1. All cells with the exception of wraparound costs for aid code 03, 5K, 04, 42, 40, 4F and 4G will auto populate when the associated claims are completed.
2. Please enter the wraparound costs for aid code 03, 5K, 04, 42, 40, 4F and 4G. This will subtract out from the total costs.