

**NOTICE OF FORM CHANGE NO. 03-065**

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 FC (FED) (5/03) Summary Report of Assistance Expenditures - Federal Children In Foster Care

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 5/03	REPLACES 10/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" 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: <b>Department of Social Services Warehouse P.O. Box 980788 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 - FEDERAL CHILDREN IN FOSTER CARE**

For State Use →  CDSS  County Welfare  County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ( )

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
( )	( )	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
( )	( )	6. Prior Months Cancellation Contra Roll
( )	( )	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. <b>TOTAL</b>
		12. Amount not Reimbursable from Federal Funds

A		B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
				(Line 11B - Line 12A) X .50	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
<b>GRAND TOTALS</b>			(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	14.
							15.
							16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)			(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
<b>SUPPLEMENTAL CLOTHING ALLOWANCE</b>				(Line 18C) X .50	(Line 18C - Line 18D)		18.
<b>FUNERAL COSTS (11-420.2)</b>							19.
<b>THPP</b>		Total THPP Increase	Federal Share THPP (Line 21C x .50)	State Share THPP (Line 21C - 21D x .40)	County Share THPP (Line 21C - 21D - 21E)		20.
	PERS. CTS.						21.
<b>(FOR COUNTY USE ONLY)</b>	PERS. CTS.						22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children 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 adjustment 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 Aid to Families with Dependent Children 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 AUDITOR OR CONTROLLER	DATE
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## INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Enter name and telephone number of county staff persons to be contacted if there are any questions regarding the claim.
3. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll).  
**Please note:** Since the \$100 Supplemental Clothing Allowance is a separate fund source, with a different sharing ratio than other costs on the Assistance Claim form, counties must back out these expenditures from line 1b of the main payroll prior to any amount being added.
4. Enter the subtotals in Lines 5 and 9 and the totals in Line 11. Required detail support for schedule of adjustment: Prior month positive adjustment report
5. Line 12A - Enter the net amount not reimbursable from federal funds. (Example: Social worker services (FC1 column F2), interest on original acquisition mortgages and costs incurred for leaseback in accordance with the AFDC - Foster Care Group Home Rate Listing). Required detail support: CA 800 FC (FED)
6. Line 13D - Enter the Federal share: total aid paid (11B) minus Line 12A multiplied by 50 percent.
7. Line 13E - Enter the State share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 40 percent.
8. Line 13F - Enter the County share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 60 percent.
9. Line 14 - Enter Grand Totals.
10. Line 15 and 16 - Reserved for State use.
11. Line 17A - Enter the Total Federal Administration cost: FC1 column E3.
12. Line 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
13. Line 17D - Enter the federal share: (17A) multiplied by .5.
14. Line 17E - Enter the State share: (17A plus [17B] minus (17D) multiplied by 40 percent.
15. Line 17F - Enter the county share: (17A) plus [17B] minus (17D) multiplied by 60 percent.
16. Line 18C - Enter the supplemental clothing allowance expenditures from the county payroll records or other automated payroll system. **REMINDER:** Clothing allowance expenditures must be backed out of the main payroll costs before the main payroll total is listed on Line 1 column B.
17. Line 18D - Enter the Federal share: (18C) multiplied by 50 percent.
18. Line 18E - Enter the State share: (18C) minus (18D) equals (18E).
19. Line 19 - To be used for the claiming for reimbursement of funeral costs for foster care children in accordance with MPP Handbook Section 11 - 420.2 (see also MPP Handbook Section 25 -753). Required detailed support: ABCD 801 (AID payroll) - contra roll or equivalent form.
20. Line 20B - Enter the persons count (total number of Federal Children in Foster Care in the Transitional Housing Placement Program (THPP)).
21. Line 20C - Enter the total THPP cost: total rate increase paid. (Back out the rate increase from the county main payroll costs before the total is listed on Line 11B.)
22. Line 20D - Enter the Federal share of costs for THPP: Total rate increase paid x 50 percent.
23. Line 20E - Enter the State share of costs for THPP: Total rate increase paid minus 20D x 40 percent.
24. Line 20F - Enter the County share of cost for THPP: Total rate increase paid minus 20D and 20E.
25. Lines 21 and 22 - Included at county request and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the County welfare department and the county auditor's records of expenditures.