

NOTICE OF FORM CHANGE NO. 03-090

DATE

7/18/03

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 (FED) (7/03) Summary Report of Assistance Expenditures For California Work Opportunity and Responsibility to Kids (CalWORKs) - Federal-All Families/Zero Parent Families/TANF Timed-Out Families

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 7/03	REPLACES 5/03	<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.

INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Zero Parent Families, or TANF Timed-Out Families box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1 through Line 5: Enter 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 5.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total amount of payments which are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
8. Line 8: Determine and enter the federal/state share of current month payments - [(Line 6 minus Line 7) times 97.5 % Sharing Ratio].

PRIOR MONTH NEGATIVES

9. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total of all cash recovered, state and county only funds, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
14. Line 14: Determine and enter the federal/state share of the negative adjustments - [(Line 12 minus Line 13) times 97.5% Sharing Ratio].

PRIOR MONTH POSITIVES

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. Required Detailed Support: Prior Month Positive Adjustment Report.
16. Line 16: Enter the total of all prior month adjustments that are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
17. Line 17: Determine and enter the federal/state share of positive adjustments [(Line 15 minus Line 16) times 97.5% Sharing Ratio].

STATE ONLY FUNDS

18. Line 18: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times Line 18.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

20. Line 20A: Enter the total aid payments (Lines 6 + 12 + 15).
21. Line 20B: Enter the total state and county only fund payments (Lines 7 + 13 + 16).
22. Line 20B1: Enter the total state share [(Line 20B x .95) + Line 19] - (Line 19 x .95).
23. Line 20B2: Enter the total county share (Line 20B x .05) - (Line 19 x .05).
24. Line 20C: Enter the total federal/state share (Lines 8 + 14 + 17).
25. Line 20D: Enter the total county share (Lines 20A - 20B - 20C + 20B2).