DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

January 26, 2004

COUNTY FISCAL LETTER (CFL) NO. 03/04-39

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

SUBJECT: FISCAL INFORMATION AND INSTRUCTIONS FOR
             IMPLEMENTATION OF THE AUTOMATED ASSISTANCE CLAIMS
             SUBMISSION PROCESS

REFERENCE: CFL No. 03/04-38, Dated January 9, 2004, CFL No. 96/97-48, dated
               March 28, 1997, CFL No. 03/04-40, Dated January 26, 2004

The purpose of this CFL is to provide counties information regarding the implementation of an automated process for submitting assistance claim forms to the California Department of Social Services (CDSS).

Beginning with the January 2004 claiming month, counties will use this new claiming system to submit all assistance aid claim forms with the exception of claims for Assistance Dog Special Allowance, Cal Learn Bonuses, SB 933 - Cost Reimbursement for Financial Audit, and In-Home Supportive Services/Public Authority programs. These claims will continue to be submitted through the current process.

Automated Process for Transmittal of the Assistance Claim Form

Assistance claim form templates in Excel format and instructions are provided to counties on the CDSS Extranet website. Counties need to follow the procedures outlined below for completion and submission of the automated assistance claim forms to the CDSS. Altered or substituted claim forms will not be accepted by CDSS for processing.

1. Access CDSS Extranet website at **http:www.cdsscounties.ca.gov/AAC/aac.htm.**

2. Download Assistance Claims Excel Workbook with claim templates to in-house desktop each claiming month (follow special instructions on website). This

workbook includes a certification page, ten assistance claim forms and four claim addendums for support documentation.

- Two of the addendums (CA 800 FC1 and CA 800M1) are linked to specific claim forms.
- Addendum CA 800M1 captures case count information only.
- Totals of each claim form will be linked to the certification page, "Expenditure Certification for the County Welfare Department Assistance Claim Expenditures (CA 800 CERT)".
- County name and claiming month/year information needs to be entered on the certification page only. This information will then automatically appear on all claims.

3. Input necessary data onto assistance claims and submit workbook with all claims intact to CDSS' assistance claims central electronic mailbox at assistance.claims@dss.ca.gov.

4. Continue to submit all supporting documentation as hardcopy with an attached copy of the claim. Further information on the transmittal of supporting documentation is provided in CFL 03/04-40.

5. Submit to CDSS the original signed CA 800 CERT by attaching it to the front of the hardcopy support documentation claim package. A copy of the signed original CA 800 CERT should be maintained within the CWD for audit purposes. If counties choose to submit the CA 800 CERT to CDSS by fax, it should be sent to (916) 654-1750, Attention: County Assistance Payment Unit. If the CA 800 CERT is faxed, the original signed document shall also be maintained within the CWD for audit purposes. There will be one county welfare department expenditure certification per county, per month (the same process used for the County Expense Claim [CEC]).

6. Two signatures are required on the certification page; the signatures of the County Welfare Director and the County Auditor or their authorized delegate(s). Each authorized delegate is required to submit a signature authorization letter to CDSS (See CFL No. 96/97-48, dated March 28, 1997). Any claims with unauthorized signatures will not be accepted.

7. When CDSS receives the completed claim forms and certification, the information will be downloaded into a database, and maintained as county specific and statewide data.

8. The supporting documentation, automated claim forms, and the signed certification are all required from each county prior to the CDSS processing of their assistance claims.

9. All due dates for submission of assistance claims remain the same (The 20th calendar day following the end of the claiming month).

Major Changes

The Department has consolidated the number of assistance claims from 32 claim forms to 10 claim forms. Attachment I provides a matrix of the consolidated forms.

1. The new forms are separated into six categories:
   - California Work Opportunity and Responsibility to Kids (CalWORKs);
   - CalWORKs Recent Non-Citizens;
   - Children's Programs;
   - Foster Care;
   - Supportive Transitional Emancipation Program (STEP); and
   - Cash Assistance Program for Immigrants (CAPI).

   Within these categories, separate claims are created for federal and state programs.
2. The line-item detail (main payroll, current month supplemental, etc.) from the current claim has been retained except for the "Schedule of Adjustments" line item found previously on claims for Children's Programs, Foster Care, STEP and CAPI. The data for this line item is now entered as "Prior Month Positive Adjustment" and "Prior Month Negative Adjustment" as is currently provided on the CalWORKs claim forms. Calculations should be the same as the current forms (see Attachment II).
3. A single certification page for all assistance claims shall be submitted for each month (Attachment III).
4. The line-by-line instructions (see Attachment IV) that appear on the reverse side of the current forms will be provided on the CDSS Extranet website at **http:www.cdsscounties.ca.gov/AAC/aac.htm**.
5. Specific cells within each form are shaded. Data should not be entered in these cells as they are used for calculating funding information or data is not required, and are protected.
6. All cells with subtotals, totals, percentages, etc., have formulas and will calculate automatically. These cells are also protected.
7. All costs entered on the claims will round to the nearest whole dollar. However, the exact value (dollar and cents) of the active cell will be displayed on the formula bar.
8. The CA 800 STEP has not been consolidated with other assistance claims. This form has been automated for the purpose of submitting electronically to the CDSS.
9. The CA 44 CAPI form number has been changed to CA 800 CAPI and has been automated for the purpose of submitting electronically to the Department. This form has not been consolidated with other assistance claims.
10. The Summary Report of Assistance Expenditures for CalWORKs – Legal Immigrants Mixed Cases (CA 800M) has been revised for claiming CalWORKs Recent Non-Citizens Mixed Cases. Aid codes 3E, 3H, 3U, and 3W will be reported on a single claim; Addendum CA 800M1 will report the person counts for each aid code.
11. Grant-Based On-the-Job training is now reported on CalWORKs assistance claim forms CA 800 FED, CA 800S NONFED, CA 800M, and CA 800L NONFED.

Each county needs to provide to the CDSS an electronic mailbox address for assistance claims submission and information purposes. If you have not done so, please forward this information to assistance.claims@dss.ca.gov.

