

NOTICE OF FORM CHANGE NO. 04-054

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 800M (1/30/04) Summary Report of Assistance Expenditures, CalWORKs Assistance,
Recent Non-Citizens, Mixed Cases

| | | | |
|--|---|---|--|
| 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 1/30/04 revision of the CA 800M was released before a GEN 127, Notice of Form Change, could be issued for the 1/04 revision, so there is no GEN 127 for the 1/04 revision of this form. The CA 800M (1/04) was a consolidation of the CA 800M (10/03), CA 800S STATE (10/03), and CA 807 (9/01). It will supersede those forms, which are now obsolete. It 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.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, RECENT NON-CITIZENS MIXED CASES**

| | |
|---------------|-------------------|
| County | Date (Month/Year) |
| Claim Contact | Telephone |

| Aid Code | | All Families 3E | Zero Parent 3H | 2 Parent 3U | TANF Timed Out 3W | Total |
|-------------------------------------|--|--------------------|-------------------|----------------|----------------------|-------|
| <u>Current Month</u> | | | | | | |
| 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) | - | - | - | - | - |
| <u>Prior Month</u> | | | | | | |
| 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 (CA800M1 Line 17) | - | - | - | - | - |
| 13 | TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12) | - | - | - | - | - |
| 14 | Amount Payable with State and County Funds Only (CA800M1 Line 16) | - | - | - | - | - |
| 15 | Net Total, Amounts Subject to FFP (Lines 13 - 14) | - | - | - | - | - |
| 16 | Federal/State Share (Line 15 x 97.5%) | - | - | - | - | - |
| Amount with State Funds Only | | | | | | |
| 17 | Number of Federal Assistance Units (CA 800M1 Line 14) | - | - | - | - | - |
| 18 | Multiplied by \$1.00 = Amount Payable with State Funds | - | - | - | - | - |
| Summary by Funding | | | | | | |
| 19 | State (Line 14 x 95% + Line 18)-(Line 18 x 95%) | - | - | - | - | - |
| 20 | Fed/State (Line 16) | - | - | - | - | - |
| 21 | County (Line 13-19-20) | - | - | - | - | - |
| 22 | Total | - | - | - | - | - |
| <i>County Use Only</i> | | | | | | |

| SUMMARY BY PROGRAM/REPORTING CATEGORY | | Federal/State | State | County | Total |
|---------------------------------------|---|---------------|-------|--------|-------|
| 23 | All Families and Zero Parent Families (3E and 3H) | - | - | - | - |
| 24 | Two-Parent Families (3U) | - | - | - | - |
| 25 | TANF Timed-Out Families (3W) | - | - | - | - |
| 26 | Total | - | - | - | - |
| 27 | Grant-Based OJT Information Only | - | - | - | - |

**INSTRUCTIONS FOR FORM CA 800M CALWORKS ASSISTANCE,
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 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.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:

6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: 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.
8. Line 9: Enter the total of 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 amounts 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 amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Total

12. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

State/County Funds

The amounts for Lines 13-14 will calculate automatically.

13. Line 14: Amounts payable with state and county funds only. This amount will be automatically transferred to this line from the CA 800M1, Line 16.
14. Line 15: Total amount subject to Federal Financial Participation (Line 13-Line 14).
15. Line 16: Federal share of Line 15 (Line 15 x 97.5% sharing ratio).

State Only Funds

16. Line 17: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults). This amount will be automatically transferred to this line from the CA 800M1, Line 14.
17. Line 18: Amount payable with state funds only (state share of the \$2 grant increase effective June 1, 1973 for federal AUs) – Line 17 x \$1. This amount will calculate automatically.

Summary by Funding

18. Lines 19-27: This form will calculate the state, federal/state, and county shares automatically by aid code and by program/reporting category on Lines 19 through 22 and Lines 23 through 27, respectively.