

**NOTICE OF FORM CHANGE NO. 06-044**

DATE

04/20/2006

**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 237 FC (3/06) - Aid To Families With Dependent Children (AFDC) Foster Care (FC) Caseload Movement And Expenditure Report

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 3/06	REPLACES 7/00	<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 3/06

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy - print 8 1/2 x 11.

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) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# Aid to Families with Dependent Children (AFDC) Foster Care (FC) Caseload Movement and Expenditures Report

Send one copy to:  
California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

1 County Name	2 County Code	3 Report Month and Year
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**Part A. Applications for Aid and Requests for Restoration**

1. Pending from last month (Item 5 last month).....			4
a. Inventory adjustment (explain in PART E).....			5
2. Received during the month (sum of Items a,b and c, below).....			6
a. Applications.....			7
b. Requests for restoration.....			8
c. Application for children returning to AFDC-FC from the Kin-GAP Program.....			9
3. Total during the month (sum of Items 1, 1a, and 2).....			10
4. Disposed of during the month (sum of Items a, b and c, below).....			11
a. Approved (sum of Items 7a, 7b and 7d).....			12
b. Denied.....			13
c. Other dispositions (cancellations and withdrawals).....			14
5. Applications pending at end of month (Item 3 minus Item 4).....			15

**Part B. AFDC-FC Caseload**

6. Children brought forward from last month (Item 10 last month).....			16
a. Inventory adjustment (explain in PART E).....			17
7. Children added during month (sum of Items a through e).....			18
a. Applications approved.....			19
b. Restorations.....			20
c. Transfers from other counties.....			21
d. Kin-GAP Program participant returning to AFDC-FC.....			22
e. Other approvals.....			23
8. Total (sum of Items 6, 6a and 7 - must equal Item 8a. plus Item 8b.).....			24
a. Received AFDC-FC (must equal sum of children in Items 12, 13 and 14, cols. 1 and 2).....			25
(1) Families (complete for the months of March and September only) <sup>a/</sup> .....			26
b. Did not receive AFDC-FC.....			27
9. Discontinued during month (sum of Items a through c).....			28
a. Transfers to other counties.....			29
b. Moved to the Kin-GAP Program.....			30
c. All other AFDC-FC discontinuances.....			31
10. Children carried forward to next month (Item 8 minus Item 9).....			32

**Part C. Net Expenditures** (round to nearest \$)

11. Total net expenditures for FC (sum of Items a + b + c - d).....			33
a. Foster Family Homes.....	34	\$	
b. Foster Family Agencies.....	35	\$	
c. Group Homes.....	36	\$	
d. Child Support collections (sum of Item (1) and Item (2)).....	37	\$	
(1) Federal.....	38	\$	
(2) Nonfederal.....	39	\$	

**Part D. Special Information**

	Nonfederal AFDC-FC Children		AFDC-FC with Federal Participation	
	Children (1)	Children (2)	Families <sup>b/</sup> (3)	Amount <sup>c/</sup> (4)
12. AFDC-FC Children - Foster Family Home placements.....	40	41	42	43 \$
13. AFDC-FC Children - Foster Family Agency placements.....	44	45	46	47 \$
14. AFDC-FC Children - Group Home placements.....	48	49	50	51 \$
15. Number of overdue reinvestigations at end of month.....				52

53 Part E. Comments:

54 (Print) Name and Title of person to contact regarding this report	55 Telephone and Fax Number	56 Date prepared
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a/ Number of families represented by the children reported in Item 8a.  
b/ Number of families represented by the children reported in Items 12, 13, and 14, Column 2. See Instructions Part D. Note for footnoting duplicate families.  
c/ Excludes expenditures for nonfederal AFDC-FC children.

# AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) FOSTER CARE (FC) CASELOAD MOVEMENT AND EXPENDITURES REPORT CA 237 FC (3/06) INSTRUCTIONS

## CONTENT

The AFDC Foster Care Caseload Movement and Expenditures Report provides data on end of the report month net movement of cases, the number of individuals who received AFDC-FC and the net amount of all cash grant assistance paid during the report month. County welfare departments (CWDs) shall report the status of a case at the end of the report month.

