

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 22, 2001

ALL-COUNTY LETTER NO. 09-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
 Change
 Court Order
 Clarification Requested by
 One or More Counties
 Initiated by CDSS

SUBJECT: JANUARY 2001 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVORS AND DISABILITY INSURANCE [RSDI]) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM), COST OF LIVING ADJUSTMENTS (COLA), AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IHSS CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS) USER'S MANUAL

The primary purpose of this All-County Letter (ACL) is to provide counties with information regarding automating the RSDI increase for affected income eligible IHSS recipients.

The secondary purpose of this ACL is to notify counties of changes in the automation process affecting a large group of income eligible IHSS recipients impacted by Assembly Bill 2877, Chapter 93, Statutes of 2000, which amended Welfare and Institutions Code Section 14005.40, subsections (a) through (h). This bill authorized funds to the Department of Health Services (DHS) to implement a no share-of-cost (SOC) Medi-Cal benefit to qualified medically needy, aged and disabled persons under provisions of the Aged and Disabled Federal Poverty Level (A&D FPL) program.

IHSS Personal Care Services Program (PCSP) recipients who are receiving PCSP benefits with countable income **at or** below the Federal Poverty Level (plus a disregard amount), are eligible for the A&D FPL program and shall be evaluated for no SOC benefits. The majority of aged and disabled PCSP recipients can benefit from this program, which will change the SOC from current levels to zero (\$0.00).

RSDI and SSI/SSP rates for current year 2000 must be used when evaluating Income eligibility criteria for the A&D FPL program, commencing on January 1, 2001, until the change in the Federal Poverty Level for 2001 is published in April 2001.

Recipients meeting the eligibility criteria for the A&D FPL program will be identified in CMIPS and excluded from the first COLA (COLA I) automation, processed on December 18, 2000, to avoid sending two conflicting Notices of Action (NOA) to the excluded A&D FPL recipients.

The excluded A&D FPL recipient population will be identified in CMIPS with an Indicator Code "E" in field I1 and given a zero share of cost. A second automated COLA (COLA II), only for this group, will be run prior to January 15, 2001. An appropriate Notice of Action (NOA) will be generated during the COLA II automation. Not all updates to the A&D FPL recipients will be automated during COLA II, and there will be exceptions that must be worked manually by counties. Instructions for the manual updates and listings of these recipients will be included in another ACL.

The following criteria will be used to identify and exclude the group of A&D FPL eligible recipients:

- I or E Status
- Aid Code 18, 68 or Aid Code 28 if recipient is age 65 or older as of January 1, 2001 or older
- At least one PCSP eligible provider in E status
- Link Code 1
- Countable Income in Field I5 of \$926 or less, based on the 2000 RSDI benefit levels

The excluded group of A&D FPL eligible recipients will be listed on an exception report and included in the reports pertaining to COLA I on December 18, 2000.

The remaining portion of this ACL provides you with the following:

- A. Instructions regarding automating the RSDI increase for affected income eligible IHSS recipients
- B. January 1, 2001, SSI/SSP benefit levels
- C. Instructions regarding automating all IHSS Share-of-Cost (SOC) recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- D. Information regarding Aid Codes 14, 24 and 64.
- E. Instructions regarding forms and listings
- F. Changes of dollar amounts used for manually calculating a recipient's SOC on forms SOC 294A and SOC 294C, "IHSS Income Eligibility – "Adult or Child."
- G. A description of Attachments A through D.

A. RSDI Increases

1. All SOC cases that have been automated by CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 3.5 percent.

To facilitate automation of RSDI we are making two assumptions:

- The current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA).
- The current entry in the Source Field(s) is the gross amount that includes the Medicare Part B premium for those persons who must pay their own premium.

The computation will produce the RSDI benefit amount to be used in automating the January 2001 SOC. (Example: the benefit amount, \$828.00, is multiplied by 1.035 to equal \$856.98 and then rounded down to the nearest dollar to equal \$856.00.)

