

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-4622



January 22, 1982

ALL-COUNTY INFORMATION NOTICE I-09-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISIONS TO THE DFA 327.7A AND B

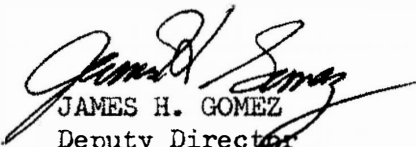
REFERENCE:

As provided in All-County Letter No. 82-03, the County Administrative Claim has been revised to charge one-third of the non-federal AFDC FG/U continuing and quality control costs to the NAFS program. As a result, modifications to the DFA 327.7A and B have been necessitated.

The new forms will be renumbered as the DFA 327.8A, B, and C. A final revision to these forms should be completed for use in the March 1982 quarter. At that time it is anticipated that the DFA 327.8A, B, and C will be mandatory forms and will be included in the County Administrative Claim. These forms will not be available from the DSS warehouse until the forms are finalized. For your use in the interim, copies of the draft revised DFA 327.8A, B, and C are attached.

Any questions concerning this letter and/or forms should be directed to your County Administrative Expense Control Bureau analyst at (916) 322-5802.

Sincerely,


JAMES H. GOMEZ
Deputy Director
Administration

Attachment

cc: CWDA

Cost Distribution Report
Part 1. AID TO FAMILIES WITH DEPENDENT CHILDREN STATE SHARE DISTRIBUTION - FG/U

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Cost Category	Eligibility Costs	AFDC Intake Ratio Col. 1/2 x Col. 3	Intake Column 2 Less Column 3	Dist. of Non-Federal Share FG/U Ratio: 5	Column 2 Less Column 5	State Share .25 x Col. 6	Non-Federal Portion St. Share .50 x Column 5	Total State Share Col. 7 + Col. 8	State Use Only			
									AFDC Portion Non-Federal Share Col. 5 x .67	NAFS Portion Non-Federal Share Col. 5 x .33	Non-Federal Portion State Share .50 x Col 10	Total State Share Col. 7 + 12
Intake	2	3	4	5	6	7	8	9	10	11	12	13
Continuing												
FC												
Staff Costs												
Support Costs												
Direct Costs												
Travel												
TOTAL												

PART 2. AID TO FAMILIES WITH DEPENDENT CHILDREN STATE SHARE DISTRIBUTION - FOSTER CARE (FC)

Cost Category	Eligibility Costs	AFDC Intake Ratio Col. 1/2 x Col. 3	Intake Column 2 Less Column 3	Dist. of Non-Federal Share FC Ratio: 1	Column 2 Less Column 5	State Share .25 x Col. 6	Non-Federal Portion St. Share .50 x Column 5	Total State Share Col. 7 + Col. 8	County	
									County	Quarter ending
Intake	2	3	4	5	6	7	8	9		
Continuing										
Staff Costs										
Support Costs										
Direct Costs										
TOTAL										

PART 1 (AFDC-FG/U)

1. (a) For Line D, transfer from DFA 327.2, Line A, Column 3.
(b) For Lines A-C, multiply DFA 327.8A, Part 1, Column 2, Line D (subtotal-staff costs) by Function Ratios, DFA 327.8C Part 1, Column 4, as applicable.
(c) For Lines E-G transfer from DFA 327.2, Line A, Columns 4-6 respectively. Do not include Staff Development costs.
(d) For Line H, transfer from DFA 327.3, Part B, Column 4.
2. (a) Bring AFDC Intake Ratio forward from DFA 327.8C, Part 1, Line A1 Column 4.
(b) Multiply the AFDC Intake Ratio times Column 2, Lines E and F.
3. (a) Bring FG/U ratio forward from DFA 327.5, Modification A, Part A, Line D, Column 3.
(b) Multiply the FG/U ratio times Column 4, Lines B, C, E, and F.

PART 2 (AFDC-FG)

1. (a) For Line C, transfer from DFA 327.2, Line B, Column 3.
(b) For Lines A and B, multiply DFA 327.8A, Part 2, Column 2, Line C (subtotal-staff costs) by Function Ratios, DFA 327.8C Part 2, Column 4, as applicable.
(c) For Lines D-F transfer from DFA 327.2, Line B, Columns 4-6 respectively. Do not include staff development costs.
2. (a) Bring AFDC Intake Ratio forward from DFA 327.8C, Part 2, Line A1 Column 4.
(b) Multiply the AFDC Intake Ratio times Column 2, Lines D and E.
3. (a) Bring FC ratio forward from DFA 327.5, Modification A, Part A, Line D, Column 4.
(b) Multiply the FC ratio times Column 4, Lines B, D and E.