## PURPOSE

The purpose of this report is to provide an unduplicated case count for: (1) meeting federal reporting requirements; (2) use by county, state and federal administrators for budgeting, staffing, program planning and other administrative responsibilities; and (3) providing other interested persons and agencies with information on the AFDC Foster Care Program.

## DUE DATE

The CWD is responsible for ensuring that the report is complete and accurate before it is sent to CDSS on or before the twentieth calendar day of the month following the report month. In counties where a portion of the data on this report is supplied by another agency, the CWD is responsible for reviewing and verifying the data prior to transmission. Send reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

## DEFINITIONS

**Approvals:** An application or request for restoration of an AFDC-FC cash grant is considered approved when the CWD signs the appropriate documents and authorizes aid.

**CalWORKs Cash Aid Program:** CalWORKs is the California Work Opportunity and Responsibility to Kids program. CalWORKs replaced the old Aid to Families with Dependent Children (AFDC) FG/U program, when the Federal Department of Health and Human Services (DHHS) instituted Temporary Assistance to Needy Families (TANF) block grants.

**Cancellations:** An application or request for restoration of an AFDC-FC cash grant is considered “cancelled” if the applicant or child(ren) for which the application is made dies **before** the determination is completed.

**Denials:** An application or request for restoration of an AFDC-FC cash grant, which is rejected. Denial may occur for reasons specified in regulations.

**Dispositions:** An action taken on an application or a request for restoration of an AFDC-FC cash grant (e.g., an approval, denial, cancellation or withdrawal).

**Foster Family Homes (FFH):** Defined in Welfare and Institutions Code (WIC) Section 11400 as “the family residency of a licensee in which 24-hour care and supervision are provided for children.”

**Foster Family Agency (FFA):** Defined in WIC Section 11400 as “any individual or organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other

places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private foster family agencies shall be organized and operated on a nonprofit basis.” The FFA “certifies” homes for its use, and most children placed with FFAs are living in certified family homes. A Certified Family Home is defined in WIC Section 11400 as a “family residence certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used only by that foster family agency for placements.” The FFA may also use licensed FFHs, in which case the FFH may only be used for placement of foster children by that FFA. All FFA placements are to be reported as “placements made through an FFA” on the CA 237 FC report.

**Group Homes:** Defined in WIC Section 11400 as “a nondetention privately operated residential home, organized and operated on a nonprofit basis only, of any capacity, that provides services in a group setting to children in need of care and supervision, as required by paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code.”

**Intercounty Transfer:** The shift of responsibility for determination of eligibility and for the provision of AFDC-FC from one county to another.

**Kin-GAP Program:** The Kinship-Guardianship Assistance Payment Program as established by Senate Bill 1901, Chapter 1055, Statutes of 1998 and revised by Assembly Bill 1111, Chapter 147, Statutes of 1999. Kin-GAP was established to serve dependent children whose dependencies are dismissed when their relative caregivers assume legal guardianship of them. The effective date of Kin-GAP is January 1, 2000.

**Other Approvals:** Cases approved for reasons other than new applications, restorations, transfers from other counties, or return from the Kin-GAP Program. Include the following: inter program status change from the CalWORKs Cash Aid Program, approval of aid on appeal cases and approval of aid to cases erroneously denied or discontinued.

**Other Dispositions:** An action taken on an application or a request for restoration of AFDC-FC, which results in a cancellation or withdrawal. This also includes applications denied because the applicant moved or could not be located. (See definitions for Cancellations and Withdrawals).

**Restorations:** The term restoration applies to an applicant who was a recipient of the same category of aid in the same county and his/her grant has been discontinued for 12 months or less at the time of the current application.

**Transfer Period:** The end of the month following the 30<sup>th</sup> day after notification to the second county.

**Withdrawals:** An application or request for restoration that is withdrawn only upon the voluntary initiative of the applicant or person applying on his/her behalf.

