



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

January 27, 2017

COUNTY FISCAL LETTER (CFL) NO. 16/17-50

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY AUDITOR CONTROLLERS  
ALL COUNTY PROBATION OFFICERS

SUBJECT: UPDATED GUIDANCE ON THE ASSISTANCE CLAIM INSTRUCTIONS  
FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

REFERENCES: [CFL No. 98/99-18, DATED SEPTEMBER 25, 1998](#)  
[CFL No. 98/99-53, DATED JANUARY 26, 1999](#)  
[CFL No. 99/00-36, DATED NOVEMBER 19, 1999](#)  
[CFL No. 03/04-39, DATED JANUARY 26, 2004](#)  
[ACL No. 01-61, DATED AUGUST 30, 2001](#)

This County Fiscal Letter (CFL) provides counties with updated guidance for the use of the County Assistance (CA) 800 CAPI claim, “*Summary Report of Assistance Expenditures for the Cash Assistance Program for Immigrants, NonFederal*” effective January 2017. The CA 45, “*Invoice State Issues Benefit Checks Cash Assistance Program for Immigrants*” form as well as the CA 46, “*Attachment to Invoice Form CA 45 Cash Assistance Program for Immigrants*” form will also be addressed in this CFL.

### **Background**

The Cash Assistance Program for Immigrants (CAPI) was implemented on October 1, 1998, to provide cash assistance to persons who are aged, blind, or disabled and who meet certain specified eligibility criteria as explained in [CFL No. 98/99-18, dated September 25, 1998](#). The original assistance claim instructions for the implementation of CAPI were released in [CFL No. 98/99-53, dated January 26, 1999](#). Beginning January 2004, an automated process for submitting assistance claims, including CAPI claims, was established and can be found on the California Department of Social Services (CDSS) extranet page.

## **Aid Codes**

When utilizing the automated process for submitting assistance claims, the following aid codes are available to track and claim CAPI costs.

**Aid Code 1A, CAPI, Qualified Aliens**, is for non-citizens lawfully residing in the United States prior to August 22, 1996, who meet the federal definition of qualified alien and who are age 65 or older.

**Aid Code 6K CAPI, Non-Qualified Aliens**, is for non-citizens who entered the United States prior to August 22, 1996, and meet the previous Supplemental Security Income/State Supplementary Payment (SSI/SSP) Permanent Residence Under Color of Law (PRUCOL) requirements, but not the federal definition of qualified alien.

**Aid Code 6M CAPI, Sponsored Aliens**, is for sponsored non-citizens who are otherwise eligible for the program and entered the United States on or after August 22, 1996, and the sponsor is deceased or disabled, or the immigrant is a victim of abuse by either the sponsor or sponsor's spouse.

**Aid Code 6T, Qualified or PRUCOL Aliens**, is for non-citizens who entered the United States on or after August 22, 1996, who do not meet the sponsor restrictions of having a sponsor who is deceased or disabled, or is a victim of abuse by either the sponsor or the sponsor's spouse. The term "time-limited" no longer describes this special CAPI eligibility and will hereafter be referred to as "extended CAPI".

## **Assistance Claiming Instructions**

Per [Manual of Policies and Procedures \(MPP\) section 49-015.25](#), counties may choose one of the following two options for issuing benefits to eligible CAPI recipients:

1. County or county consortium issues benefit checks; or
2. State issues benefit checks on behalf of counties or consortia.

Individual assistance claiming instructions for the two options are detailed below.

Regardless of the option selected, all counties are individually responsible for compliance with applicable claiming policies, rules and regulations governing CAPI.

### **1. County/County Consortium Issues Benefit Checks**

The CA 800 CAPI claim was developed for counties or county consortia choosing to issue benefit checks. Previously, counties were required to claim reimbursement for General Assistance/General Relief (GA/GR) payments to SSI eligible clients on a separate line (Line 9). However, whether the county is reimbursing themselves for GA/GR payments or granting aid payments directly to the client, all current and prior month payrolls should be claimed on their respective lines with no need to identify the reimbursement for GA/GR on a separate line. Therefore, the "Reimbursement of Aid from GA/GR" (Line 9) has been

blocked. The CA 800 CAPI claim is included as Attachment I while the instructions for each line are provided in Attachment II.

## **2. State Issues Benefit Checks on Behalf of County/County Consortium**

Counties or county consortia choosing this option must designate a county/county consortium contact person responsible for all recipient inquiries. In order for the State to process and issue payments, counties must submit recipient information to the State three calendar weeks before the requested issue date of the check. The State will issue payments on the 1st and 16th of each month. Recipient information should include the following:

- Recipient's name
- Recipient's address
- Payment amount
- Recipient's Social Security number
- Case number
- County contact person or county consortium contact person
- County or county consortium contact person's phone number
- Aid code
- Pay periods
- Future monthly payment amount
- Beginning date of future monthly payments
- County of residence
- Date aid is discontinued, where applicable
- Changes to recipient's name, address, or payment amounts, where applicable

Forms CA 45 (CAPI Invoice) and CA 46 (Attachment to CA 45) are utilized for reporting payment data for option two. The CA 45 should be used to summarize payment amounts by aid category and the CA 46 (Attachment to CA 45) to report the recipient information identified above. Samples of both forms are included in Attachments III and IV, respectively.