PART 1A TOTAL AFDC STATE SHARE DISTRIBUTION (FC/U Plus FC)

LINE	Cost Category	Eligibility Costs
A	Staff Costs	1/
B	Support Costs	2/
C	EDP Costs	3/
D	Direct Costs	4/
E	Welfare Fraud	5/
F	Total	

PART 1B TOTAL AFDC STATE SHARE DISTRIBUTION (SFAFM USE ONLY)

LINE	Cost Category	Eligibility Costs
A	Staff Costs	1
B	Support Costs	2
C	EDP Costs	
D	Direct Costs	
E	Welfare Fraud	
F	TOTAL	

AFDC/MAPS COST DISTRIBUTION REPORT

COUNTY	QUARTER ENDING	DEPARTMENT OF SOCIAL SERVICES
		PAGE 08

PART 2. NON ASSISTANCE FOOD STAMPS COST DISTRIBUTION

LINE	Cost Category	Eligibility Costs	STATE SHARE		MAPS Portion Non-Federal Share	STATE USE ONLY	
			.25 x Column 2	.125 x Col. 2		Revised Eligibility Costs Col. 2 + Col. 5	.25 x Col. 6
A	Staff Costs	1/					
B	Support Costs	1/					
C	EDP Costs	1/					
D	Other Direct (Exclude Issuance)	2/					
E	Welfare Fraud	3/					
F	Sal. & Overhead Subtotal						
G	Issuance	1/					
H	Total						

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PART 1A. (Total AFDC State Share - FG/U plus FC)

1. Add together Line D, Column 9 of DFA 327.8A Part 1 and Part 2 Line C, Column 9.
2. Add together Line E, Column 9 of DFA 327.8A Part 1 and Part 2 Line D, Column 9.
3. Add together Line F, Column 9 of DFA 327.8A Part 1 and Part 2 Line E, Column 9.
4. Add together Line G, Column 9 of DFA 327.8A Part 1 and Part 2 Line F, Column 9.
5. DFA 327.8A Part 1, Line H, Column 9.

PART 2 (Non-Assistance Food Stamps)

1. For Lines A-C transfer from DFA 327.2, Line F, Columns 3-5, respectively.
2. For Line D, transfer from DFA 325.2 Gr. III, B, other Direct NAFS costs. Do not include Issuance costs.
3. For Line E, transfer from DFA 327.3, Part B, Column 5.
4. For Line G, transfer from DFA 325.2 Gr. III, B, Food Stamp Direct costs associated with Issuance only.

AFDC/NAFS ELIGIBILITY WORKER AND STAFF COST DISTRIBUTION REPORT (Optional)
Effective December 1981 Quarter

COUNTY: _____ QUARTER ENDING: _____ PAGE NO. _____

PART 1. AFDC EW AND STAFF COST DISTRIBUTION - FG/U

LINE	Program/ Classification	Hours 1/2	Classification Ratios 2/3	Function Ratios 4	EW		Staff Cost	
					Distribution	5	Distribution	6
A	AFDC	TOTAL	1,0000	1,0000	TOTAL	4/	TOTAL	5/
A1	INTAKE	EW						
		Sup						
		TOTAL				3/		
A2	CONIT	EW						
		Sup						
		TOTAL				3/		
A3	Q/C	EW						
		Sup						
		TOTAL				3/		

PART 2. AFDC EW AND STAFF COST DISTRIBUTION - FOSTER CARE (FC)

LINE	Program/ Classification	Hours 1/2	Classification Ratios 2/3	Function Ratios 4	EW		Staff Cost	
					Distribution	5	Distribution	6
A	AFDC	TOTAL	1,0000	1,0000	TOTAL	4/	TOTAL	5/
A1	INTAKE	EW						
		Sup						
		TOTAL				3/		
A2	CONIT	EW						
		Sup						
		TOTAL				3/		

PART 3. AFDC EW AND STAFF COST DISTRIBUTION - TOTAL FG/U & FC

LINE	Program/ Classification	EW Distribution	Staff Cost Distribution	TOTAL	
				2	3
A	AFDC	TOTAL	1/	TOTAL	2/
A1	INTAKE	EW			
		Sup			
		TOTAL			
A2	CONIT	EW			
		Sup			
		TOTAL			
A3	Q/C	EW			
		Sup			
		TOTAL			

