

**NOTICE OF FORM CHANGE NO. 04-118**

DATE

4/9/2004

**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 800A FED (3/04) Summary Report of Assistance Expenditures, Adoption Assistance, Emergency Assistance-General Assistance, Emergency Assistance-Foster Care, Refugee Cash Assist., Federal

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 3/04	REPLACES 1/04	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

 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 is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
 ADOPTION ASSISTANCE, EMERGENCY  
 ASSISTANCE-GENERAL ASSISTANCE (EA-GA)  
 EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC)  
 REFUGEE CASH ASSISTANCE (RCA),  
 FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		Adoptions	EA-GA	EA-FC	RCA	Totals
		03	9K	5K	01	
1	Main Payroll					-
2	Current Month Supplemental Payroll					-
3	Current Month Cancellation Contra Roll					-
4	Prior Month Supplemental Payroll					-
5	Current Month Adjustment					-
6	<b>Subtotal (Lines 1 - 5)</b>	-	-	-	-	-
7	Prior month cancellation Contra Roll					-
8	Recoveries of Aid					-
9	Prior Month Negative Adjustment					-
10	<b>Subtotal (Line 7 - 9)</b>	-	-	-	-	-
11	Prior Month Positive Adjustment					-
12	<b>TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)</b>	-	-	-	-	-
13	Amount Not Reimbursable with Federal Funds					-
14	Net Amount Payable (Lines 12 - 13)	-	-	-	-	-
<i>Sharing Ratios (Federal/State/County)</i>		<i>FMAP Rate (50/37.5/12.5)</i>	<i>(50/0/50)</i>	<i>(70/0/30)</i>	Federal: 100% of Line 14 State: 100% of Line 13	
15	Federal	-	-	-	-	-
16	State Share	-			-	-
17	County Share	-	-	-		-
18	<b>THPP Rate Increase</b>					-
<i>Sharing Ratios (Federal/State/County)</i>				<i>(70/12/18)</i>		
19	Federal Share			-		-
20	State Share			-		-
21	County Share			-		-
22	<b>Supplemental Clothing Allowance</b>					-
23	Federal Share (100%)		-	-		-
24	<b>Total All Payments</b>	-	-	-	-	-
25	<b>Persons Count</b>					
<i>County Use Only</i>						-
<b>SUMMARY BY PROGRAM</b>		<b>Federal</b>	<b>State</b>	<b>County</b>	<b>Total</b>	
26	<b>Adoptions-Federal</b>	-	-	-	-	-
27	<b>EA-GA</b>	-		-	-	-
28	<b>EA-FC</b>	-		-	-	-
29	<b>RCA/Hardship (State Share is Hardship cases)</b>	-	-		-	-
30	<b>THPP</b>	-	-	-	-	-
31	<b>Total Federal Programs</b>	-	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800A FED SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-GENERAL ASSISTANCE,  
EMERGENCY ASSISTANCE-FOSTER CARE, AND REFUGEE CASH ASSISTANCE**

**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.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

For each column:

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

**Prior Month Positives**

8. 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.

**Total**

9. Line 12: Total Aid Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.
10. Line 13: Enter amounts not reimbursable from federal funds. For Adoption Assistance Payments, these are costs in excess of the foster family home rate.
11. Line 14: Net Amount payable with federal funds: Line 12 - Line 13. This amount will calculate automatically.

**Summary by Funding**

12. Lines 15 through 17 summarizes total aid payments by funding sources. The federal, state, and county shares will calculate automatically at the appropriate rates by aid code and by program/reporting category.

**Transition Housing Placement Program (THPP)**

13. Line 18: Enter the THPP rate increase amount for the EA-FC program only.
14. Lines 19 through 21: The federal (70%), state (12%) and county shares (18%) will calculate automatically at the appropriate rates.

**Supplemental Clothing Allowance (SCA)**

15. Line 22: For the EA-GA and EA-FC programs, enter the SCA expenditures reported on the county payroll records, Statewide Automated Welfare System, Case Data System, or other automated systems used by the county.
16. Line 23: The federal share (100%) of the SCA will calculate automatically.

**Totals**

17. Line 24: Total all Payments (Lines 12+18+22). This amount will calculate automatically.

**Persons Count**

18. Line 25: Enter the persons count for the Adoption Assistance, EA-GA, and EA-FC programs.

**Summary of Aid Payments, THPP, and SCA by Program**

19. Lines 26 through 31: The federal, state, and county shares will calculate automatically by aid code and by program.