If you have any questions regarding these changes, please submit your concerns to the CDSS assistance claims electronic mailbox at assistance.claims@dss.ca.gov or contact the Financial Services Bureau at (916) 657-3390.

Sincerely,

Original Document Signed By
Terrie O'Connor on January 26, 2004

TERRIE O'CONNOR, Chief
Financial Services Bureau

Attachments

c: CWDA

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CONSOLIDATION OF ASSISTANCE CLAIMS
(Effective January 2004)

# of Claims	Previous Form Number	CalWORKs	Aid Codes	New Form Number	# of Claims
1	CA 800 Fed	All Families	30, 3P		
2	CA 800 Fed	Zero Parent	33, 3R		
3	CA 800 Fed	TANF Timed Out (20% Hardship)	32		
4	CA 800 KG Federal	KinGAP Federal	4F	CA 800 FED	1
5	CA 800D Fed	Diversion – All Families/Two Parent Families	3J,3K		
6	CA 809	Grant Based OJT for CalWORKs (Federal – All Families)	30,3P		
7	CA 800S	Two-Parent Families	35		
8	CA 800S	Safety Net-All Families, Child Only	3A		
9	CA 800S	Safety Net-Two Parent Families	3C	CA 800S NONFED	2
10	CA 800D State	Diversion – All Families/Two Parent	3X,3Y		
11	CA 800 KG NonFed	KinGAP Nonfederal	4G		
12	CA 808	Grant Based OJT for CalWORKs (State Only – Two Parent Families)	35		
13	CA 806	Grant Based On-the-Job Training (OJT) for CalWORKs Legal Immigrants – (State Only)	3L,3M		
14	CA 800L	Legal Immigrant – All Families	3L	CA 800L NONFED	3
15	CA 800L	Legal Immigrant Zero Parent Exempt	3G		
16	CA 800L	Legal Immigrant – Two Parent Families	3M		
17	CA 800M	Legal Immigrant All Families Mixed	3E		
18	CA 800M	Legal Immigrant Zero Parent Mixed	3H		
19	CA 800M	Legal Immigrant Two Parent Mixed	3U	CA 800 M	4
20	CA 800S	TANF Timed Out - Legal Immigrants Mixed Cases	3W		
21	CA 807	Grant Based On-the-Job Training (OJT) for CalWORKs Legal Immigrants – (Mixed Cases)	3E, 3U		
22	AD 800A	Adoption Assistance Federal	03		
23	CA 800 EA	Emergency Assistance Foster Care	5K	CA 800A FED	5
24	DFA 881	Emergency Assistance General Assistance	9K		
25	DFA 846	Refugee Cash Assistance	01		
26	AD 800B	Adoption Assistance Non Federal	04	CA 800A NONFED	6
27	CA 800 FC (FED)	Federal Children in Foster Care	42	CA 800 FC FED	7
28	CA 800 FC Fed SB 163	Federal Children in Foster Care - SB 163 Wraparound	42		
29	CA 800A FC (NonFed)	Non Federal Children in Foster Care	40	CA 800 FC NONFED	8
30	CA 1019	Seriously Emotionally Disturbed Children	05		
31	CA 800 STEP	Supportive Transitional Emancipation Program (STEP) and Transitional Housing Placement Program Plus (THP Plus)		CA 800 STEP(retained existing form	9
32	CA 44 CAPI	Cash Assistance Program for Immigrants (State Only)		CA 800 CAPI (claim number changed-- retained existing form	10

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, CALWORKS DIVERSION, AND KinGAP
FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

	Aid Code	All Families 30/3P	Zero Parent 33/3R	TANF Timed Out 32	Diversion AF 3J	Diversion 2Pr 3K	KinGAP 4F	Total
	Current Month							
1	Main Payroll							-
2	Current Month Supplemental Payroll							-
3	Current Month Cancellation Contra Roll							-
4	Prior Month Supplemental Payroll							-
5	Current Month Adjustment							-
6	Subtotal (Lines 1 - 5)	-	-	-	-	-	-	-
7	Amount payable with State/County Funds Only							-
8	Federal/State Share (Line 6 minus Line 7 x 97.5%)	-	-	-				-
	Prior Month							
9	Prior Month Cancellation Contra Roll							-
10	Recoveries of Aid							-
11	Prior Month Negative Adjustment							-
12	Subtotal (Lines 9 - 11)	-	-	-	-	-	-	-
13	Amount payable with State/County funds only							-
14	Federal/State Share(Line 12 minus Line 13 x 97.5%)	-	-	-				-
15	Prior Month Positive Adjustment							-
16	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)							-
17	Amount payable with State/County Funds Only							-
18	Federal/State Share (Line 15+ Line 16-Line 17 x 97.5%)	-	-	-	-	-		-
19	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+12+15+16)	-	-	-	-	-	-	-
20	Number of Federal Assistance Units							-
21	Amount Payable by State Funds - Multiplied by $1.00	-	-	-				-
22	Persons Count							
	SUMMARY BY FUNDING			1/	←—— 2/ ——→		3/	
23	Federal			-				-
24	State (Line 7 + Line 13+ Line 17) x 95%+(Line 21-Line 21 x 95%)	-	-	-			-	-
25	Fed/State (Line 8 + Line 14 + Line 18)	-	-		-	-		-
26	County (Line 19-24-25)	-	-	-	-	-	-	-
27	Total	-	-	-	-	-	-	-

	SUMMARY BY PROGRAM	Federal	State	Fed/State	County	Total	
28	All Families/Zero Parents (30, 3P, 33, 3R)		-	-	-	-	1/ Funding 97.5% TANF and 2.5% County
29	TANF Timed-Out (32)	-	-		-	-	for the basic grant. The nonfederal share of
30	Diversion (3J, 3K))			-	-	-	2/ 97.5%/2.5% (Fed-State/County)
31	KinGAP (4F)	-	-		-	-	3/ TANF funding is $337 TANF; the balance
32	Total	-	-	-	-	-	is funded 50% State and 50% County.
33	Grant-Based OJT (Wage Subsidy) Information Only	-		-	-	-	