## FORM (CA 237 FC) INSTRUCTIONS

Complete the entire report form. If there is nothing to report for a specific item, enter a “0”. **Do not enter negative (-) numbers for any line item except Items 1a and 6a (when applicable).**

Cell 1 **County Name** – Enter the county name

Cell 2 **County Code** – Enter the county number

Cell 3 **Report Month and Year** – Enter the report month and year (four-digit year)

**PART A. Applications for Aid and Requests for Restoration**

This part of the report summarizes intake activity during the report month with respect to applications for and requests for restoration.

- 1 (cell 4) **Pending from last month (Item 5 last month)** – Enter the number of applications pending from the previous month. (Must be the same as Item 5 (cell 15) from the previous month.)
- 1a (cell 5) **Inventory adjustment (explain in PART E)** – Enter any changes, plus (+) or minus (-), in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported. Whenever an inventory adjustment is reported, the CWD must include a footnote in Part E, Comments (cell 53) of the report, explaining why an adjustment was made. If there is no change enter "0".
- 2 (cell 6) **Received during the month (sum of Items a, b and c, below)** – Enter the sum of Items 2a, 2b and 2c.
- 2a (cell 7) **Applications** – Enter the total number of applications received. For reporting purposes, a request for aid is considered an application when it has been received and recorded by the CWD on the Application for Public Assistance (CA 1/SAWS 1). Exclude applications received from recipients whose aid is being transferred from another county or recipient is being returned from the Kin-GAP Program.
- 2b (cell 8) **Requests for restoration** – Enter the total number of requests for restoration. An application for aid is considered a request for restoration when the applicant has been a recipient of the same category of aid in the same county within the last 12 months. Exclude applications received for applicants who are being returned from the Kin-GAP Program.
- 2c (cell 9) **Applications for children returning to AFDC-FC from the Kin-GAP Program** – Enter the total number of applications for AFDC-FC for children who were discontinued from the Kin-GAP Program.
- 3 (cell 10) **Total during the month (sum of Items 1, 1a and 2)** – Enter the sum of Items 1, 1a and 2 (cells 4, 5 and 6).
- 4 (cell 11) **Disposed of during the month (sum of Items a, b and c, below)** – Enter the sum of Items 4a, 4b and 4c (cells 12, 13 and 14).
- 4a (cell 12) **Approved (sum of Items 7a, 7b and 7d)** – Enter the sum of Items 7a (Applications approved), 7b (Restorations) and 7d (Kin-GAP Program participant returning to AFDC-FC) (cells 19, 20 and 22).
- 4b (cell 13) **Denied** – Enter the number of applications, restoration requests, and returning Kin-GAP Program recipient requests denied.
- 4c (cell 14) **Other dispositions (cancellations and withdrawals)** – Enter the number of applications and restoration requests cancelled or withdrawn. This item also includes applications denied because the applicant moved or could not be located.
- 5 (cell 15) **Applications pending at end of month (Item 3 minus Item 4)** – Enter the number of applications, requests for restoration, and returning Kin-GAP Program applications pending at the end of the month. Entry must equal Item 3 "Total during the month" (cell 10) minus Item 4 "Disposed of during the month" (cell 11).