2. It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit amount for some beneficiaries and a \$1.00 understated SOC.

B. SSI/SSP Benefit Levels

1. Effective January 1, 2001, all SSI/SSP levels in combined total benefits will increase by 2.96 percent.
2. The SSI COLA will also impact the income exclusion allowances for non-eligible children, spouses, and parents that are used in the SOC deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C worksheets (Attachments C and D).
3. Some IHSS status-eligible recipients will lose their SSI/SSP eligibility effective January 1, 2001, because the RSDI COLA increase will cause their incomes to exceed the new SSI/SSP benefit levels. Counties must contact those recipients and assess if they are income eligible. We have requested the California Department of Health Services' (CDHS) assistance in identifying these recipients known as "Pickle Persons" who are potentially eligible for categorically needy Medi-Cal benefits, under the 1976 Pickle Amendment to the Social Security Act.

- The CDHS will place these recipients in Pickle Aid Codes – 16, 26, or 66 on the Medi-Cal Eligibility Determination System (MEDS) until April 30, 2001 or until their eligibility status is determined.
- CDSS will provide county listings when the listings are completed. A “C” by the recipient name will identify those recipients who are probably eligible for PCSP. Please provide your county Medi-Cal staff with a copy of the listings, as they will be responsible for making the Pickle determinations on these cases.
- Recipients who are PCSP eligible should remain in IHSS Aid Codes 10, 20, or 60 as status-eligible cases until the county can enter the Pickle Aid Codes in CMIPS and indicate the recipient is now PCSP eligible. Change the aid code to 16, 26, or 66, which should enter the Pickle Indicator 16, 26 or 66 into D3 of the SOC 293 for those cases. Counties should monitor their listings to assure Pickle eligibility is established.

C. Share of Cost Cases

1. You do not need to indicate a table number for benefit levels in Field I1 SOC. CMIPS will automatically default to a “D”. The field will remain in use for older table numbers corresponding to the benefit level Indicator code if a county should need to build eligibility segments for years prior to 2000.
2. All automated IHSS income-eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC recomputed January 1, 2001, because of RSDI increases and/or SSI/SSP benefit level changes. Cases with an end date equal to December 31, 2000 will have an end date extension to January 31, 2001 in Field ZZ4. There will, however, be some excluded cases that will be printed on county exception lists.

Regardless of the cause, the following alert message for each excepted case will be printed on the monthly “CMIPS Warning Alert Listing” and will continue on the list until corrected. The alert message is:

“060 Share-of-Cost Date is not January 1st”

3. A NOA will be generated to advise IHSS recipients of the adjustment made to their RSDI and SOC computations. The SOC will be changed for all IHSS recipients affected by the January 2001 COLA. The NOA message (number 353) will read:

“The change in your IHSS Share of Cost shown above is effective ##/##/## because of COST-OF-LIVING adjustment to SSI/SSP benefit levels and to the social security payments available to you which are \$#####.##, \$#####.##, and \$#####.##”. If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP Section 30-755.233.”

4. The automation of SOC cases was run December 18, 2000, so that we could meet the timelines for the NOAs. Any changes or new cases added to CMIPS after December 18, 2000, should use the following procedure so that correct segments can be built on the SOC 293 M, N, and O lines:

- Turnaround Document (TAD) #1:

Enter appropriate data for 2000 SOC fields and wait for the next TAD to enter 2000 data. A NOA will be generated containing the usual SOC message(s).

- TAD #2:

Enter 01/01/2001 in SOC Field I1. Enter corrected RSDI income in Source/Income Field - I4, J1, J2, K1 or K2 (1.024 x 2000 amount rounded down to the nearest dollar).

CMIPS will re-compute the correct SOC and a NOA will be generated containing the usual SOC message(s).

5. The SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County welfare departments will be responsible for making reimbursement to, or collecting overpayments from, those persons affected.

D. Aid Codes 14, 24 and 64

The PCSP and IHSS residual recipients in these aid codes lost their SSI/SSP eligibility either September 1, 1993, September 1, 1994, or December 1, 1995, due to SSP reductions in each of those years. However, they have been held harmless from paying either a Medi-Cal or an IHSS SOC. These individuals will continue to receive IHSS/PCSP without a SOC for as long as their special Medi-Cal status continues, and their IHSS/PCSP eligibility is not interrupted.

