

State Of California - Health and Human Services Agency
Department of Social Services

County: Alameda
Month/ Year: April 2016
Claims Receipt Date: 5/19/2016

☐ Co. Welfare ☐ Co. Auditor

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Alpine

Month/ Year: April 2016

Claims Receipt Date: 5/18/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>NONE</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Amador

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Butte
Month/ Year: April 2016
Claims Receipt Date: 5/16/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Calaveras

Month/ Year: April 2016

Claims Receipt Date: 5/12/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Colusa

Month/ Year: April 2016

Claims Receipt Date: 5/11/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Contra Costa

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Del Norte

Month/ Year: April 2016

Claims Receipt Date: 5/17/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: El Dorado

Month/ Year: April 2016

Claims Receipt Date: 5/16/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
 Sheng Her
 County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Fresno

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Glenn

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>NONE</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>NONE</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Humboldt

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Imperial

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>NONE</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

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Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Inyo

Month/ Year: April 2016

Claims Receipt Date: 5/11/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>NONE</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Kern
 Month/ Year: April 2016
 Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
 Sheng Her
 County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Kings
Month/ Year: April 2016
Claims Receipt Date: 5/23/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Lake

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Lassen

Month/ Year: April 2016

Claims Receipt Date: 5/17/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Los Angeles

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Sheng Her
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Madera

Month/ Year: April 2016

Claims Receipt Date: 5/12/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>NONE</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Marin

Month/ Year: April 2016

Claims Receipt Date: 5/23/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Mariposa

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Mendocino

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>NONE</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Merced

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Modoc

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>NONE</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Mono

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Monterey

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Napa

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Nevada

Month/ Year: April 2016

Claims Receipt Date: 5/23/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Orange

Month/ Year: April 2016

Claims Receipt Date: _____

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Cher Moua
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Placer

Month/ Year: April 2016

Claims Receipt Date: 5/24/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Plumas

Month/ Year: April 2016

Claims Receipt Date: 5/13/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Riverside

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Sacramento

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Benito

Month/ Year: April 2016

Claims Receipt Date: 5/27/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by

Nolan Ono

County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Bernardino

Month/ Year: April 2016

Claims Receipt Date: 4/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>X</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Diego

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Francisco

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by

Nolan Ono

County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Joaquin

Month/ Year: April 2016

Claims Receipt Date: 5/18/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Luis Obispo

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Nolan Ono
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: San Mateo

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Santa Barbara

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Santa Clara

Month/ Year: April 2016

Claims Receipt Date: 5/19/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>X</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Santa Cruz

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

County: Shasta
Month/ Year: April 2016
Claims Receipt Date: 5/25/2016

☐ Co. Welfare ☐ Co. Auditor

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Sierra

Month/ Year: April 2016

Claims Receipt Date: 5/25/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>NONE</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>NONE</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>NONE</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Siskiyou

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Solano

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>X</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Sonoma

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Stanislaus

Month/ Year: April 2016

Claims Receipt Date: 5/11/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>X</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Sutter

Month/ Year: April 2016

Claims Receipt Date: 5/18/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Tehama

Month/ Year: April 2016

Claims Receipt Date: 5/13/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>X</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Trinity

Month/ Year: April 2016

Claims Receipt Date: 5/16/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Tulare
Month/ Year: April 2016
Claims Receipt Date: 5/17/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Tuolumne

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>NONE</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>NONE</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>NONE</u>	ARC	Approved Relative Caregiver

Misc. _____

This form must be kept on file to document receipt and approval of your claims. If you have any questions, please email questions to assistance.claims@dss.ca.gov.

Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency
Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Ventura
Month/ Year: April 2016
Claims Receipt Date: 5/23/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>X</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>X</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>X</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
<u>X</u>	CalWORKs Safety Net K1/3F	CalWORKs Safety Net, Drug Felon and Fleeing Felon
<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
<u>X</u>	LIHEAP/SUAS	Low Income Home Energy Asst Program & State Utility Asst Subsidy
<u>X</u>	ARC	Approved Relative Caregiver

Misc. _____

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Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Yolo

Month/ Year: April 2016

Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

The following assistance claims have been approved for payment. Copies of the approved claims with corrections are attached. Approved Claims with no correction will be provided upon request.

<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
<u>X</u>	CA 800A 18+ (Fed)	Adoptions Assistance 18+, SB163 18+ - Federal
<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>X</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
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Misc. _____

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Claims Audited by
Kalvinder Singh
County Assistance Payment Unit

State Of California - Health and Human Services Agency

Department of Social Services

☐ Co. Welfare ☐ Co. Auditor

County: Yuba
 Month/ Year: April 2016
 Claims Receipt Date: 5/20/2016

Claims Approved on: 6/10/2016

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<u>NONE</u>	CA 800S 18+ NMD (NonFed)	Kin-GAP 18+, CalWORKs NMD - NonFederal
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<u>X</u>	CA 800FC EFC (Fed)	Foster Care EFC, Foster Care SB163 EFC - Federal
<u>X</u>	CA 800 EFC (NonFed)	Foster Care EFC - NonFederal
<u>NONE</u>	CA 800 Kin-GAP 18+ (Fed)	Kin-GAP 18+, SB163 18+ - Federal
<u>NONE</u>	CA 800 EFC Overpayments	Foster Care EFC, Adoptions 18+, Kin-GAP 18+ Overpayment - Federal
<u>X</u>	Fed-GAP 4T	Fed-GAP Assistance - Federal
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Beginning 07/01/12
<u>NONE</u>	Fed-GAP Overpayments	Fed-GAP Overpayments Prior to 07/01/12
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<u>X</u>	WINS	Work Incentive Nutritional Supplement Benefits
<u>NONE</u>	EBT Theft	Reimbursement for Electronic Benefit Transfer due to Theft
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Misc. _____

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Claims Audited by
 Kalvinder Singh
 County Assistance Payment Unit