**Part B. AFDC-FC Caseload**

- 6 (cell 16) **Children brought forward from last month (Item 10 last month)** – Enter the number of children brought forward from the previous month. Entry must equal Item 10 "Children carried forward to next month" (cell 32) from the previous month.
- 6a (cell 17) **Inventory adjustment (explain in PART E)** – Enter any changes, plus (+) or minus (-), in caseload resulting from actions authorized (including those authorized by mistake or in error) in prior months and not previously reported. Whenever an inventory adjustment is reported, the CWD must include a footnote in Part E, Comments (cell 53) of the report, explaining why an adjustment was made. If there is no change enter "0".
- 7 (cell 18) **Children added during the month (sum of Items a through e)** – Enter the sum of Items a through e (cells 19-23).
- 7a (cell 19) **Applications approved** – Enter the number of applications approved to receive an AFDC-FC cash grant.
- 7b (cell 20) **Restorations** – Enter the number of restoration requests approved. Restoration applies to an applicant who was a recipient of AFDC-FC in the same county and his/her cash grant has been discontinued for 12 months or less at the time of the current application.
- 7c (cell 21) **Transfers from other counties** – Enter the number of cases for which the reporting county accepted responsibility for payment of aid during the report month.
- 7d (cell 22) **Kin-GAP Program participant returning to AFDC-FC** – Enter the number of applications approved for children moving from the Kin-GAP Program back to AFDC-FC.
- 7e (cell 23) **Other approvals** – Enter the number of cases approved for reasons other than Items 7a through 7d (cells 19-22). Include inter program status changes from CalWORKs Cash Aid Program.
- 8 (cell 24) **Total (sum of Items 6, 6a and 7 – must equal Item 8a plus Item 8b)** – Enter the sum of Items 6, 6a and 7 (cells 16, 17 and 18). This is the total number of cases active during the report month; that is, those cases where an official authorization for aid was in effect at some time during the month. This total must equal the sum of Items 8a and 8b (cells 25 and 27).
- 8a (cell 25) **Received AFDC-FC (must equal sum of children in Items 12, 13 and 14, columns 1 and 2)** – Enter the number of children reported in Item 8 (cell 24) that received AFDC-FC during the report month. When the child's basis of eligibility changes in either direction between CalWORKs Cash Aid Program and FC during the month, the persons count will be shown in both programs as specified in the CDSS Fiscal Manual Section 25-502.422.
- ~~8a(1) (cell 26) **Families (complete for the months of March and September ONLY)** – Report, only for the months of March and September, the number of families represented by the children reported in Item 8a (cell 25).~~

- 8b (cell 27) **Did not receive AFDC-FC** – Enter the number of children reported in Item 8. (cell 24) that did not receive AFDC-FC during the month. Do **NOT** include cases that have been transferred via Interprogram Status Change. **Do** include the following: Cases approved for aid during the report month which will receive an initial warrant dated the following month; cases with an authorization to receive aid discontinued during the report month, and the warrant was either cancelled or not written; cases in which the authorization for the report month was a zero grant to adjust for an overpayment; and cases which were fully abated by child support payments.
- 9 (cell 28) **Discontinued during month (sum of Items a through c)** – Enter the sum of Items 9a through 9c (cells 29, 30, and 31). This is the number of AFDC-FC cases that are discontinued as of the end of the month either due to ineligibility to continue to receive benefits or due to a change in program status.
- 9a (cell 29) **Transfers to other counties** – Enter the number of children discontinued by transfer to another county.
- 9b (cell 30) **Moved to the Kin-GAP Program** – Enter the number of children moved out of AFDC-FC to the Kin-GAP Program.
- 9c (cell 31) **All other AFDC-FC discontinuances** – Enter the number of all other FC discontinuances not already reported in 9a or 9b (cells 29 or 30). Include inter program status changes to CalWORKs Cash Aid Program.
- 10 (cell 32) **Children carried forward to next month (Item 8 minus Item 9)** – Enter the difference of Item 8 less Item 9 (cell 24 minus cell 28). This number is carried forward to Item 6 (Children brought forward from last month (cell 16) for the next report month.

