

NOTICE OF FORM CHANGE NO. 04-043

DATE

02/20/2004

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 800 FC1 SB163 FED (1/04) Foster Care Facility Report - SB 163

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 checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES	<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) CFL 03/04-38, CFL 03/04-39, CFL 03/04-40, CFL 03/04-40 Errata

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This is a Microsoft Excel document.

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 FORM CA 800 FC1 SB163 FED
FOSTER CARE FACILITY REPORT**

Foster Family Agencies (FFA's) and Group Homes

1. Enter County Name and Date (Month and year).
2. Columns A and G: Enter the facility name.
3. Columns B and H: Enter the Program Number from the AFDC FFA or Group Home Rate Letters.
4. Columns C and I: Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.
5. Columns D1 and J1: Enter persons count.
6. Column D2 and J2: Enter the total benefit amount paid to the facility (amounts above the State set rate must not be included).

FFA's Only

7. Column D3: Enter the Maintenance Ratio from the appropriate Foster Family Agency Rate Letter.
8. Column D4: Total Maintenance Costs (Column D2 x Column D3). This amount will calculate automatically.
9. Column D5: Enter the Nonfederal Maintenance Ratio from the appropriate rate letter.
10. Column D6: Nonfederal share (Column D4 x Column D5). This amount will calculate automatically.
11. Column E1: Enter the Administrative Cost Ratio from the appropriate FFA Rate Letter.
12. Column E2: Total Administrative Cost (Column D2 x Column E1). This amount will calculate automatically. Columns D4 plus E2 should equal Column D2 Total Aid Paid.
13. Column E3: Enter the Federal Administrative Cost Ratio from the appropriate FFA Rate Letter.
14. Column E4: Total Federal share (Column E2 x Column E3). This amount will calculate automatically.
15. Column F1: Enter the Administrative Cost Nonfederal ratio from the appropriate rate letter.
16. Column F2: Nonfederal share (Columns E2 x F1). Columns E4 plus F2 should equal the total of Column E2.

Group Homes Only

17. Column J3: Enter the Non-federal Maintenance ratio from the appropriate Group Home rate letter.
18. Column J4: Nonfederal share of maintenance costs (Columns J2 x J3). This amount will calculate automatically.

General Instructions

19. The Totals for Columns D1, D2, D4, D6, E2, E4, F2, J1, J2, J4 will calculate automatically.
20. The Total of Columns D6, E2, (FFAs) and J4 (Group Homes) should match Line 15 on the CA 800FC Fed form.
21. The total of Column E4 should match the total of Line 22 on the CA 800FC Fed form.
22. If any amount, other than zero, appears on the "check calculation" row, this indicates an error. Please correct before submitting.