

**NOTICE OF FORM CHANGE NO. 03-064**

DATE

6/23/03

**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

CA 800 EA (FEDERAL) (5/03) Summary Report of Assistance Expenditures For  
Emergency Assistance (EA) Foster Care - Federal

|  |   |   |  |
|--|---|---|--|
| ORDER UNIT<br><b>MASTER ONLY</b>   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold                  | ESTIMATED PRICE                           | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised   | DATE OF FORM<br>5/03  | REPLACES<br>7/02                          | <input type="checkbox"/> Obsolete  |
| REQUIRED FORM-<br><input checked="" type="checkbox"/> No Change Permitted  | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:<br><b>Department of Social Services Warehouse<br/>P.O. Box 980788<br/>West Sacramento, CA 95798-0788</b> |   | <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 immediately

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached are a Reproducible Copies

Check on the Internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SUMMARY REPORT OF ASSISTANCE  
EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)  
FOSTER CARE - FEDERAL**

For State Use:  CDSS  County Welfare  County Auditor

|                      |                   |
|----------------------|-------------------|
| COUNTY               | DATE (MONTH/YEAR) |
| CLAIM CONTACT PERSON | TELEPHONE         |

(Instructions on Reverse Side of Form)

**Note:** Use CA 800 EA (10/93) for all adjustments prior to the July 1997 report month.

**SOURCE DOCUMENT**

| (A)<br>Person Counts (Children) | (B)<br>Total Aid | (C) | <u>CURRENT MONTH</u>                 |
|---------------------------------|------------------|-----|--------------------------------------|
|                                 |                  |     | 1. Main Payroll                      |
|                                 |                  |     | 2. Current Month Supplemental        |
| ( )                             | ( )              |     | 3. Current Month Cancellation        |
|                                 |                  |     | 4. Prior Month Supplemental Payroll  |
|                                 |                  |     | 5. Current Month Adjustment          |
|                                 |                  |     | <b>6. Subtotal</b>                   |
|                                 |                  |     | <u>PRIOR MONTH NEGATIVES</u>         |
| ( )                             | ( )              |     | 7. Prior Month Cancellation          |
| ( )                             | ( )              |     | 8. Recoveries of Aid                 |
| ( )                             | ( )              |     | 9. Prior Month Negative Adjustment   |
| ( )                             |                  |     | <b>10. Subtotal</b>                  |
|                                 |                  |     | <u>PRIOR MONTH POSITIVES</u>         |
|                                 |                  |     | 11. Prior Month Positive Adjustments |
|                                 |                  |     | <b>12. Subtotal</b>                  |

**GRAND TOTALS**

| A.<br>Persons Counts<br>(6A + 10A + 12A)       |                              | B.<br>Total Aid Payments<br>(6C + 10C + 12C) |   | C.<br>Federal Share<br>(13B x .70)          |  | D.<br>County Share<br>(13B x .30) |  |     |
|--|------------------------------|--|---|---|--|-----------------------------------|--|-----|
|  |                              |  |   |   |  |                                   |  | 13. |
| SUPPLEMENTAL<br>CLOTHING<br>ALLOWANCE<br>(SCA) | Total SCA                    | Federal Share SCA<br>(14A x .70)             |   | State Share SCA<br>(14A - 14B)              |  | X                                 |  | 14. |
|  |                              |  |   |   |  |                                   |  |     |
| THPP   | A.<br>THPP Persons<br>Counts | B.<br>Total THPP Paid                        | C.<br>Federal Share THPP<br>(15B x .70) | D.<br>State Share THPP<br>(15B - 15C x .40) | E.<br>County Share THPP<br>(15B - 15C - 15D) |                                   |  | 15. |
|  |                              |  |   |   |  |                                   |  |     |

**Certification and Signatures**

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance Foster Care in 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 Emergency Assistance Foster Care 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 Department of Social Services.

|                                      |      |   |      |
|--------------------------------------|------|---|------|
| SIGNATURE OF COUNTY WELFARE DIRECTOR | DATE | SIGNATURE OF COUNTY OR AUDITOR CONTROLLER | DATE |
|--------------------------------------|------|---|------|

# INSTRUCTIONS FOR USE OF THE FORM CA 800 EA (FEDERAL)

## GENERAL INFORMATION

Enter county name, month and year of claim in space provided. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim. All amounts on this form may be rounded to the nearest dollar.

## CURRENT MONTH

**Lines 1A through 5A:** Enter the number of children in the person counts column. **Line 1B through 5B:** Complete with 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 5B. **Line 6A:** Enter the person counts subtotal. **Line 6C:** Enter the subtotal from Lines 1B through 5B.

## PRIOR MONTH NEGATIVES

**Lines 7A through 10A:** Enter the number of children in the person counts column. **Line 7B:** Input total prior month cancellations from integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown on each contra-roll.) **Line 8B:** Enter the total of all cash recovered this month for aid paid in a prior month, including cash abatements or repayments of overpayments received during this report month. **Line 9B:** Enter the total of all prior month negative adjustments that decrease amounts claimed in a prior month. **Line 10C:** Enter the subtotal from Lines 7B through 9B.

## PRIOR MONTH POSITIVES

**Line 11A:** Enter the number of children in the person counts column. **Line 11B:** Enter the amounts for prior months positive adjustments which were in addition to amounts claimed or should have been claimed on a prior month Summary Report. Required detail support: Prior month position adjustment report. **Line 12A:** Enter the number of children in the persons count column. **Line 12C:** Enter the subtotal of the prior months positive adjustments.

## COMPUTE GRAND TOTALS FOR FEDERAL AND COUNTY SHARES

**Line 13A:** Enter the Total Person Counts (6A + 10A + 12A). **Line 13B:** Enter the Total Aid Payments (6C + 10C + 12C). **Line 13C:** Enter the Federal Share (13B x .70). **Line 13D:** Enter the County Share (13B x .30).

## COMPUTE TOTALS FOR SUPPLEMENTAL CLOTHING ALLOWANCE

**Line 14A:** Enter the supplemental clothing allowance expenditures reported on the county payroll records Statewide Automated Welfare System (SAWS), Case Data Systems (CDS) or other automated systems used by your county to track expenditures. **Line 14B:** Enter the Federal Share total (14A x .70). **Line 14C:** Enter the State Share total (14A - 14 B). Note: There is no County Share of cost.

## COMPUTE FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

**Line 15A:** Enter Persons Count. **Line 15B:** Enter the total THPP expenditures reported on the county Foster Care Payroll records or other automated payroll system. **Line 15C:** Enter the Federal Share of costs (15B x .70). **Line 15D:** Enter the State Share of costs (15B - 15C x .40). **Line 15E:** Enter the County Share of cost: (15 B - 15C - 15D).