

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 25, 2002

COUNTY FISCAL LETTER (CFL) NO. 01/02-52

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

SUBJECT: KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP)
PROGRAM: NEW STANDARD RATE FOR THE FEDERAL SHARE OF
THE KIN-GAP RATE

REFERENCE: All County Letter (ACL) No. 00-09, dated January 10, 2000;
CFL No. 99/00-43, dated December 8, 1999; 99/00-45, dated
December 20, 1999 and 00/01-05, dated July 17, 2000.

The purpose of this letter is to advise counties of new instructions that will simplify the method used to determine the Federal Temporary Assistance for Needy Families (TANF) portion of the Kin-GAP rate.

Senate Bill (SB) 1901 (Chapter 1055, Statutes of 1998) established the Kin-GAP Program that became effective January 1, 2000. The Program promotes family preservation and stability by providing benefits to children living with relatives who are their legal guardians. ACL No. 00-09, CFL No. 99/00-43, and 99/00-45 provided program eligibility and implementation instructions.

After Kin-GAP was established, counties were instructed to use Regional CalWORKs payment standards and the Kin-GAP rate as transmitted via CFL No. 00/01-05 to determine the Federal, State and County rates. However, counties are having difficulty determining the Federal (TANF) share of the Kin-GAP rate using the established criteria. Therefore, in coordination with the County Welfare Director's Association (CWDA) input, a standardized rate has been established and approved for all federally eligible cases.

Effective with the March 2002 Assistance Claim, the TANF portion of the Kin-GAP rate will be the standardized rate of \$323.00. The balance of the Kin-GAP rate will continue to be funded 50 percent State and 50 percent County funds. By using the standardized rate, it is no longer necessary for counties to use the Regional CalWORKs payment standards.

Periodically the standardized rate may be adjusted, i.e., cost of living adjustments, etc. Therefore, the standardized rate will be reviewed and the appropriate increases made. Counties will be notified of rate changes in future letters.

The instructions for use of form CA 800KG (Federal) have been revised to include reference to the standardized rate (see attached). Revised camera-ready copies of the claim forms are available from the California Department of Social Services (CDSS) Forms Management Unit. You may contact the Forms Management Unit at:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, California 95814
Telephone: (916) 657-1907
Fax: (916) 653-7395

You may also place an order for camera-ready copies at the following address:
fmudss@dss.ca.gov.

If you have any questions regarding this CFL, please contact your county analyst in the Fiscal Policy Bureau at (916) 657-3440.

Sincerely,

***Original Document Signed by
MARGE DILLARD on 03/25/02***

MARGE DILLARD, Chief
Fiscal Systems and Accounting Branch

Attachment:

c: CWDA

**SUMMARY REPORT OF EXPENDITURES
FEDERAL-KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT PROGRAM (Kin-GAP)**

For State Use: CDSS County Welfare County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A PERSONS COUNT	B AMOUNTS		C NONFED FUNDS	SOURCE DOCUMENT
	TANF FUNDS			
()	()	()		1. Main Payroll
				2. Current Month Supplemental
				3. Current Month Cancellation
				4. Prior Months Supplemental Payroll
				5. Subtotal (reconciliation totals)
()	()	()		6. Prior Months Cancellation
()	()	()		7. Recoveries of Aid
				8. Schedule of Adjustments (show minus items in parentheses)
				9. Subtotal (Lines 6, 7, 8)
				10. DSS Office Audit Corrections (for state use only)
				11. TOTAL
				12. Reserved for future use
				13. Reserved for future use

C TOTAL	D FEDERAL	E STATE	F COUNTY
LINE 11B + 11C	LINE 11B TOTAL	LINE 11C X .50	LINE 11C X .50

						14.
						15.
FOR COUNTY USE ONLY	PERS. CTS.					16.
						17.

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the Kinship Guardianship Assistance Payment (Kin-GAP) Program and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Kinship Guardianship Assistance Payment (Kin-GAP) Program made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 800KG (FEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Complete Lines 1A through 4A and 6A through 8A.
4. Complete Lines 1B through 4B and 6B through 8B in accordance with the Federal/TANF Standard Rate, which is the amount of reimbursement under TANF.
5. Complete Lines 1C through 4C and 6C through 8C in accordance with the amounts shown on the integrated payroll summary that reflect only the portion not allowable for reimbursement under TANF. (For nonintegrated payrolls enter grand totals shown for each payroll or contra roll.) This amount is the difference between the Federal/TANF Standard Rate per child as defined by the State and the total Kin-GAP payment rate.
6. All amounts on the Form CA 800KG (Federal) may be rounded to the nearest dollar.
7. Enter the subtotals in lines 5 and 9 and the totals in line 11.
8. Leave lines 12A and 12C blank until further notice.
9. Leave lines 13A and 13C blank until further notice.
10. Line 14C - Enter the total of line 11B plus 11C.
11. Line 14D - Enter line 11B total.
12. Line 14E - Enter line 11C total times .50 sharing ratio.
13. Line 14F - Enter line 11C total times .50 sharing ratio.
14. Line 15 - reserved for state use.
15. Lines 16 and 17 - include at county request and use is optional.