CA 800 FED (1/30/04)

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) ASSISTANCE, CALWORKS DIVERSION, AND KinGAP NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		2 Parent 35	Safety Net AF 3A	Safety Net 2Pr 3C	Diversion AF 3X	Diversion 2Pr 3Y	KinGAP 4G	Total
	Current Month							
1	Main Payroll							-
2	Current Month Supplemental Payroll							-
3	Current Month Cancellation Contra Roll							-
4	Prior Month Supplemental Payroll							-
5	Current Month Adjustment							-
6	Subtotal (Lines 1 - 5)	-	-	-	-	-	-	-
	Prior Month							
7	Prior month cancellation Contra Roll							-
8	Recoveries of aid							-
9	Prior month Negative Adjustment							-
10	Subtotal (Lines 7 - 9)	-	-	-	-	-	-	-
11	Prior Month Positive Adjustment							-
12	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)							-
13	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-	-	-
Amount Payable with State Funds Only								
14	Total Number of Assistance Units							-
15	Multipled by $2.00	-	-	-				-
16	**Persons Count**							
	County Use Only							
Summary by Funding (State/County)		*(97.5/2.5)*	*(97.5/2.5)*	*(97.5/2.5)*	*(97.5/2.5)*	*(95/5)*	*(50/50)*	
17	State	-	-	-	-	-	-	-
18	County	-	-	-	-	-	-	-
19	**Total**	-	-	-	-	-	-	-

SUMMARY BY PROGRAM/REPORTING CATEGORY		State	County	Total
20	Two-Parent Families (35, 3C)	-	-	-
21	Safety Net All Families/Zero Parent (3A)	-	-	-
22	Diversion (3X, 3Y)	-	-	-
23	KinGAP	-	-	-
24	**Total**	-	-	-
25	*Grant-Based OJT (Wage Subsidy) Information Only*	-	-	-

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, RECENT NON-CITIZENS MIXED CASES

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	All Families 3E	Zero Parent 3H	2 Parent 3U	TANF Timed Out 3W	Total
Current Month					
1 Main Payroll					-
2 Current Month Supplemental Payroll					-
3 Current Month Cancellation Contra Roll					-
4 Prior Month Supplemental Payroll					-
5 Current Month Adjustment					-
6 Subtotal (Lines 1 - 5)	-	-	-	-	-
Prior Month					
7 Prior Month Cancellation Contra Roll					-
8 Recoveries of Aid					-
9 Prior Month Negative Adjustment					-
10 Subtotal (Lines 7 - 9)	-	-	-	-	-
11 Prior Month Positive Adjustment					-
12 Grant-Based On-the-Job Training (OJT) Wage Subsidy (CA800M1 Line 17)	-	-	-	-	-
13 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-
14 Amount Payable with State and County Funds Only (CA800M1 Line 16)	-	-	-	-	-
15 Net Total, Amounts Subject to FFP (Lines 13 - 14)	-	-	-	-	-
16 Federal/State Share (Line 15 x 97.5%)	-	-	-	-	-
Amount with State Funds Only					
17 Number of Federal Assistance Units (CA 800M1 Line 14)	-	-	-	-	-
18 Multiplied by $1.00 = Amount Payable with State Funds	-	-	-	-	-
Summary by Funding					
19 State (Line 14 x 95% + Line 18)-(Line 18 x 95%)	-	-	-	-	-
20 Fed/State (Line 16)	-	-	-	-	-
21 County (Line 13-19-20)	-	-	-	-	-
22 Total	-	-	-	-	-
County Use Only					

SUMMARY BY PROGRAM/REPORTING CATEGORY	Federal/State	State	County	Total
23 All Families and Zero Parent Families (3E and 3H)	-	-	-	-
24 Two-Parent Families (3U)	-	-	-	-
25 TANF Timed-Out Families (3W)	-	-	-	-
26 Total	-	-	-	-
27 Grant-Based OJT Information Only	-	-	-	-

CA 800M (1/30/04)

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, RECENT NON-CITIZENS MIXED CASES
CASE COUNT INFORMATION

County	Date (Month/Year)
Claim Contact Person	Telephone

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
		All Families				Zero Parent Families				Two Parent Families				TANF Timed Out				TOTALS			
Aid Code		3E				3H				3U				3W				3E, 3H, 3U, and 3W			
		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count	
		Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children
	Current Month																				
1	Main Payroll																	-	-	-	-
2	Current Month Supplemental Payroll																	-	-	-	-
3	Current Month Cancellation Contra Roll																	-	-	-	-
4	Prio Month Supplemental Payroll																	-	-	-	-
5	Current Month Adjustment																	-	-	-	-
6	Subtotal (Lines 1-5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prior Month																				
7	Prior month cancellation Contra Roll																	-	-	-	-
8	Recoveries of aid																	-	-	-	-
9	Prior Month Negative Adjustment																	-	-	-	-
10	Subtotal (Lines 7 - 9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Prior Month Positive Adjustment																	-	-	-	-
12	Grant-Based On-the Job Training (OJT) (Wage Subsidy)																	-	-	-	-
13	TOTAL PERSONS COUNT, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Total Number of Federal Assistance Units																	-	-	-	-

	Aid Code	3E	3E		3H	3H		3U	3U		3W	3W		Total		Total
	DISTRIBUTION OF GRANT PAYMENTS	Federal	State		Federal	State		Federal	State		Federal	State		Federal		State
15	Federal Cases														-	
16	State Cases															-

		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal		State	
	Grant-Based OJT (Wage Subsidy)	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount
17	Distribution of Grant Payment																	-	-	-	-
18	Federal		-		-		-		-										-		-
19	State				-				-				-				-				-
20	County		-		-		-		-		-		-		-		-		-		-