If you have questions regarding this letter, please direct your questions to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

SALENA CHOW, Chief  
Fiscal Forecasting and Policy Branch

Attachments

**SUMMARY REPORT OF ASSISTANCE  
EXPENDITURES FOR THE CASH ASSISTANCE  
PROGRAM FOR IMMIGRANTS,  
NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

	Qualified Aliens (Before 8/22/96)	Non-Qualified Aliens (Before 8/22/96)	Sponsored Aliens (On or After 8/22/96)	Qualified or PRUCOL Aliens (On or After 8/22/96)	Total
Aid Code	1A	6K	6M	6T	
1 Main Payroll					-
2 Current Month Supplemental Payroll					-
3 Current Month Cancellation Contra Roll					-
4 Prior Months Supplemental Payroll					-
5 Current Month Adjustment					-
<b>6 Subtotal (Lines 1 - 5)</b>	-	-	-	-	-
7 Prior Months Cancellation Contra Roll					-
8 Recoveries of Aid					-
9 Reimbursement of Aid from GA/GR					-
10 Prior Month Negative Adjustment					-
<b>11 Subtotals (Lines 7 - 10)</b>	-	-	-	-	-
12 Prior Month Positive Adjustment					-
<b>13 TOTAL (Lines 6+11+12)</b>	-	-	-	-	-

	<i>County Use Only</i>					-
<i>Summary by Funding</i>						
<b>14</b>	State 100%	-	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800CAPI  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS  
NONFEDERAL**

**General Information**

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

**Current Month**

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

For each column:

6. Lines 7 through 10: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll. *Note: Line 9 has been blocked. Please refer to County Fiscal Letter No. 16/17-50, dated January 27, 2017, for more details.*
7. Line 11: Subtotal of Lines 7 through 10. This amount will calculate automatically.

**Prior Month Positives**

8. Line 12: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

**Total (Lines 6+11+12)**

9. Line 13: Total aid payments, current and prior months. This amount will calculate automatically.

**Summary by Funding**

10. Line 14: This line will display the state share automatically by aid code.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**INVOICE  
STATE ISSUED BENEFIT CHECKS  
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS**

**TO:** CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
FINANCIAL SERVICES BUREAU  
CONTRACTS AND COUNTY ASSISTANCE SECTION  
744 P STREET, MS 9-5-27  
SACRAMENTO, CA 95814  
[ASSISTANCE.CLAIMS@DSS.CA.GOV](mailto:ASSISTANCE.CLAIMS@DSS.CA.GOV)

<b>FROM:</b> COUNTY/COUNTY CONSORTIUM NAME	INVOICE NO.:
COUNTY/COUNTY CONSORTIUM ADDRESS	COUNTY/COUNTY CONSORTIUM CONTACT
COUNTY, CITY, STATE, ZIP CODE	CONTACT'S PHONE NUMBER

SUMMARY OF BENEFIT PAYMENTS (SEE ATTACHED LISTING)

AMOUNT QUALIFIED ALIENS (Before 8/22/96) Aid Code 1A	AMOUNT NON-QUALIFIED ALIENS (Before 8/22/96) Aid Code 6K	AMOUNT SPONSORED ALIENS (On or After 8/22/96) Aid Code 6M	AMOUNT QUALIFIED or PRUCOL ALIENS (On or After 8/22/96) Aid Code 6T	TOTAL

**COUNTY WELFARE DIRECTOR'S CERTIFICATION**

I hereby certify under penalty of perjury, that I am the Official responsible for the Cash Assistance Program for Immigrants in and for aforesaid county/county consortium; that I have not violated any provisions of Sections 1090 to 1096, inclusive of the Government code; that the amounts reported herein have been incurred and are properly chargeable as expenditures for administration of the Welfare programs in accordance with all provisions of the Welfare and Institutions code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE
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**CDSS USE ONLY:**

APPROVED BY:	AMOUNT APPROVED:
DATE APPROVED:	AMOUNT CUT:
PAYMENT PERIOD:	PAYMENT MADE ON SCHEDULE NUMBER:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**ATTACHMENT TO INVOICE FORM CA 45  
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS**

COUNTY/COUNTY CONSORTIUM NAME:
REQUEST PAYMENT DATE FOR BATCH:

#	A Recipient's Name	B Social Security Number	C Recipient's Address	D Case Number	E Aid Code	F Pay Periods	G Initial Payment Amount *	H Future Monthly Payment Amount	I Beginning Date of Future Monthly Payment Amount	J County of Residence	K Date Aid Discontinued	L, M, N Check if Appropriate		
												L Name Change	M Address Change	N Change in Payment Amount
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

\* Includes the first full month of CAPI payments plus amounts owed for prior months less GA/GR emergency payments.

Total