PART 5. WELFARE FRAUD STAFF DISTRIBUTION

LINE	Program/ Classification	WEL FRAUD	
		Distribution	2
A	Total WEL Fraud	TOTAL	1/
B	Pure AFDC		3/
C	Joint AFDC/FS		3/
D	Total AFDC		
E	Pure Food Stamp		4/
F	Joint FS/AFDC		3/
G	Total FS		

PART 4. NAFS EW AND STAFF COST DISTRIBUTION

LINE	Program/ Classification	Hours 1/2	Classification Ratios 2/3	Function Ratios 4	EW		Staff Cost	
					Distribution	5	Distribution	6
F	NAFS	TOTAL	1,0000	1,0000	TOTAL	4/	TOTAL	5/
F1	INTAKE	EW						
		Sup						
		TOTAL				3/		
F2	CONIT	EW						
		Sup						
		TOTAL				3/		

REVISED

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See Reverse for Instructions

PART 1 (AFDC Staff/Costs — FG/U)

1. For Lines A1-A3, Column 2, bring forward hours from DFA 323 Section A, Lines A1-A3 respectively and accumulate on the total line provided. Line A of Column 2 should reflect the total program hours and as a check should equal DFA 323 Section A, Line A4, total allocable hours.
2. Determine ratios by dividing hours for each classification (EW/Sup) by the total program hours for AFDC — FG/U (Line A, Column 2).
3. Enter total of classification ratios (by function) from Column 3.
4. (a) Determine the total number of quarterly EWs by multiplying DFA 403, Part B, Line 3c times the AFDC (FG/U) allocation ratio (DFA 323) times 3. Number should extend to one decimal place.
(b) Enter figure obtained in (a) above and multiply times Column 3 ratios.
5. Transfer figures obtained in DFA 327.8A, Part 1, Lines A — D, Col. 9 as applicable.

PART 2 (AFDC Staff/Costs—FC)

1. For Lines A1 and A2, Column 2, bring forward hours from DFA 323, Section B, Lines B1 and B2 respectively and accumulate on the total line provided. Line A of Column 2 should reflect the total program hours and as a check should equal DFA 323 Section B, Line B3, total allocable hours.
2. Determine ratios by dividing hours for each classification (EW/Sup) by the total program hours for AFDC-FC (Line A, Column 2).
3. Enter total of classification ratios (by function) from Column 3.
4. (a) Determine the total number of quarterly EWs by multiplying DFA 403, Part B, Line 3c times the AFDC (FC) allocation ratio (DFA 323) times 3. Number should extend to one decimal place.
(b) Enter the total obtained in (a) above and multiply times Column 3 ratios.
5. Transfer figures obtained in DFA 327.8A, Part 2, Lines A — C, Col. 9, as applicable.

PART 3 (Total AFDC Staff/Costs FG/U plus FC)

1. Combine (add together) Part 1 and Part 2, Lines A1-A3, Column 5, respectively.
2. Combine (add together) Part 1 and Part 2, Lines A1-A3, Column 6, respectively.

PART 4 (NAFS Staff/Costs)

1. For Lines F1 and F2 bring hours forward from Section 1, Lines F1 and F2 respectively and accumulate on the total line provided. Column 2, Line F should reflect the total program hours and as a check should equal DFA 323, Section F, Line 4F, total allocable hours.
2. Determine ratios by dividing hours for each classification by the total NAFS program hours (Line F, Column 2).
3. Enter total of classification ratios, (by function) from Column 3.
4. (a) Determine the total number of quarterly NAFS EWs by multiplying DFA 403, Part B, Line 3c times the NAFS allocation ratio (DFA 323) times 3. Number should extend to one decimal place.
(b) Enter total from (a) above and multiply by Column 3 ratios.
5. Enter state share figure obtained in Part 4, Line A, Column 3 of the DFA 327.8B and multiply times Column 4 ratios.

PART 5. WELFARE FRAUD STAFF DISTRIBUTION

1. Add lines A — C, DFA 327.3, Part A, Col. 3 (allocation ratios) and multiply times DFA 403, Part C, Line 3c, times 3. Number should extend to one decimal place.
2. DFA 327.3, Part A, Line A, Col. 3, multiply times DFA 403, Part C, Line 3c and multiply times 3. Number should extend to one decimal place.
3. DFA 327.3 Part A, Line C, Col. 3 multiply times DFA 403, Part C, Line 3c and multiply times 1.5 (same as .5 multiplied times 3 months). Number should extend to one decimal place.
4. DFA 327.3, Part A, Line B, Col. 3 multiply times DFA 403, Part C, Line 3c and multiply times 3. Number should extend to one decimal place.