# INSTRUCTIONS FOR FORM CA 800 FC EFC FEDSUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND FEDERAL

## General Information

1. Enter county name, month and year of the claim in the 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

1. 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.
2. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

## Prior Month Negatives

1. 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.
2. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

## Prior Month Positive Adjustment

1. 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.

## Office Audit Corrections

1. Line 12: Enter the adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Refer to [All County Information Notice I-67-03](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-67_03.pdf), dated October 16, 2003, and [County Fiscal Letter No. 03/04-20](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/cfl03/pdf/03-04_20.pdf), dated October 14, 2003, for detailed information.

## Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

1. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically.
2. Line 14: Amount not reimbursable at Federal Medical Assistance Payments Rate from FC1 column D6+E2 (FFAs) + J4 (Group Homes). This amount will populate automatically from the FC 1 form.
3. Line 15: Total – The net amount of Line 13 minus Line 14. This amount will calculate automatically.

## Funeral Costs

1. Line 16: Enter funeral costs for EFC youth in accordance with the [Manual of Policies and Procedures (MPP) Section 11-420.2](http://www.dss.cahwnet.gov/getinfo/pdf/fcmand.pdf) (see also [MPP Section 25-753](http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/Chapter25-600.pdf)). Required detailed support: Aid payroll, contra roll or equivalent form.

## Educational Travel Reimbursement (ETR)

1. Line 17: Enter the ETR costs for EFC youth. Refer to [Education Code section 56040](http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=56001-57000&file=56040-56048) and [Title 34, Code of Federal Regulation, section 300.24](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title34/34cfr300_main_02.tpl).

## Supervised Independent Living Program (SILP) – Parenting Support Plan

## (Post-Realignment)

1. Line 18: Enter the SILP Parenting Support Plan increase expenditures. **REMINDER:** Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 18.

## Infant Supplement Rate (ISR) Supplement

1. Line 19: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465(c)(5)](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=11465.).

**REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

## Total All Payments (Lines 13 + 16 + 17 + 18 + 19)

1. Line 20: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan and ISR supplement expenditures. This amount will calculate automatically.

## Person Count

1. Line 21: Enter the persons count for the federal EFC. The persons count on this line should equal Line 6 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) EXTENDED FOSTER CARE FEDERAL form.

## Summary of Funding

1. Lines 22 through 33: The federal, State, County 2011 and county share will calculate automatically.