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
ASSISTANCE, RECENT NON-CITIZENS,
NONFEDERAL

County				Date (Month/Year)	
Claim Contact				Telephone	

		All Families	Zero Parent	2-Parent	
Aid Code		**3L**	**3G**	**3M**	**Total**
	Current Month				
1	Main Payroll				-
2	Current Month Supplemental Payroll				-
3	Current Month Cancellation Contra Roll				-
4	Prior Month Supplemental Payroll				-
5	Current Month Adjustment				-
6	**Subtotal (Lines 1 - 5)**	**-**	**-**	**-**	**-**
	Prior Month				
7	Prior Month Cancellation Contra Roll				-
8	Recoveries of aid				-
9	Prior Month Negative Adjustment				-
10	**Subtotal (Lines 7 - 9)**	**-**	**-**	**-**	**-**
11	Prior Month Positve Adjustment				-
12	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)				-
13	**TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)**	**-**	**-**	**-**	**-**

	Amount Payable with State Funds Only				
14	Total Number of Assistance Units				-
15	Multipled by $2.00	-	-	-	-

	County Use Only				-
	Summary by Funding (State/County)				
16	State (95%)	**-**	**-**	**-**	**-**
17	County (5%)	**-**	**-**	**-**	**-**
18	**Total**	**-**	**-**	**-**	**-**

SUMMARY BY PROGRAM/REPORTING CATEGORY

		State	County	Total
19	All Families and Zero Parent Families (3L and 3G)	-	-	-
21	Two-Parent Families (3M)	-	-	-
22	**Total**	**-**	**-**	**-**
23	*Grant-Based OJT (Wage Subsidy (Information Only)*	-	-	-

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
ADOPTION ASSISTANCE, EMERGENCY
ASSISTANCE-GENERAL ASSISTANCE (EA-GA)
EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC)
REFUGEE CASH ASSISTANCE (RCA),
FEDERAL

County		Date (Month/Year)
Claim Contact		Telephone

		Adoptions	EA-GA	EA-FC	RCA	
Aid Code		**03**	**9K**	**5K**	**01**	**Totals**
1	Main Payroll					-
2	Current Month Supplemental Payroll					-
3	Current Month Cancellation Contra Roll					-
4	Prior Month Supplemental Payroll					-
5	Current Month Adjustment					-
6	**Subtotal (Lines 1 - 5)**	-	-	-	-	-
7	Prior month cancellation Contra Roll					-
8	Recoveries of Aid					-
9	Prior Month Negative Adjustment					-
10	**Subtotal (Line 7 - 9)**	-	-	-	-	-
11	Prior Month Positive Adjustment					-
12	**TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)**	-	-	-	-	-
13	Amount Not Reimbursable with Federal Funds					-
14	Net Amount Payable (Lines 12 - 13)	-	-	-	-	-
	Sharing Ratios (Federal/State/County)	*FMAP Rate (50/37.5/12/5)*	*(50/0/50)*	*(70/0/30)*	Federal: 100% of Line 14 State: 95% of Line 13 County 5% of Line 13	
15	Federal	-	-	-	-	-
16	State Share	-			-	-
17	County Share	-	-	-	-	-
18	**THPP Rate Increase**					-
	Sharing Ratios (Federal/State/County)			*(70/12/18)*		
19	Federal Share			-		-
20	State Share			-		-
21	County Share			-		-
22	**Supplemental Clothing Allowance**					-
23	Federal Share (100%)		-	-		-
24	**Total All Payments**	-	-	-	-	-
25	**Persons Count**					
	County Use Only					-
	SUMMARY BY PROGRAM	**Federal**	**State**	**County**	**Total**	
26	**Adoptions-Federal**	-	-	-	-	
27	**EA-GA**	-		-	-	
28	**EA-FC**	-		-	-	
29	**RCA/Hardship (State and County Share are Hardship cases)**	-	-	-	-	
30	**THPP**	-	-	-	-	
31	**Total Federal Programs**	-	-	-	-	

CA 800A FED (1/04)

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
ADOPTION ASSISTANCE PROGRAM,
NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Person Count	Amount
Aid Code			**04**
1	Main Payroll		
2	Current Month Supplemental Payroll		
3	Current Month Cancellation Contra Roll		
4	Prior Months Supplemental Payroll		
5	Current Month Adjustment		
6	**Subtotal (Lines 1 - 5)**	-	-
7	Prior Months Cancellation Contra Roll		
8	Recoveries of Aid		
9	Prior Month Negative Adjustment		
10	**Subtotals (Lines 6 - 9)**	-	-
11	Prior Month Positive Adjustment		
12	**TOTAL AID PAYMENTS, CURRENT + PRIOR MONTH (Lines 6+10+11)**	-	-

County Use Only	-

	Summary by Funding	State Share 75%	County Share 25%	Total
13	Adoption Assistance Program	-	-	-

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE; FOSTER CARE SB 163, FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		Foster Care Persons Count	Foster Care 42	SB 163 42
1	Main Payroll			
2	Current Month Supplemental Payroll			
3	Current Month Cancellation Contra Roll			
4	Prior Months Supplemental Payroll			
5	Current Month Adjustment			
6	**Subtotal (Lines 1 - 5)**	-	-	-
7	Prior Months Cancellation Contra Roll			
8	Recoveries of Aid			
9	Prior Month Negative Adjustment			
10	**Subtotals (Lines 7 - 9)**	-	-	-
11	Prior Month Positive Adjustment			
12	**Office Audit Corrections**			
13	**TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)**	-	-	-
14	Amount Not Reimbursable from Federal Funds FC 1 Col D6+E2(FFAs)+J4(Grp Homes)		-	-
15	**TOTAL - Line 13 - Line 14**		-	-
16	**THPP Rate Increase**			
17	**Supplemental Clothing Allowance**			
18	**Funeral Costs (100% State)**			
19	**TOTAL ALL PAYMENTS (Lines 13+16+17+18)**	-	-	-

	Summary by Funding	Federal	State	County	Total	
20	**Foster Care** FMAP Rate (50/20/30)	-	-	-	-	
21	Fed Adm Costs (FC1 Col E4) FFAs	-	-	-	-	
22	Non Fed. Admin Costs (FC1 Col F2) FFAs		-	-	-	
23	THPP Rate Increase (Line 16)	-	-	-	-	
24	Supplemental Clothing Allowance (Line 17)	-	-		-	
25	Funeral Cost (Line 18)		-		-	
26	**Total Payment Federal Foster Care**	-	-	-	-	
27	**SB 163 - Basic (Line 11 x 50%)**	-			-	
28	Fed Adm Costs (FC1 Col E4) FFAs x 50%	-			-	
29	**Total Payment SB 163**	-			-	
30	**Total Foster Care and SB 163**	-			-	

FOSTER CARE FACILITY REPORT

*Use the appropriate Foster Care Rate Letter for Foster Family Agencies (FFAs) and Group Homes for Calculations.