E. Forms and Listing

1. SOC 293 and SOC 311 TADs were generated on all automated IHSS income-eligible cases. The TADs have a message printed at the top that reads "Share of Cost COLA 2001." There were also NOAs generated, which will have the message as displayed in section C.3. on page 4.
 - Only the cases that have an identical SOC reflected on both the SOC 293, Share of Cost Field M6, and SOC 311, Share of Cost Field F5, will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List, and the county must manually change the SOC 311.
 - We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income field - I4, J1, J2, K1 or K2. However, for ease in identifying those cases, a separate listing was provided.
 - We are not able to automate the RSDI increase for a spouse that may affect the recipient's SOC because CMIPS is not coded to differentiate that income source. However, all cases impacted by the SOC automation have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing that may be used as a reminder to validate any change in a spouse's income.
2. All TADs and NOAs are to be printed at the printer sites by on-line counties. Non-printer site counties had TADs and NOAs printed by the Electronic Data Systems EDS and mailed to the recipient and county, as appropriate.

F. SOC 294A and SOC 294C

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child).

1. SOC 294A (Attachment C):

Change allowance in Column B, Row 2a to \$266.00, and change allowances in Column B, Row 6 to \$266.00.

2. SOC 294C (Attachment D):

Change allowances in Column A, Row 2a to \$266.00, and change allowances in Column A, Row 14 to (1) \$530.00 and (2) \$796.00.

G. Attachments

1. Attachment A - SSI/SSP Payment Standards, effective January 1, 2001.
2. Attachment B - Revised pages for the IHSS/CMIPS User's Manual pages V-A-15 through V-A-19.
3. Attachment C - Form SOC 294A (IHSS Income Eligibility – Adult).
4. Attachment D - Form SOC 294C (IHSS Income Eligibility – Child).

For questions regarding CMIPS procedures, please call Cher Price at (916) 299-4039 or Cathy Briggs at (916) 229-4020.

Sincerely,

*Original Signed By
Donna L. Mandelstam on 1/22/01*

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

ATTACHMENT A

CNI: 2.96% (a)
CPI: 3.50% (a)

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE 1/		(NMOHC)		
	RESIDING IN OWN HOUSEHOLD	HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD	HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD	HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD	HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD	IN LICENCED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD	IN LICENCED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD	IN LICENCED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD	
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:									
AGED OR DISABLED - without cooking facilities (RMA) 2/	712.00	530.00	182.00	545.00	353.34	191.66	699.00	353.34	345.66
BLIND	787.00	530.00	257.00	N/A	N/A	N/A	N/A	N/A	N/A
DISABLED MINOR - living with parent(s) or non-relative guardian	771.00	530.00	241.00	617.00	353.34	263.66	699.00	353.34	345.66
	611.00	530.00	81.00	433.00	353.34	79.66	699.00	353.34	345.66
COUPLE:									
AGED OR DISABLED - per couple	1,265.00	796.00	469.00	1,036.00	530.67	505.33	1,437.00	530.67	906.33
BLIND - without cooking facilities (RMA) 2/	1,415.00	796.00	619.00	N/A	N/A	N/A	N/A	N/A	N/A
BLIND - per couple	1,466.00	796.00	670.00	1,238.00	530.67	707.33	1,437.00	530.67	906.33
BLIND/AGED OR DISABLED - per couple	1,391.00	796.00	595.00	1,161.00	530.67	630.33	1,437.00	530.67	906.33

TITLE XIX MEDICAL FACILITY		1/ NON-MEDICAL OUT-OF-HOME CARE	
Individual	Couple	Personal and Incidental Needs Maximum:	Minimum:
Total	\$45	\$179	\$101
SSI	30	\$319	\$397
SSP	15	\$374	\$374

2/ RMA - Restaurant Meals Allowance - \$75 Individual; \$150 Couple

On the RELA screen, there are two dates at the bottom of the screen under the FUNCTIONAL section. DATE LAST CHANGED is the date the last change was made to any of the information that displays on the RELA screen. DATE ADDED is the date the 293 was keyed.

