

NOTICE OF FORM CHANGE NO. 04-053

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 800M1 (1/30/04) CalWORKs Assistance, Recent Non-Citizens Mixed Cases Case Count Information

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 1/30/04*	REPLACES 1/04*	<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

* The CA 800M1 (1/30/04) is a revision of the CA 800M1 (1/04), which was a new form. The 1/30/04 revision was released before a GEN 127, Notice of Form Change, could be issued for the 1/04 revision, so there is no 127 for the 1/04 revision of this form. 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.

**CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, RECENT NON-CITIZENS MIXED CASES
CASE COUNT INFORMATION**

County	Date (Month/Year)
Claim Contact Person	Telephone

Aid Code	A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T	
	All Families								Zero Parent Families				Two Parent Families				TANF Timed Out				TOTALS																			
	3E				3H				3U				3W				3E, 3H, 3U, and 3W																							
	Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count					
	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children						
1	Current Month																																							
1	Main Payroll																																							
2	Current Month Supplemental Payroll																																							
3	Current Month Cancellation Contra Roll																																							
4	Prior Month Supplemental Payroll																																							
5	Current Month Adjustment																																							
6	Subtotal (Lines 1-5)																																							
	Prior Month																																							
7	Prior month cancellation Contra Roll																																							
8	Recoveries of aid																																							
9	Prior Month Negative Adjustment																																							
10	Subtotal (Lines 7 - 9)																																							
11	Prior Month Positive Adjustment																																							
12	Grant-Based On-the Job Training (OJT) (Wage Subsidy)																																							
13	TOTAL PERSONS COUNT, Current + Prior Months (Lines 6+10+11+12)																																							
14	Total Number of Federal Assistance Units																																							

Aid Code	3E	3E	3H	3H	3U	3U	3W	3W	Total	Total
	Federal	State	Federal	State	Federal	State	Federal	State	Federal	State
15	Federal Cases									
16	State Cases									

Aid Code	Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal		State	
	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount
17	Grant-Based OJT (Wage Subsidy)																			
18	Federal																			
19	State																			
20	County																			

**INSTRUCTIONS FOR FORM CA 800M1 CASE COUNT INFORMATION
CALWORKS ASSISTANCE AND
CALWORKS DIVERSION – RECENT NON-CITIZENS MIXED CASES**

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. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:

4. Lines 1 through 5: Enter the persons count 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.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:

6. Line 7: Enter the persons count shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the persons count information related to 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.
8. Line 9: Enter the persons count information for all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

10. Line 11: Enter the persons count shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
11. Line 12: Enter persons count paid for grant based OJT (Wage Subsidies). Persons count information related to residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Totals

12. Line 13: Total persons count, current and prior months. This amount will calculate automatically.
13. Line 14: Enter the total number of federal assistance units (AUs) represented in Line 13. The numbers in this line should match the numbers on Line 17 of the CA 800M.
14. Line 15: Enter the total grant payments for federally-eligible cases
15. Line 16: Enter the total grant payments for state only cases. These amounts should match the amounts on Line 14 of the CA 800M.

Grant Based OJT (Wage Subsidy)

16. Line 17: Enter the number of AUs and payment amounts represented in Line 12. The total federal, state, and county shares will calculate automatically at the appropriate rates. The total federal and state shares should match the amounts on Line 12 of the CA 800M.