County:	Date:

Foster Family Agencies (FFAs)

A	B	C	D Maintenance Costs						*E Total Administrative Costs				F Social Work Admin. Costs		G	H	I	J Maintenance Costs			
Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Maint. Ratio	4. Total Cost (Col D2 x Col D3)	5. NonFed. Ratio	6. Total Nonfed Share of Cost (Col D4 x Col D5)	1. Admin. Ratio*	2. Total Admin. Costs (Col. D2 x Col E1)	3. Fed. Admin Ratio	4. Total Federal Share of costs (Col E2 x Col E3)	1. Nonfed Admin Ratio	2. Nonfed Share (Col E2 x Col F1)	Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Nofed Ratio	4. Total Nonfed Share of Cost (Col J2 x Col J3)
Totals FFAs			-	-				-		-		-		-	**Total Group Homes**			-	-		-
Calculation Checked																					
						-		-		-		-		-							-
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FOSTER CARE OUT-OF-STATE FACILITY REPORT

County	Date (Month/Year)				
A. FACILITY TYPE	**B. LOCATION**	**C. PROGRAM NUMBER**	**D. PAYMENT TYPE**	**E. PERSONS COUNT**	**F. AID PAYMENT**
TOTALS				-	-

CA 800 FC1B (1/04)

FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) FEDERAL- PERSONS COUNT

COUNTY NAME	CLAIMING MONTH

	CATEGORY	TOTALS
	Persons Count	
1	Group Homes	
2	Foster Family Agency (FFA) Homes	
3	Licensed Foster Family Homes	
4	Approved Relative Homes	
5	**Total Persons Count (Lines 1-4)**	**-**

	Main Payroll	
6	Group Homes	
7	FFA Homes	
8	Licensed Foster Family Homes	
9	Approved Relative Homes	
10	**Total Main Payroll (Lines 6-9)**	**-**

11	Total Prior Period Negative Adjustments for the Month	
12	Total Prior Period Negative Adjustments for Approved Relative Homes included in Line 11.	
13	Prior Period Negative Adjustments for Approved Relative Homes - Unallowable Placements Costs Reported January 1 through December 31, 2002	
14	**Total Adjustments (Line 13 - Line 11)**	**-**

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE, SERIOUSLY EMOTIONALLY DISTURBED CHILDREN (SED)
NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Foster Care	SED	TOTAL
Aid Code		*40*	*05*	
1	Main Payroll			-
2	Current Month Supplemental Payroll Payroll			-
3	Current Month Cancellation Contra Roll			-
4	Prior Months Supplemental Payroll			-
5	Current Month Adjustment			-
6	**Subtotal (Lines 1 - 5)**	-	-	-
7	Prior Months Cancellation Contra Roll			-
8	Recoveries of Aid			-
9	Prior Month Negative Adjustment			-
10	**Subtotals (Lines 7 - 9)**	-	-	-
11	Prior Month Positive Adjustment			-
12	**TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 6+10+11)**	-	-	-
13	State Share (40%)	-	-	-
14	County Share (60%)	-	-	-

15	**THPP Rate Increase**			-
16	State Share (40%)	-		-
17	County Share (60%)	-		-

18	**Supplemental Clothing Allowance (100% State)**			-
19	**Funeral Costs (100% State)**			-
20	**Total**	-		-
21	**Persons Count**			

	County Use Only (non-add line)			-

	Summary by Funding/Program	State	County	Total
22	Foster Care	-	-	-
23	SED	-	-	-
24	THPP	-	-	-
25	Funeral Costs	-		-
26	**Total**	-	-	-

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM (STEP)
AND THE TRANSITIONAL HOUSING PLUS PROGRAM (THP-PLUS),
FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Person Count	Amount
Aid Code			
1	Main Payroll		
2	Current Month Supplemental Payroll		
3	Current Month Cancellation Contra Roll		
4	Prior Months Supplemental Payroll		
5	Current Month Adjustment		
6	**Subtotal (Lines 1 - 5)**	-	-
7	Prior Months Cancellation Contra Roll		
8	Recoveries of Aid		
9	Prior Month Negative Adjustment		
10	**Subtotals (Lines 7 - 9)**	-	-
11	Prior Month Positive Adjustment		
12	**TOTAL STEP PAYMENT, CURRENT + PRIOR MONTH (Lines 6+10+11)**	-	-
13	LESS: THPP RATE INCREASE		
14	**NET TOTAL STEP PAYMENTS, CURRENT + PRIOR MONTH (Lines 12-13)**	-	-

County Use Only

	Summary by Funding	ILP Allocation Balance	Expenditures for Current Month	Balance (Carry forward to next month)	Federal	State Share	County Share	Total
15	ILP Fund Expenditures Sharing Ratio (80/2/12) Federal/State/County		-	-	-	-	-	-
16	Non ILP Fund Expenditures					-	-	-
17	THP Plus Rate Increase Paid Sharing Ratio (0/40/60) Federal/State/County					-	-	-

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

County		Date (Month/Year)
Claim Contact		Telephone

Aid Code	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
	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					-
6 Subtotal (Lines 1 - 5)	-	-	-	-	-
7 Prior Months Cancellation Contra Roll					-
8 Recoveries of Aid					-
9 Reimbursement of Aid from GA/GR					-
10 Prior Month Negative Adjustment					-
11 Subtotals (Lines 7 - 10)	-	-	-	-	-
12 Prior Month Positive Adjustment					-
13 TOTAL (Lines 6+11+12)	-	-	-	-	-

