

**NOTICE OF FORM CHANGE NO.**

DATE

**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

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input 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</b> <b>P.O. Box 980788</b> <b>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 \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

# PROPORTIONALITY CALCULATION WORKSHEET

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>HOURS TEST</b>												
2													
3	PROVIDER NAME:										PROJECTED RCL:		
4	PROGRAM NUMBER:										AUDITED RCL:		
5	LICENSED CAPACITY:												
6	AUDIT PERIOD:												
7	NUMBER OF MONTHS:												
8			Child Care		Social Work		Mental Health		PROGRAM		MINIMUM POINTS		
9											(For Projected RCL)		
10	PROJECTED POINTS (SR 2, LINE 16)												
11	PERCENTAGE OF TOTAL												
12	ADJUSTED MINIMUM POINTS												
13	(BY COMPONENT)												
14													
15	ACTUAL OCCUPANCY:												
16	AUDIT/WEIGHTED HOURS												
17													
18	<b>TOTAL HOURS (TEST #1)</b>		TOTAL HOURS										
19													
20	AUDITED WGTD HOURS				Three components, all months in audit period)								
21	TOTAL WGTD HRS TO BE PROVIDED				(Three components, all months in audit period)								
22	BASED ON ACTUAL OCCUPANCY												
23	DIFFERENCE:				(If figure is negative, the program failed to provide the minimum level of services as projected)								
24					(If figure is positive, proportionality between components must be performed)								
25													
26	<b>PROPORTIONALITY (TEST #2)</b>		Child Care		Social Work		Mental Health		PROGRAM				
27													
28	AUDIT/WEIGHTED HOURS:												
29	MINIMUM WGTD HRS/COMPONENT:												
30	DIFFERENCE:												
31	NOTE:	A negative figure on line 30 in ANY component indicates program fails proportionality test.											
32		A positive figure on line 30 in ALL 3 components indicates program passes proportionality test.											
33													
34	FOOTNOTES & CELL FORMULAS												
35													
36	C = CALCULATED FIELD - VALUE CALCULATED BY SPREADSHEET FORMULA												
37	LINE 3, COLUMN M:	Projected RCL from SR 2, Line 16, Column 12											
38	LINE 4, COLUMN M:	Audited RCL from SR 2G, Line 14, Column 12											
39	LINE 11, COLUMN C:	Column C divided by Line 10, Column 1											
40	LINE 11, COLUMN E:	Line 10, Column E divided by Line 10, Column 1											
41	LINE 11, COLUMN G:	Column G divided by Line 10, Column 1											
42	LINE 12, COLUMN C:	Column C times Line 10, Column K											
43	LINE 12, COLUMN E:	Column E times Line 10, Column K											
44	LINE 12, COLUMN G:	Line 11, Column G times Line 10, Column K											
45	LINE 16, COLUMNS C, E & G:	SR 2G, Line 13 (TOTALS), Columns 3, 6 & 9											
46	LINE 21, COLUMN C:	Line 10, Column K times Line 15, Column B times Line 7, Column B											
47	LINE 29, COLUMN C, E & G:	Line 15, Column B times Line 7, Column B, times (Line 12 Column C): (Line 12 Column E): (Line 12 Column G)											
48	LINES 26 THROUGH 33 AND LINE 47 INTENTIONALLY OMITTED												
49													