

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> OTHER:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

GROUP HOME PROGRAM

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

Number of months in cost reporting period: _____

CORPORATE/LICENSEE NAME:	CORPORATE NUMBER:	PROGRAM NUMBER	PROGRAM FISCAL YR (MO/YR - MO/YR)
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	(1) Child Care & Supervision	(2) Social Work Activities	(3) CDSS USE ONLY
I. PAYROLL (DO NOT INCLUDE BENEFITS)			
II. FRINGE BENEFIT EXPENSE			
1. FICA Employer Tax (include MEDICARE)			
2. Unemployment Coverage (State & Federal)			
3. Workers' Compensation Insurance			
4. Medical Insurance Expense			
5. Retirement			
6. Other (Specify on back of form)			
TOTAL FRINGE BENEFITS (Add Lines 1 through 6)			
III. TOTAL PAYROLL & FRINGE BENEFITS			
IV. CONTRACTOR COSTS			
V. TOTAL (Add Line III and Line IV) Transfer to Column A, Lines 1 and 2, Cost Report (SR 3)			

CDSS USE ONLY

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

PURPOSE:

The Payroll and Fringe Benefit Report (SR 4) captures actual allowable and reasonable costs on payroll and fringe benefits of the Group Home Program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. Report all amounts to the nearest whole dollar amount.

Corporate/Licensee Name: Enter the Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by CDSS or specify "No number assigned by CDSS yet."

Reporting Period: For an existing provider, each Payroll & Fringe Benefit Report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. The reporting period may differ from that on the Program Classification Report (SR 2) but must be the same as that on the Group Home Program Cost Report (SR 3). For a new provider, enter data from the first month of operation through the last month of the fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12".

I. PAYROLL (DO NOT INCLUDE BENEFITS): Enter the total payroll for child care and supervision under column 1. Enter the total payroll for social work activities under column 2.

II. FRINGE BENEFIT EXPENSE:

Line 1. **FICA Employer Tax:** Enter the total FICA Employer Tax (including MEDICARE) for child care and supervision under column 1. Enter the total FICA Employer Tax (including MEDICARE) for social work activities under column 2.

Line 2. **Unemployment Coverage:** Enter the total unemployment coverage for child care and supervision under column 1. Enter the total unemployment coverage for social work activities under column 2. (For example: State Unemployment Insurance, State Employment Training Tax and Federal Unemployment Insurance.)

Line 3. **Workers' Compensation Insurance:** Enter workers' compensation insurance for child care and supervision under column 1. Enter workers' compensation insurance for social work activities under column 2.

Line 4. **Medical Insurance Expense:** Enter the medical insurance expense for child care and supervision under column 1. Enter the medical insurance expense for social work activities under column 2. (Include medical, dental and optical plans paid for the employee by the program.)

Line 5. **Retirement:** Enter the employer's contributions to a retirement plan for employees for child care and supervision under column 1. Enter the employers contributions to a retirement plan for employees for social work activities under column 2.

Line 6. **Other:** Include such items as employer-paid disability insurance, life insurance, housing allowance and the like. Enter the benefits for child care and supervision under column 1. Enter the benefits for social work activities under column 2.

TOTAL FRINGE BENEFITS: Add lines 1 through 6 for child care and supervision and enter under column 1. Add lines 1 through 6 for social work activities and enter under column 2.

III. TOTAL PAYROLL & FRINGE BENEFITS: Add the payroll and total fringe benefits for child care and supervision and enter under column 1. Add the payroll and total fringe benefits for social work activities and enter under column 2.

IV. CONTRACTOR COSTS: Enter contractor costs for social work activities under column 2.

V. TOTAL: "Total" must be carried over to Column A, Lines 1 and 2 of the Group Home Program Cost Report (SR 3).