County Use Only					-
Summary by Funding					
14 State 100%	-	-	-	-	-

CA 800 CAPI (1/04)

EXPENDITURE CERTIFICATION FOR THE
COUNTY WELFARE DEPARTMENT
ASSISTANCE CLAIM EXPENDITURES

COUNTY
MONTH/YEAR

Enter Total Allowable Welfare Costs as Reported on the following claims:

	Form Number	Form Title	Amount
1	CA 800 FED	CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Federal	-
2	CA 800S NONFED	CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Nonfederal	-
3	CA 800M	CalWORKs Assistance, Recent Non-Citizens Mixed Cases	-
4	CA 800L NONFED	CalWORKs Assistance, Recent Non-Citizens Nonfederal	-
5	CA 800A FED	Adoptions Assistance, Emergency Assistance-General Assistance, Emergency Assistance-Foster Care, Refugee Cash Assistance, Federal	-
6	CA 800A NONFED	Adoption Assistance Program, Nonfederal	-
7	CA 800FC FED	Foster Care and Foster Care SB 163	-
8	CA 800FC NONFED	Foster Care, Seriously Emotionally Disturbed Children, Nonfederal	-
9	CA 800 STEP	Supportive Transitional Emancipation Program and Transitional Housing Plus Program	-
10	CA 800 CAPI	Cash Assistance Program for Immigrants, Nonfederal	-
		Total	**-**

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the offical responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts 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 California Department of Social Services.

Signature of County Welfare Director	Date

COUNTY AUDITOR'S CERTIFICATION

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 Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect 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 California Department of Social Services.

Signature of County Auditor	Date

INSTRUCTIONS FOR FORM CA 800 FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALWORKS ASSISTANCE, CALWORKS DIVERSION, AND KINGAP, 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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:

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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.
6. Line 7: Enter the total payments payable with state and county funds only. These payments have no federal funding participation (FFP).
7. Line 8: Federal/State share of current month payments (Line 6 minus Line 7 x 97.5% sharing ratio). This amount will calculate automatically.

Prior Month

For each column:

8. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
9. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
10. Line 11: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
11. Line 12: Subtotal of Lines 9 through 11. This amount will calculate automatically.
12. Line 13: Enter the total of all cash recovered, state and county funds only, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that includes only state and county funds; no FFP.
13. Line 14: Federal/State share of negative adjustments (Line 12 - Line 13 x 97.5% sharing ratio). This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

14. Line 15: 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.
15. Line 16: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 12.
16. Line 17: Enter the total of all prior month positive adjustments that are payable with State and county funds only.
17. Line 18: Federal/State share of Lines 15+16-17 x 97.5% sharing ratio. This amount will calculate automatically.

Total

18. Line 19: Total Aid Payments, current and prior months. This amount will calculate automatically.

State Only Funds

19. Line 20: Enter the number of federal Assistance Units (AUs) represented in your total federal persons count (children and adults).
20. Line 21: Amount payable with state funds only (state share of the $2 grant increase effective June 1, 1973 for federal AUs) – Line 20 x $1 (State Share). This amount will calculate automatically.

Persons Count

21. Line 22: Enter the persons count for the KinGAP program.

Summary by Funding

23. This form will calculate the federal, state, federal/state, and county shares automatically by aid code and by program/reporting category on Lines 23 through 27 and Lines 28 through 33, respectively.

INSTRUCTIONS FOR FORM CA 800S NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALWORKS ASSISTANCE, CALWORKs DIVERSION, AND KINGAP

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:
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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:
6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of <u>all cash recovered</u> in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

Line 11: 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.
10. Line 12: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category on Lines 1 through 9.

Total

11. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

State Only Funds

12. Line 14: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).

13. Line 15: Amount payable with state funds only (state share of the $2 grant increase effective June 1, 1973 for federal) – Line 14 x $2. This amount will calculate automatically.

Persons Count

14. Line 16: Enter persons count for the KinGAP program.

Summary by Funding
15. Lines 17-25: The state and county shares will calculate automatically by aid code and by program/reporting category on Lines 17 through 19 and Lines 20 through 25, respectively.

INSTRUCTIONS FOR FORM CA 800M CALWORKS ASSISTANCE, RECENT NON-CITIZENS MIXED CASES

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:
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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:
6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of <u>all cash recovered</u> in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

10. Line 11: 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.
11. Line 12: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Total

12. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

State/County Funds

The amounts for Lines 13-14 will calculate automatically.
13. Line 14: Amounts payable with state and county funds only. This amount will be automatically transferred to this line from the CA 800M1, Line 16.
14. Line 15: Total amount subject to Federal Financial Participation (Line 13-Line 14).
15. Line 16: Federal share of Line 15 (Line 15 x 97.5% sharing ratio).

State Only Funds

16. Line 17: Number of Assistance Units (AUs) represented in your total persons count (children and adults). This amount will be automatically transferred to this line from the CA 800M1, Line 14.
17. Line 18: Amount payable with state funds only (state share of the $2 grant increase effective June 1, 1973 for federal AUs) – Line 17 x $1. This amount will calculate automatically.

Summary by Funding

18. Lines 19-27: This form will calculate the state, federal/state, and county shares automatically by aid code and by program/reporting category on Lines 19 through 22 and Lines 23 through 27, respectively.

INSTRUCTIONS FOR FORM CA 800M1
CALWORKS ASSISTANCE,
RECENT NON-CITIZENS MIXED CASES
CASE COUNT INFORMATION

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:
4. Lines 1 through 5: Enter the persons count shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:
6. Line 7: Enter the persons count shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the persons count information related to all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the persons count information for all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

10. Line 11: Enter the persons count shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
11. Line 12: Enter persons count paid for grant based OJT (Wage Subsidies). Persons count information related to residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Totals

12. Line 13: Total persons count, current and prior months. This amount will calculate automatically.
13. Line 14: Enter the total number of federal assistance units (AUs) represented in Line 13. The numbers in this line should match the numbers on Line 17 of the CA 800M.
14. Line 15: Enter the total grant payments for federally-eligible cases
15. Line 16: Enter the total grant payments for state only cases. These amounts should match the amounts on Line 14 of the CA 800M.

