

**NOTICE OF FORM CHANGE NO. 03-088**

8/13/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 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 812 (7/03) - Quarterly Report of Overpayments and Collections

ORDER UNIT MO	<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 7/03	REPLACES 8/01	<input type="checkbox"/> Obsolete

## REQUIRED FORM-

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No Change Permitted     Substitute Permitted With Prior DSS Approval     Recommended Form

## UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

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 7/03

## USE FORM IN ACCORDANCE WITH

All County Letter No. 03-34  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 X 11, 1-sided

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).

For camera-ready copy copies of English form, please call Data Systems and Survey Design Bureau at (916) 657-1907, or by electronic mail at: [www.dss.cahwnet.gov/research](http://www.dss.cahwnet.gov/research).

# Quarterly Report of Overpayments and Collections - CalWORKs

SEND ONE COPY OF THIS REPORT TO:  
 California Department of Social Services  
 Data Systems and Survey Design Bureau, M.S. 9-081  
 P.O. Box 944243  
 Sacramento, CA 94244-2430  
**FAX: (916) 657-2074**

COUNTY NAME	REPORT QUARTER AND YEAR	
Items	Claims (A)	Amounts (B)
1. Overpayments carried forward from end of last quarter (Items a plus or minus b).....	1	2 \$
a. Item 9 from last quarter.....	3	4 \$
b. Adjustment to Item 1a (positive or negative number).....	5	6 \$
2. Overpayments identified during the quarter.....	7	8 \$
3. Total reduction of assistance payments (Items a plus b).....	9	10 \$
a. Overpayment claims and amounts of grant reductions.....	11	12 \$
b. Overpayments versus underpayments.....	13	14 \$
4. Total cash collections (Items a plus b).....	15	16 \$
a. Cash collections.....	17	18 \$
b. Tax intercept collections.....	19	20 \$
5. Overpayments for which collection will not be pursued.....	21	22 \$
6. Overpayments fully recovered.....	23	
7. Overpayments at the end of the quarter (CLAIMS (A) = Items 1 plus 2, minus 5, minus 6) (AMOUNTS (B) = Items 1 plus 2, minus 3, minus 4, minus 5).....	24	25 \$
8. Overpayment adjustments (Items a minus b plus or minus c).....	26	27 \$
a. Claims/dollars transferred from other counties.....	28	29 \$
b. Claims/dollars transferred to other counties (negative number)....	30	31 \$
c. Other adjustments (positive or negative number).....	32	33 \$
9. Net overpayments at the end of the quarter (Items 7 plus or minus 8).....	34	35 \$
10. Total collections during the quarter (Items 3 plus 4).....		36 \$
COMMENTS		
CONTACT PERSON (Print)	TELEPHONE	DATE COMPLETED
TITLE/CLASSIFICATION	FAX	

**QUARTERLY REPORT OF OVERPAYMENTS AND COLLECTIONS - CalWORKs  
CA 812 (7/03)****INSTRUCTIONS****CONTENT**

The quarterly CA 812 report contains statistical information on the number and dollar amount of overpayments identified, grant reductions, cash collections, overpayments that will not be pursued, and overpayments that have been fully recovered during the quarter for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. This data is comprised of both client-caused and agency-caused overpayments.

**PURPOSE**

The CA 812 report provides the California Department of Social Services (CDSS) Fraud Bureau with information to track county collections activity and to determine funding levels resulting from the **CalWORKs Fraud Recovery Incentive. California Welfare and Institutions Code, Section 11486(j) states that each county shall receive an amount equal to 12.5 percent of the actual amount of aid repaid or recovered by a county, resulting from the detection of fraud.**

This report also provides county, state and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

**DUE DATE AND CONTACT**

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports must be received on or before the 8th calendar day of the month following the end of the quarter. Fax or mail reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

Report data and the report's form and instructions are available on the CDSS, Research and Development Division (RADD) Web site at: <http://www.dss.cahwnet.gov/research>. Copies may be printed from the Web site.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

**GENERAL INSTRUCTIONS**

Enter in the boxes provided near the top of the form the county name and the report quarter and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**

## GENERAL INSTRUCTIONS CONTINUED

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

## DEFINITIONS

**Claims:** A claim is an overpayment of a CalWORKs cash grant to the recipient. Each claim is counted. For example, if there are three claims in a CalWORKs case, then the number of claims for that case is three. In Items 3a, 3b, 4a, and 4b, count one claim for each collection because a collection can be made on only one claim at a time. If a collection is made by any of the methods indicated in Items 3a, 3b, 4a, and 4b, count the collection as a claim and enter the amount in the appropriate item. When an overpayment is being collected from two cases (i.e., individuals in the case for the original claim are now in different CalWORKs cases), count the overpayment as two claims in Items 3a, 3b, 4a, and 4b.

