

NOTICE OF FORM CHANGE NO. 04-094

DATE

03/09/2004

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 FC IV-E WDP (10/03) Title IV-E Waiver Demonstration Project Addendum

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 type="checkbox"/> Revised	DATE OF FORM 10/03*	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)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This 10/03 revision of this form has been re-created in Microsoft Excel software and posted on the Financial Services Bureau Automated Assistance Claims Webpage. There were no text/content changes to the form. Do not use the original hardcopy version of this form any longer and destroy any remaining copies you may have.

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.

TITLE IV-E WAIVER DEMONSTRATION PROJECT ADDENDUM

COUNTY NAME	CLAIMING MONTH
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FEDERAL		NONFEDERAL	
A. EXPERIMENTAL CASES PERSONS COUNT	B. MONTHLY EXPERIMENTAL CASES EXPENDITURES	C. CONTROL CASES PERSONS COUNT	D. MONTHLY CONTROL CASES EXPENDITURES

INSTRUCTIONS

The caseload and expenditure data identified above for the IV-E Waiver Demonstration Project should come from the data entered on the CA 800 FC FED. The caseload expenditure data on this addendum will not be used for reimbursement or advance purposes. It will be used to collect data for the cost neutrality calculation which is required to meet the Terms and Conditions of the project.

1. Column A, Enter experimental cases persons count for the current month.
2. Column B, Enter total experimental expenditures for the current month.
3. Column C, Enter control case persons count for the current month.
4. Column D, Enter total control cases expenditures for the current month.