Grant Based OJT (Wage Subsidy)

16. Line 17: Enter the number of AUs and payment amounts represented in Line 12. The total federal, state, and county shares will calculate automatically at the appropriate rates. The total federal and state shares should match the amounts on Line 12 of the CA 800M.

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:
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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:
6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of <u>all cash recovered</u> in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

10. Line 11: 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.
11. Line 12: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Total

12. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

State Only Funds

13. Line 14: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).
14. Line 15: Amount payable with state funds only (state share of the $2 grant increase effective June 1, 1973 for federal AUs) – Line 14 x $2. This amount will calculate automatically.

Summary by Funding
15. Lines 16-23: The state and county shares will calculate automatically by aid code and by program/reporting category on Lines 16 through 18 and Lines 19 through 23, respectively.

**INSTRUCTIONS FOR FORM CA 800A FED SUMMARY REPORT OF ASSISTANCE EXPENDITURES
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-GENERAL ASSISTANCE,
EMERGENCY ASSISTANCE-FOSTER CARE, AND REFUGEE CASH ASSISTANCE**

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month
For each column:
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 5: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives
For each column:
6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives
8. Line 11: 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
9. Line 12: Total Aid Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.
10. Line 13: Enter amounts not reimbursable from federal funds. For Adoption Assistance Payments, these are costs in excess of the foster family home rate.
11. Line 14: Net Amount payable with federal funds: Line 12 - Line 13. This amount will calculate automatically.

Summary by Funding
12. Lines 15 through 17 summarizes total aid payments by funding sources. The federal, state, and county shares will calculate automatically at the appropriate rates by aid code and by program/reporting category.

Transition Housing Placement Program (THPP)
13. Line 18: Enter the THPP rate increase amount for the EA-FC program only.
14. Lines 19 through 21: The federal (70%), state (12%) and county shares (18%) will calculate automatically at the appropriate rates.

Supplemental Clothing Allowance (SCA)
15. Line 22: For the EA-GA and EA-FC programs, enter the SCA expenditures reported on the county payroll records, Statewide Automated Welfare System, Case Data System, or other automated systems used by the county.
16. Line 23: The federal share (100%) of the SCA will calculate automatically.

Totals
17. Line 24: Total all Payments (Lines 12+18+22). This amount will calculate automatically.

Persons Count
18. Line 25: Enter the persons count for the Adoption Assistance, EA-GA, and EA-FC programs.

Summary of Aid Payments, THPP, and SCA by Program
19. Lines 26 through 31: The federal, state, and county shares will calculate automatically by aid code and by program.

INSTRUCTIONS FOR FORM CA 800A NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
ADOPTION ASSISTANCE PROGRAM, NONFEDERAL

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. This form is pre-programmed to round all amounts to the nearest dollar.

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 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. Line 11: 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

9. Line 12: Total Aid Payments, current and prior months (Lines 6 + 10 + 11). This amount will calculate automatically.

Summary by Funding

10. Line 13: Summary by Funding: The state share (100%) will display automatically by aid code.

INSTRUCTIONS FOR FORM CA 800 FC
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE AND FOSTER CARE-SB 163, 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. This form is pre-programmed to round all amounts to the nearest dollar.

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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives
For each column:
6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. Line 11: 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.

Office Audit Corrections
9. Line 12: Office audit corrections. Enter the person's count and adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Please refer to All County Information Notice I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information.

Total
10. Line 13: Total Aid Payments, current and prior months (Line 6+10+11+12). This amount will calculate automatically. The persons count on this line should equal Line 5 on the CA 800FC PIA; the total payment amount should equal Line 10 of the CA 800FC PIA.
11. Line 14: Amount not reimbursable from federal funds from FC.1 Column D6+E2 (FFAs) D4 (Group Homes).
12. Line 15: Net Total – amount reimbursable with Federal Funds (Line 13 – Line 14)

Transition Housing Placement Program (THPP)
13. Line 16: Enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)
14. Line 17: Enter the SCA expenditures from county payroll records or other automated payroll system. **REMINDER**: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

Funeral Costs
15. Line 18: To be used for claiming funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP Section 25-753). Required detailed support: Aid payroll, contra roll or equivalent form.

Totals
16. Line 19: Grand total of aid payments, THPP, SCA, and Funeral Costs (Lines 13+16+17+18).

Summary of Aid Payments, THPP, SCA, and Funeral Costs by Program and by Funding
17. Lines 20-30 will calculate automatically at the appropriate rates.

Foster Family Agencies (FFA's) and Group Homes

1. Enter County Name and Date (Month and year).

2. Columns A and G: Enter the facility name.

3. Columns B and H: Enter the Program Number from the AFDC FFA or Group Home Rate Letters.

4. Columns C and I: Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.

5. Columns D1 and J1: Enter persons count.

6. Column D2 and J2: Enter the total benefit amount paid to the facility (amounts above the State set rate must not be included).

FFA's Only

7. Column D3: Enter the Maintenance Ratio from the appropriate Foster Family Agency Rate Letter.

8. Column D4: Total Maintenance Costs (Column D2 x Column D3). This amount will calculate automatically.

9. Column D5: Enter the Nonfederal Maintenance Ratio from the appropriate rate letter.

10. Column D6: Nonfederal share (Column D4 x Column D5). This amount will calculate automatically.

11. Column E1: Enter the Administrative Cost Ratio from the appropriate FFA Rate Letter.

12. Column E2: Total Administrative Cost (Column D2 x Column E1). This amount will calculate automatically. Columns D4 plus E2 should equal Column D2 Total Aid Paid.