Field I1: SHARE OF COST DATE/*INDICATOR*(The word INDICATOR is not printed in this field.) - Optional, Alphanumeric
Length: 6/1, Format: MM = Month DD = Day YYYY = Year
Description: Share of Cost Date - Indicates the effective date of a recipient's share of cost. The date may be mid-month for intake cases but it must be the first of the month when a change is made.

Indicator – Immediately to the right of the date there is a space for a code, which has been used in some years to indicate the multiple yearly IHSS share of cost benefit levels. Effective January 1, 1999 there is only one benefit level table. Enter the following code.

D - All shares of cost effective on or after January 1, 1999.

NOTE: If it is necessary to rebuild older eligibility segments, the alpha indicator codes are available back to January 1997. For a share of cost that was effective before January 1, 1997, it will be necessary to build an eligibility segment, manually calculate the correct share of cost and enter this amount, as appropriate, in the M, N, and/or O fields. Refer to the appropriate All County Letter to manually compute the share of cost for the required time period.

- This field is required for automated share of cost computation.
- Whenever there is an automatic COLA resulting in a change in share of cost, the share of cost date will be updated. This will normally occur yearly on January 1.

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field I2: LINK - Optional, Numeric
Length: 1
Description: Link - Enter the code that indicates recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) - Aged, Blind and Disabled. This field is required for automated share of cost computation.

- 1 - IHSS individual
- 2 - IHSS individual/linked spouse

- 3 - IHSS individual/non-linked spouse
- 4 - IHSS individual/non-linked parent
- 5 - IHSS individual/non-linked parents

Refer to Section V-B, Share of Cost Computations - SOC 293.

Field I3: DEP - Optional, Numeric
Length: 2
Description: Dependents - The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s) income must be considered. This field is required for automated share of cost computation.

The numbering of the data entry fields on the RHSB and RELB screens differs from the numbering listed here for the SOC 293, beginning at Field I1 through Field L2, although the field name is the same.

Field I4, J1,
J2, K1, K2: SOURCE/INCOME/DEDUCT - Optional, Numerical
Length: 1, 7, 7 - Format: X, XXXX.XX, XXXX.XX
Description: Source/Income/Deduct - Source and amount of deductions from income of the recipient, parent, spouse. This field is required for automated share of cost computation.

Source - These codes indicate the source of the recipient's, spouse's, parent(s) gross income.

- 1 - Retirement, Survivors, Disability Insurance (RSDI) - recipient
- 2 - Veteran's administration - Recipient
- 4 - Railroad retirement - Recipient
- 5 - Other pension - Recipient
- 6 - Other unearned - Recipient
- 7 - Earned - Recipient
- 8 - Unearned - Spouse/parent
- 9 - Earned - Spouse/parent

Income - Amount of gross income available to the recipient, spouse, parent.

Deduct - Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:

- Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).
- Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.

Standard income exclusions that are included in the automatic share of cost computation are:

\$20.00	Standard exclusion
\$65.00	Earned income exclusion
One half remainder of income	- Earned income exclusion
\$266.00	Needs of children/non-linked spouse
\$530.00 or \$796.00	Allowance for parent(s)

Refer to Section V-B, Special Instructions, Share of Cost Computation - SOC 293.

Field I5: COUNTABLE INCOME - Optional, Numeric
 Length: 6
 Description: Countable Income - The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field will be calculated and the countable income figure will be system-generated.
- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.
- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever is the most advantageous to the couple. Enter that sum in I5.

Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.

Field J3: BENEFIT CODE/LEVEL - Optional, Numeric
 Length: 2, 8 - Format: XX, XXXXX.XX
 Description: Benefit Code/Level - This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

- This field includes both recipients who have countable income that is automatically computed or countable income that is manually computed.
- For those recipients whose share of cost is automated, this field must have a two digit benefit code entered.

