

NOTICE OF FORM CHANGE NO. 04-213

DATE

07/27/2004

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 SOC 448 (7/04) In-Home Supportive Services Program Public Authority Invoice, Administrative Costs

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 7/04	REPLACES 10/02	<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 7/1/04.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify) All County Information Notice I-52-04

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a large Excel form that is emailed to County fiscal offices by the Adult Programs Branch Fiscal Administration Unit. Due to the size of the Excel form, only the cover document for the first quarter is included with this Notice of Form Change.

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.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS19-96
Sacramento , CA 95814

County:
Address:
Contact:
Phone:
E-mail:

Fiscal Year: 2004/2005

Public Authority Service Delivery Totals by Funding Source for the Quarter:

Q1

FUNDING SOURCE	Hours	Admin. Costs		Benefit Costs		Total Costs
		Fed. & State Eligible	Fed. Eligible Only	Fed. & State Eligible	Fed. Eligible Only	
PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	0.0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

COST REIMBURSEMENT BY FUNDING SOURCE:

Funding Source	Federal	State	County	Total Costs
PCSP	\$0.00	\$0.00	\$0.00	\$0.00
Non-PCSP		\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

<p>I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.</p>	<p>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.</p>		
SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE

Approved by: _____
(State IHSS Program Manager)

Date _____