NOTICE OF FORM CH		03/03/2004								
TO: County Welfare Di Supply Clerk / For			FROM: Forms Management Unit (916) 657-1907							
☐ Community Care Licens ☐ Private and Public Adop	•		District Attorney Other							
Listed below is information re				vn.						
FORM NUMBER AND TITLE CA 800 F	FC1 FED (2/04) Foster Ca	re Facility R	Report							
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED I	PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No					
☐ New ☐ Revised	DATE OF FORM 2/04	REPLACES 1/04			Obsolete					
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With Pr	or DSS Approval	Reco	ommended Form					
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:							
	FORMS DISPOSITI	ION AND S	PECIAL INSTRUCTION	ONS						
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	stroy							
JSE NEW FORM When supply available ir	n DSS Warehouse	⊠Use	e new form effective	ately.						
USE FORM IN ACCORDANCE WITH All County Letter No.										
Other (specify)										
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE									
This is a Microsoft F	ycel document and is the	available or	the Financial Service	oc Buroou	Automated					

Assistance Claims Webpage.

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

FOSTER CARE FACILITY REPORT

*Use the appropriate Foster Care Rate Letter for Foster Family Agencies (FFAs) and Group Homes for Calculations.

County:	Date:

Foster Family Agencies	B (FFAS)	_			D M-1		4-			*F T-4-1 A d!	-1-441 0-	-4-	F 0:-134-	ul. Adustic Cooks					1 14-1-4		-4-
A	В	С			D Maintenance Costs						F Social Work Admin. Costs		G H		- 1	J wainten		nance Costs			
Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Maint. Ratio	4. Total Cost (Col D2 x Col D3)	5. NonFed. Ratio	6. Total Nonfed Share of Cost (Col D4 x Col D5)	1. Admin. Ratio*	2. Total Admin. Costs (Col. D2 x Col E1)	3. Fed. Admin Ratio	4. Total Federal Share of Costs (Col E2 x Col E3)	1. Nonfed Admin Ratio	2. Nonfed Share (Col E2 x Col F1)	Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Nofed Ratio	4. Total Nonfed Share of Cost (Col J2 x Col J3)
Totals FFAs				-		-		-		-		-		-	Total Group Homes				-		-
Calculation Checked																					
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INSTRUCTIONS FOR FORM CA 800 FC1 FED FOSTER CARE FACILITY REPORT

Foster Family Agencies (FFA's) and Group Homes

- Enter County Name and Date (Month and year).
- Columns A (FFA's) and G (Group Homes): Enter the facility name.
- Columns B (FFA's) and H (Group Homes): Enter the Program Number from the AFDC FFA or Group Home Rate Letters.
- Columns C (FFA's) and I (Group Homes): Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.
- 5. Columns D1 (FFA's) and J1 (Group Homes): Enter persons count.
- 6. Column D2 (FFA's) and J2 (Group Homes): 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.
- 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 14 on the CA 800FC Fed form.
- 21. The total of Column E4 should match the total of Line 21 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.
- 23. Comments have been inserted in the "Calculation Checked" cells. Point the cursor to the cells and a formula will be displayed to help check for error.