<u>Benefit Code</u>	<u>Benefit Level</u>
01 - Individual aged or disabled, own home	\$712.00
02 - Individual blind, own home	771.00
03 - Individual disabled minor, own home	611.00
04 - Individual aged or disabled, household of another	545.00
05 - Individual blind, household of another	617.00
06 - Individual disabled minor, household of another	433.00
07 - Individual aged or disabled, independent, living without cooking facilities	787.00
08 - Couple aged or disabled, own home	1,265.00
09 - Couple both blind, own home	1,466.00
10 - Couple blind/aged or disabled, own home	1,391.00
11 - Couple aged or disabled, household of another	1,036.00
12 - Couple both blind, household of another	1,238.00
13 - Couple blind/aged or disabled, household of another	1,161.00
14 - Couple aged or disabled, independent, living without cooking facilities	1,415.00

- Linked Couple - Both members of a couple are blind, disabled, or over age 65.
- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08 - 14) and the couple's income for the remaining member's share of cost computation
- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15 - 21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

<u>Benefit Code</u>	<u>Benefit Level</u>
15 - Couple aged or disabled - own home, per person	\$632.50

16 - Couple both blind - own home, per person	733.00
17 - Couple blind/aged or disabled – own home, per person	695.50
18 - Couple aged or disabled - without cooking facilities, per person	707.50
19 - Couple aged or disabled - household of another, per person	518.00
20 - Couple blind - household of another, per person	619.00
21 - Couple blind, aged or disabled - household of another, per person	580.50

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field K3: SHARE OF COST - System Generated, Numeric

Length: 6

Description: Share of Cost - Monthly amount of money to be paid by the recipient before the county will pay IHSS.

- For those recipients whose Shares of Cost are automated, this field will have an entry.
- Based on the entries in Fields I5, COUNTABLE INCOME, and J3, BENEFIT CODE/LEVEL, this field will be system-generated and will plug the share of cost into the eligibility segments, Fields M6, N6, and O6, where applicable.

Field L1,

L2: MODE/RATE/HOURS - Required, Alphanumeric

Length: 2, 4, 4 - Format: XX, XX.XX, XXX.X

Description: Mode/Rate/Hours - Indicates service delivery mode, provider's pay rate, and authorized hours of service for the recipient.

Delivery Mode - Code indicates the type of service delivery of IHSS.

IP - Individual Provider

CC - County contract, either private vendor or inter-agency agreement

HM - County-employed homemaker

Hourly Rate of Pay - The rate of pay per authorized service hour for the type of delivery mode.

- If this amount is not entered for individual providers, the system will default to the current county rate.

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)		B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.	
	UNEARNED	EARNED	
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*
a.	\$		2. Allowance for children not blind or disabled.
b.	\$		a. Children's needs
c.	\$		b. Children's income*
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a — b)
3. Any income exclusion	\$20		d. Total allowance (add B2c's)
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than 266 A15 is entered in C — If greater than 266 complete B7 through B20
8. Total exclusions (A6 plus A7)		\$	7. IHSS client's income (From A2 and A5)
9. Remaining earned income (A5 minus A8)		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)
10. Net earned income (A9 x ½)		\$	9. Any income exclusion
11. Other earned income deductions		\$	10. Net unearned income (B8 minus B9)
12. Total net earned income (A10 minus A11)		\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)
13. Total countable income (A4 plus A12)	\$		12. Earned income exclusion
14. SSI/SSP payment level	\$		13. Total exclusions (B11 plus B12)
15. IHSS share of cost (A13 minus A14)	\$		14. Remaining earned income (B8 minus B13)
			15. Net earned income (B14 x ½)
			16. Other earned income deductions
			17. Total net earned income (B15 minus B16)
			18. Total countable income (B10 plus B17)
			19. SSI/SSP couple payment level
			20. IHSS share of cost (B18 minus B19)
			C. SHARE OF COST (higher of A15 or B20)**
			\$

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER _____

DATE _____