**Amounts:** These are the dollar amounts for the corresponding claims in each item.

## ITEM INSTRUCTIONS

1. **Overpayments carried forward from end of last quarter (Items a plus or minus b):** Enter the number of claims and dollar amounts carried over from last quarter's report (Item 9 from last report), plus any needed adjustments. This is the sum of Item a plus or minus Item b. *[Cells 1 and 2]*
  - a. **Item 9 from last quarter:** Enter the number of claims and dollar amounts from Item 9, Net overpayments at the end of the quarter, from **last quarter's report**. *[Cells 3 and 4]*
  - b. **Adjustment to Item 1a (positive or negative number):** If the number of claims and dollar amounts from Item 9, Net overpayments at the end of the quarter, **from last quarter's report** equals Item 1 this quarter, enter zero (0) to indicate no adjustment was needed. If Item 9 last month does not equal Item 1 this month, enter a positive or negative adjustment. If an adjustment was necessary, indicate the **reason in the Comments section**. *[Cells 5 and 6]*
2. **Overpayments identified during the quarter:** Enter the number of claims and dollar amounts for overpayments (claims) identified during the quarter. Newly identified overpayments to claims included in Item 1 will be included in Item 2. Claims entered in Item 2 do not include cases that are transferred from another county. These should be entered in Item 8a. *[Cells 7 and 8]*
3. **Total reduction of assistance payments (Items a plus b):** Enter the sum of Item a and Item b for each column. *[Cells 9 and 10]*
  - a. **Overpayment claims and amounts of grant reductions:** Enter the number of claims and dollar amounts collected by reduction of the CalWORKs grant during the quarter. If your records show a grant reduction on a CalWORKs case for more than one month in the quarter, count this as one claim. *[Cells 11 and 12]*
  - b. **Overpayments versus underpayments:** Enter the number of claims and dollar amounts collected by balancing underpayments against the existing overpayments. The full amount of the underpayment that is applied against the overpayment balance is reported as a collection in Column B. *[Cells 13 and 14]*

**ITEM INSTRUCTIONS CONTINUED**

4. **Total cash collections (Items a plus b):** Enter the sum of Item a and Item b for each column. *[Cells 15 and 16]*
  - a. **Cash collections:** Enter the number of claims and dollar amounts for which recovery was obtained through cash collections during the quarter. Claims for which collections were made during the quarter for both Item 3a grant reductions and Item 4a cash collections should be counted in Item 3a and Item 4a, respectively. The amounts in this item do not include tax intercept collections. *[Cells 17 and 18]*
  - b. **Tax intercept collections:** Enter the number of claims and dollar amounts collected from tax intercepts during the quarter. *[Cells 19 and 20]*
5. **Overpayments for which collection will not be pursued:** Enter the number of claims and dollar amounts for closed cases determined during the quarter to be uncollectable according to state regulations (MPP 44-350.16) and county policy. Although these are "written off" and will be subtracted from the balance, the county must maintain information on these claims to facilitate collection if circumstances change. *[Cells 21 and 22]*
6. **Overpayments fully recovered:** Enter the number of claims for which overpayments have been fully recovered in Column (A). Leave Column (B) blank. *[Cell 23]*
7. **CLAIMS Column (A)**  
**Overpayments at the end of the quarter (Items 1 plus 2, minus 5, minus 6):** Compute the end of quarter claims balance for Column (A) by adding Item 1 and Item 2, minus Item 5, minus Item 6.  
**NOTE:** While dollar amounts collected are deducted from the balance, claims being collected are not deducted until fully repaid; i.e., claims in Items 3a, 3b, 4a, and 4b are not included in this claims computation. *[Cell 24]*
7. **AMOUNTS Column (B)**  
**Overpayments at the end of the quarter (Items 1 plus 2, minus 3, minus 4, minus 5):** Compute the end of quarter amount balance for Column (B) by adding Item 1 and Item 2, minus Item 3, minus Item 4, minus Item 5. *[Cell 25]*
8. **Overpayment adjustments (Items a minus b plus or minus c):** Enter the sum of Item a minus Item b plus or minus Item c. *[Cells 26 and 27]*
  - a. **Claims/dollars transferred from other counties:** Enter the number of claims and dollar amounts for cases transferred into your county from another county. These are not counted in Item 2 as new claims because they have already been established as an overpayment in another county. *[Cells 28 and 29]*
  - b. **Claims/dollars transferred to other counties (negative number):** Enter the number of claims and dollar amounts for cases transferred out of your county to another county (this will be a zero or a negative number). Do this only after overpayment information has been forwarded to the new county and that county has confirmed that collection has been initiated. Overpayment records must be maintained in case the recipient returns to your county. *[Cells 30 and 31]*
  - c. **Other adjustments (positive or negative number):** Enter any other adjustments (plus or minus) to the claims and dollar amounts columns. These adjustments must be **explained in the Comments section** or on a separate page. These include changes made to correct errors or to comply with court orders, etc. *[Cells 32 and 33]*

**ITEM INSTRUCTIONS CONTINUED**

9. Net overpayments at the end of the quarter (Items 7 plus or minus 8): Enter the net balance of overpayments for the quarter in the claims and dollar amounts columns. These figures will be used for Item 1 on the next quarter's report. Add Item 7 plus or minus Item 8. *[Cells 34 and 35]*
10. Total collections during the quarter (Items 3 plus 4): Enter the sum of Item 3 Column (B), Total reduction of assistance payments, plus Item 4 Column (B), Total cash collections, to complete Item 10 Column (B). Leave Item 10 Column (A) blank. *[Cell 36]*

**COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.