#  INSTRUCTIONS FOR SUMMARY REPORT OF ASSISTANCE EXPENDITURES QUARTERLY CLAIMRESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) FEDERAL

## 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 not allow cents, only dollar values.

## Current Quarter

**For each current column:**

1. Lines 1 and 2: Enter the amounts shown on the integrated payroll summary. For
non-integrated payrolls, enter the grand totals shown for each payroll. Only current quarter adjustments should be entered on Line 2.
2. Line 3: Subtotal of Lines 1 and 2. This amount will calculate automatically.

## Prior Quarter Negatives

**For each current column:**

1. Lines 4 and 5: Enter the amounts shown on the integrated payroll summary. For
non-integrated payrolls, enter the grand totals shown for each contra-roll.
2. Line 6: Subtotal of Lines 4 and 5. This amount will calculate automatically.

## Prior Quarter Positives

**Prior Period Adjustments column:**

1. Line 7: Enter the amounts shown on the separate listing for prior quarter positive adjustments which were or should have been claimed on a prior quarter Summary Report.

## Claim Validation Adjustment

1. Line 8: Enter the person’s count and 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. Please refer to [All County Information Notice I-67-03](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin03/pdf/I-67_03.pdf) and [County Fiscal Letter No. 03/04-20](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/cfl03/pdf/03-04_20.pdf) for detailed information.

## Total

1. Line 9: Total Aid Payments, current and prior period quarters (Line 3+6+7+8). This amount will calculate automatically. The persons count on this line should equal the total of
Line D65 on the RBS Fis Track Fed Month 1-3 tabs; the total payment amount should equal Line T68 on the RBS Fis Track Month 1-3 tabs.
2. Line 10: Amount NOT reimbursable from Federal Medical Assistance Percentages Rate from PPA – ARRA Report Aid Code 42 tab line D5a.
3. Line 11: TOTAL – amount reimbursable with Federal Funds (Line 9 and 10). Total is linked to the American Recovery Reinvestment Act (ARRA) Foster Care (FC) PPA – ARRA Report Aid Code 42 tab Line 1. The PPA - ARRA Report Aid Code 42 tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

## Supplemental Clothing Allowance (SCA)

1. Line 12: Enter the SCA expenditures from the county payroll records or other automated payroll systems. **REMINDER**: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

## Funeral Costs

1. Line 13: Enter funeral costs for foster care children in accordance with Manual of Policies and Procedures [(MPP) section 11-420.2](http://www.cdss.ca.gov/ord/entres/getinfo/pdf/fcmand.PDF) (see also [MPP section 25-753](http://www.cdss.ca.gov/ord/entres/getinfo/pdf/Chapter25-600.pdf)). Required detailed support: Aid payroll, contra roll or equivalent form.

## Educational Travel Reimbursement (ETR)

1. Line 14: To be used for claiming ETR consistent with [ACL 11-51](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2011/11-51.pdf) and [ACL 12-70](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2012/12-70.pdf). Children with exceptional needs, please refer to [Education Code section 56040](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&sectionNum=56040.), Chapter 34 Code of Federal regulations [(CFR) 300.24](http://www.gpo.gov/fdsys/pkg/CFR-2008-title34-vol2/pdf/CFR-2008-title34-vol2-sec300-24.pdf) and [34 CFR 300](http://www.ecfr.gov/cgi-bin/text-idx?SID=9a8b0804587d0729066f9badd8457640&node=34:2.1.1.1.1&rgn=div5). Funding is 50 percent federal, 20 percent county 2011 and 30 percent county. **REMINDER**: ETR expenditures must be excluded from the main payroll amount which is entered on Line 1.

## Totals

1. Line 18: Grand total of aid payments, SCA, Funeral Costs and ETR (Lines 9+12+13+14).
2. Line 18: Enter persons count for each program.

## Summary of Aid Payments, SCA, Funeral Costs and Educational Travel Reimbursement by Program and by Funding

1. Lines 19-30 will calculate automatically at the appropriate rates.