NOTICE OF FORM CHA	11/22/2004				
T0: County Welfare Dir Supply Clerk / Forr			FROM: Forms Management Unit (916) 657-1907		
☐ Community Care Licens ☐ Private and Public Adop	~	☐ District Attorney ☐ Other			
Listed below is information re This notice updates your Dep		nly applicable information is sho	own.		
	NONFED (11/04) Summa	ry Report Of Assistance Expendition Assistance Program, Nonfe			
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT		
MASTER ONLY  New Revised	☐ Free ☐ Sold  DATE OF FORM  11/04	REPLACES 1/30/04	☐ Yes ☐ No ☐ Obsolete		
REQUIRED FORM-  No Change Permitted	REQUIRED FORM- Substitute Permitt	ed With Prior DSS Approval	Recommended Form		
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	Other:			
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTI	IONS		
DISPOSITION OF OLD SUPPLY  Use until exhausted		□ Destroy			
use new form  When supply available in	n DSS Warehouse	Use new form effective	immediately.		
USE FORM IN ACCORDANCE WITH  All County Letter No.					
Other (specify)					

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.

## SUMMARY REPORT OF ASSISTANCE EXPENDITURES ADOPTION ASSISTANCE PROGRAM, NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

	Person Count	Amount
Aid Code		04
1 Main Payroll		
2 Current Month Supplemental Payroll		
3 Current Month Cancellation Contra Roll		
4 Prior Months Supplemental Payroll		
5 Current Month Adjustment		
6 Subtotal (Lines 1 - 5)	-	-
7 Prior Months Cancellation Contra Roll		
8 Recoveries of Aid		
9 Prior Month Negative Adjustment		
10 Subtotals (Lines 7 - 9)	-	-
11 Prior Month Positive Adjustment		
12 TOTAL AID PAYMENTS, CURRENT + PRIOR MONTH (Lines 6+10+11)	-	

County Ose Only	County	Use	Only
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	Summary by Funding	State Share 75%	County Share 25%	Total
13	Adoption Assistance Program	-	-	-

CA 800A NONFED (11/04)

# INSTRUCTIONS FOR FORM CA 800A NONFED SUMMARY REPORT OF ASSISTANCE EXPENDITURES ADOPTION ASSISTANCE PROGRAM, NONFEDERAL

### **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**

- 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.

#### **Summary by Funding**

10. Line 13: Summary by Funding: The state share (100%) will display automatically by aid code.