

NOTICE OF FORM CHANGE NO. 03-067

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 STEP (5/03) Summary Report of Assistance Expenditures - Supportive Transitional Emancipation Program (STEP) and the Transitional Housing - Plus Program (THP - PLUS)

ORDER UNIT MASTER ONLY	<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 7/02	<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: 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 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.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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

For State Use: CDSS County Welfare County Auditor

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

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A. PERSONS COUNT	B. AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	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. Subtotal
		12 A. THP Plus rate increase
		12 B. TOTAL

A.		B.	C.	D.		
ILP FUND EXPENDITURES		Federal ILP Funds (Line 12B x .80)	State Share ILP	County Share ILP	13.	
					14.	
GRAND TOTALS						
AMOUNT OF FEDERAL ILP DESIGNATION TO STEP AND THPP		Total Federal Funds Available	XXXXXXXXXX		Balance Available (Line 15B - Line 13B)	15.
THP PLUS	PERSONS COUNTS	Total THP Plus Rate Increase Paid	Total THP Plus State Share (Line 16B x .40)	Total THP Plus County Share (Line 16B x .60)	16.	
					17.	
(FOR COUNTY USE)	PERSONS COUNTS				18.	

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 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 STEP

1. Enter the county name, month and year of claim in the space provided.
2. Enter the name and telephone number of the county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form may be rounded to the nearest dollar.
4. 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.)
5. Enter the subtotal on Lines 5B, 9B and 11B.
6. Line 12 A - Enter the THP Plus rate increase (11B - THP Plus rates increase).
7. Line 12B - Enter the total (Line 11B - Line 12A).
8. For those counties opting to use federal ILP funds (up to 30%), go to Number 9. For those counties **not** opting to use federal ILP funds, go to Number 12.
9. Line 13B (using federal ILP funds) - Enter the total expenditures paid from ILP funds (Line 12B x 80).
10. Line 13C (using federal ILP funds) - Enter the total State share (Line 12B - Line 13B x .40).
11. Line 13D (using federal ILP funds) - Enter the total County share (Line 12B - Line 13B x .60). Then go to Line 14.
12. Line 13C (if **not** using federal ILP funds) - Enter the total State share (Line 12B x .40).
13. Line 13D (if **not** using federal ILP funds) - Enter the total County share (Line 12B x .60).
14. Line 14B, C & D - Enter the grand totals.
15. Line 15B - For those counties that used federal ILP funds for STEP or THP Plus, enter the total amount of federal ILP funds available.
16. Line 15D - Enter the balance of federal ILP funds available for STEP or THP Plus in the current month (Line 15B - Line 13B). Enter zero if funds are fully expended.
17. Line 16A - Enter the persons count for all cases receiving a THP Plus Rate increase.
18. Line 16B - Enter the total THP Plus Rate increase paid (Line 12A)
19. Line 16C - Enter the total State share (Line 16B x 40).
20. Line 16D - Enter the total County Share (Line 16B x 60).
21. Lines 17 and 18 - Requested by counties 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 Auditor's records of Welfare Department expenditures.