13. Column E3: Enter the Federal Administrative Cost Ratio from the appropriate FFA Rate Letter.

14. Column E4: Total Federal share (Column E2 x Column E3). This amount will calculate automatically.

15. Column F1: Enter the Administrative Cost Nonfederal ratio from the appropriate rate letter.

16. Column F2: Nonfederal share (Columns E2 x F1). Columns E4 plus F2 should equal the total of Column E2.

Group Homes Only

17. Column J3: Enter the Non-federal Maintenance ratio from the appropriate Group Home rate letter.

18. Column J4: Nonfederal share of maintenance costs (Columns J2 x J3). This amount will calculate automatically.

General Instructions

19. The Totals for Columns D1, D2, D4, D6, E2, E4, F2, J1, J2, J4 will calculate automatically.

20. The Total of Columns D6, E2, (FFAs) and J4 (Group Homes) should match Line 15 on the CA 800FC Fed form.

21. The total of Column E4 should match the total of Line 22 on the CA 800FC Fed form.

22. If any amount, other than zero, appears on the "check calculation" row, this indicates an error. Please correct before submitting.

INSTRUCTIONS FOR THE FORM CA 800 FC1B
FOSTER CARE OUT-OF-STATE FACILITY REPORT

The CA 800FC1B is to be submitted on a monthly basis as back-up to the CA 800FC FED and CA 800FC NONFED when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the CA 800FC1B does not need to be completed.

1. Enter County Name and Date (Month and year).

2. Column A: Enter the facility name.

3. Column B: Enter the state in which the facility is located.

4. Column C: Enter the facility program number.

5. Column D: Enter the payment type listed below:

    - R-Revised
    - C-Current
    - P-Prior
    - O-Original

6. Column E: Enter the number of children placed in the facility.

7. Column F: Enter the total amount of aid paid to the facility. Highlight in bold or identify with an asterisk the placement costs paid with county only funds.

8. The totals for Columns E and F will calculate automatically.

INSTRUCTIONS FOR THE FORM CA 800 FC FED PIA
PLACEMENT INFORMATION ADDENDUM

Enter County Name and Date (Month and year).

Persons Count

Line 1:   Enter the total number of persons in Group Homes.

Line 2:   Enter the total number of persons in Foster Family Agency (FFA) homes.

Line 3:   Enter the total number of persons in Licensed Foster Family Homes.

Line 4:   Enter the total number persons in Approved Relative Homes.

Line 5:   Total Persons Count for the Month (Lines 1 through 4). This amount will calculate automatically.

Main Payroll

Line 6:   Enter the total maintenance payments for Group Homes.

Line 7:   Enter the total maintenance payments for FFA's.

Line 8:   Enter the total maintenance payments for Foster Family Homes.

Line 9:   Enter the total maintenance payments for Approved Relative Homes.

Line 10: Total Maintenance Payments for the Month (lines 6 through 9). This amount will calculate automatically.

Prior Period Adjustments

Using the Prior Months Adjustments from Lines 9 of the CA 800FC FED:

Line 11: Enter the total Prior Months Negative Adjustments for the current month.

Line 12: Enter Total Prior Months Negative Adjustments for Approved Relative Homes that are included on Line 11 above and that represent relative placement costs that are not eligible for Federal Financial Participation (FFP).

Line 13 Enter the total amount of Prior Period Negative Adjustment for Approved Relative Homes that are included in Line 12 above that represent unallowable placements costs for January 1 through December 31, 2002.

Calculation

Line 14 Net Prior Period Adjustment (Lines 13 – 11). This amount will calculate automatically. This amount should go on the CA 800 FC, line 9 and the county associated person counts should be backed out.

INSTRUCTIONS FOR FORM CA 800 FC NONFED
FOSTER CARE AND SERIOUSLY EMOTIONALLY DISTURBED CHILDREN (SED)

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. This form is pre-programmed to round all amounts to the nearest dollar.

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 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives
8. Line 11: 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
9. Line 12: Total Aid Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.

Summary by Funding
10. Lines 13 and 14 summarize total aid payments by funding sources. The state and county shares will calculate automatically at the appropriate rates
    Line 13:   State Share: Line 12 x 40%
    Line 14:   County Share: Line 12 x 60%

Transition Housing Placement Program (THPP)
13. Line 15: Enter the total THPP rate increase paid.
14. Line 16: State Share: Line 15 x 40%
15. Line 17: County Share: Line 15 x 60%

Supplemental Clothing Allowance (SCA)
16. Line 18: Enter the SCA expenditures from county payroll records or other automated payroll system.
    REMINDER: : SCA expenditures must be excluded from the main payroll amount which is entered on Line 1. Funding is 100% State.

Funeral Costs
17. Line 19: To be used for claiming funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP 25-753). Required detailed support: Aid payroll, contra roll or equivalent form. Funding is 100% State.

Totals
18. Line 20: Grand total of aid payments, THPP, SCA, and Funeral Costs (Lines 12+15+18+19).

Persons Count
19. Line 21: Enter persons count for each program.

Summary by Program
20. Lines 22 through 26: The State and county shares will calculate automatically by program.

INSTRUCTIONS FOR FORM CA 800 STEP
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM, 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. This form is pre-programmed to round all amounts to the nearest dollar.

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 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. Line 11: 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.

Totals and THPP Rate Increase
9. Line 12: Total STEP Payments including THPP rate increase, Current and Prior Months (Lines 6 + 10 + 11). This amount will calculate automatically.
10. Line 13: Enter the total THP Plus Rate increase paid.
11. Line 14: Net Total STEP Payments less the THPP rate increase (Lines 12 – 13).

Summary by Funding

12. Line 15: For counties electing to use federal ILP funds, enter the ILP allocation balance; the expenditure data and carry forward balance will calculate automatically. The federal, state, and county shares of the STEP payment amount will also calculate automatically at the appropriate rates.
13. Lines 16 and 17: The state and county shares of the non ILP STEP payment (Line 16) and THPP rate increase (Line 17) will calculate automatically at the appropriate rates.

CA 800 STEP (1/30/04)

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

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. This form is pre-programmed to round all amounts to the nearest dollar.

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.
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

9. Line 13: Total Aid Payments, current and prior months (Lines 6 + 11 + 12). This amount will calculate automatically.

Summary by Funding

10. Line 14: The state and county shares will display automatically by aid code.