NOTICE OF FORM CHANGE NO. 05-148

TO: County Welfare Director
    Supply Clerk / Forms Coordinator

FROM: Forms Management Unit
       (916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.
This notice updates your Department of Social Services County Forms Catalog.

<table>
<thead>
<tr>
<th>FORM NUMBER AND TITLE</th>
<th>ORDER UNIT</th>
<th>Initial Supply Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA 800 FC1B (11/05) Foster Care out-of-State Facility Report</td>
<td>Free</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUIRED FORM</th>
<th>REQUIRED FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change Permitted</td>
<td>Substitute Permitted With Prior DSS Approval</td>
</tr>
</tbody>
</table>

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

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 11/05

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☒ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
Attached is a Reproducible Copy

This is a Microsoft Excel document.

Check on the internet to see if forms are available at www.dss.cahwnet.gov
<table>
<thead>
<tr>
<th>A. FACILITY TYPE</th>
<th>B. LOCATION</th>
<th>C. PROGRAM NUMBER</th>
<th>D. PAYMENT TYPE</th>
<th>E. PERSONS COUNT</th>
<th>F. AID PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The CA 800FC1B is to be submitted on a monthly basis as back-up to the CA 800FC FED and CA 800FC NONFED when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the CA 800FC1B does not need to be completed.

1. Enter County Name and Date (Month and year).

2. Column A: Enter the facility name.

3. Column B: Enter the state in which the facility is located.

4. Column C: This column has been blocked. There are no program numbers for Foster Care out-of-state facilities.

5. Column D: Enter the payment type listed below:
   - R-Revised
   - C-Current
   - P-Prior
   - O-Original

6. Column E: Enter the number of children placed in the facility.

7. Column F: Enter the total amount of aid paid to the facility.

8. The totals for Columns E and F will calculate automatically.