### PART C. Net Expenditures

- 11 (cell 33) **Total net expenditures for FC (sum of Items a+b+c-d)** – Enter the sum of Items 11a through 11c minus Item 11d (cells 34, 35, 36 and 37). This item provides for a summary of the net amount of FC issued to, or on behalf of, recipients during the report month, after accounting for cancellations, repayments of aid and all adjustments for the current and all prior months.
- 11a (cell 34) **Foster Family Homes** – Enter in cell 34 the net issuances for Foster Family Home placements. **Do not** deduct child support collections from the amounts reported in this item. Note: See “Foster Family Homes” in DEFINITIONS.
- 11b (cell 35) **Foster Family Agencies** – Enter in cell 35 the net issuances for Foster Family Agency placements. **Do not** deduct child support collections from the amounts reported in this item. Note: See “Foster Family Agency” in DEFINITIONS.
- 11c (cell 36) **Group Homes** – Enter in cell 36 the net issuances for Group Home placements. **Do not** deduct child support collections from the amounts reported in this item. Note: See “Group Homes” in DEFINITIONS.
- 11d (cell 37) **Child Support collections** – Enter in cell 37 the sum of Items 11d(1) and 11d(2) (cells 38 and 39). This item is the total FC child support collections for both federal and nonfederal children.
- 11d(1) (cell 38) **Federal** – Enter in cell 38 the total child support collections for federal FC children.
- 11d(2) (cell 39) **Nonfederal** – Enter in cell 39 the total child support collections for nonfederal FC children.

**Part D. Special Information**

**Note: To avoid duplicate counts of children in Items 12, 13 and 14 please observe the following rules:**

- (a) Children in federal AFDC-FC and nonfederal AFDC-FC are reported on the CA 237 FC in the same category as claimed on fiscal reporting documents.
- (b) ~~Families (Items 12, 13 and 14, column 3) with one or more children in more than one type of placement (federal children only) are reported in each applicable item. E.g., a family with a child or children in Foster Family Home placements (with federal participation) and a child or children in Group Home placements (with federal participation) is reported in Item 12 (cell 42) and in Item 14 (cell 50). Footnote column 3 in Part E., Comments as, e.g., \*12 families are reported in both Items 12 and 14, column 3.~~

- 12                    **AFDC-FC Children – Foster Family Home placements**
- cell 40            Enter the number of children in Foster Family Home placements without federal participation.
- cell 41            Enter the number of children in Foster Family Home placements with federal participation.
- ~~cell 42            Enter the number of families represented by the children in Foster Family Home placements with federal participation reported in cell 41.~~
- cell 43            Enter the net amount of aid issued to or on behalf of children in Foster Family Home placements with federal participation.
- 13                    **AFDC-FC Children – Foster Family Agency placements**
- cell 44            Enter the number of children in Foster Family Agency placements without federal participation.
- cell 45            Enter the number of children in Foster Family Agency placements with federal participation.
- ~~cell 46            Enter the number of families represented by the children in Foster Family Agency placements with federal participation reported in cell 45.~~
- cell 47            Enter the net amount of aid issued to or on behalf of children in Foster Family Agency placements with federal participation.
- 14                    **AFDC-FC Children – Group Home placements**
- cell 48            Enter the number of children in Group Home placements without federal participation.
- cell 49            Enter the number of children in Group Home placements with federal participation.
- ~~cell 50            Enter the number of families represented by the children in Group Home placements with federal participation reported in cell 49.~~
- cell 51            Enter the net amount of aid issued to or on behalf of children in Group Home placements with federal participation.
- 15                    cell 52            **Number of overdue reinvestigations at end of month** – Enter the number of AFDC-FC cases in which a reinvestigation is overdue as of the end of the report month. Reinvestigation is a re-examination of all circumstances of the recipient that are subject to change. A reinvestigation is to be completed at least once every 12 months; if it is not completed within the 12-month period, it is overdue.



**PART E. Comments**

- Cell 53                    **Comments** – Enter explanation for inventory adjustments reported in Item 1a (cell 5) and/or Item 6a (cell 17). Also enter explanation for duplicate Family counts in cells 42, 46 and 50, as outlined in the “**Note**” (c) under **PART D. Special Information**, for Items 12, 13 and 14 above.
- Cell 54                    **Name and Title of person to contact regarding this report** – Print the name and title of the person to contact should there be any questions about the data on the report.
- Cell 55                    **Telephone and Fax** – Enter the Telephone and Fax number of the contact person listed in cell 54.
- Cell 56                    **Date prepared** – Enter the date this report was prepared by the CWD.