

**NOTICE OF FORM CHANGE NO. 05-019**

DATE

01/25/2005

**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 800L NONFED (1/05) Summary Report of Assistance Expenditures, CalWORKs Assistance, Recent Non-Citizens, Nonfederal

ORDER UNIT <b>MASTER ONLY</b>	<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 1/05	REPLACES 2/04	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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 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  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
ASSISTANCE, RECENT NON-CITIZENS,  
NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		All Families 3L	Zero Parent 3G	2-Parent 3M	Total
<u>Current Month</u>					
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>	-	-	-	-
<u>Prior Month</u>					
7	Prior Month Cancellation Contra Roll				-
8	Recoveries of aid				-
9	Prior Month Negative Adjustment				-
10	<b>Subtotal (Lines 7 - 9)</b>	-	-	-	-
11	Prior Month Positive Adjustment				-
12	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)				-
13	<b>TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)</b>	-	-	-	-

Amount Payable with State Funds Only					
14	Total Number of Assistance Units				-
15	Multiplied by \$2.00	-	-	-	-

<i>County Use Only</i>					-
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Summary by Funding (State/County)					
16	State (95%)	-	-	-	-
17	County (5%)	-	-	-	-
18	<b>Total</b>	-	-	-	-

SUMMARY BY PROGRAM/REPORTING CATEGORY					
		State	County	Total	
19	All Families and Zero Parent Families (3L and 3G)	-	-	-	
20	Two-Parent Families (3M)	-	-	-	
21	<b>Total</b>	-	-	-	
22	<i>Grant-Based OJT (Wage Subsidy (Information Only)</i>	-	-	-	

**INSTRUCTIONS FOR FORM CA 800L NONFED  
SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
CALWORKS ASSISTANCE, RECENT NON-CITIZENS, 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**

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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month**

For each column:

6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

**Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)**

10. 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.
11. Line 12: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

**Total**

12. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

**State Only Funds**

13. Line 14: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).
14. Line 15: Amount payable with state funds only (state share of the \$2 grant increase effective June 1, 1973 for federal AUs) – Line 14 x \$2. This amount will calculate automatically.

**Summary by Funding**

15. Lines 16-23: The state and county shares will calculate automatically by aid code and by program/reporting category on Lines 16 through 18 and Lines 19 through 23, respectively.