

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-0267



June 18, 1984

ERRATA TO ALL-COUNTY LETTER NO. 84-32

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: ADJUSTED AFDC-FC CLAIM

REFERENCE: ALL-COUNTY LETTER NO. 84-32

All-County Letter (ACL) No. 84-32 dated March 5, 1984 conveyed instructions and provided an example for submitting specifically required "Adjusted" AFDC-FC claims. These are the retroactive adjustments necessitated by county implementation of the cost-based group home rates set by SDSS for FY 1983/84. We are attaching a corrected "Adjusted" Summary Report of Assistance Expenditures - Federal Children in Foster Family Homes and Institutions. This corrected "Adjusted" example is to be used in preparing the "Adjusted" AFDC-FC claims required by ACL No. 84-32. The figures on the "Adjusted" Summary Report should be determined by:

1. Subtracting Line 18 of the Revised Report of CA 800 FC (Fed) (1/83) from Line 18 of the Original Report of CA 800 FC (Fed) (1/83).
2. Computing and entering the state and county shares of Box 13, Column A, in Line 19, Columns D and E.
3. Complete Line 20 by adding Lines 18 and 19. Line 20 must equal the differences between Line 20 of the Revised Report and Line 20 of the Original Report.

Please note that the federal share on Line 20 of the Adjusted Summary Report should be one-half of the amount in Box 13 A (allowing for differences caused by rounding).

If an adjusted claim has been submitted prior to receipt of this letter, any necessary corrections will be made by the Fiscal Policy and Procedures Bureau desk audit staff. We regret any inconvenience this erroneous example may have caused.

If you have any questions concerning these instructions, please contact Stephanie Davis at (916) 323-0282 or ATSS 473-0282.



ROBERT T. SERTICH
Deputy Director
Administration

cc: CWDA

Corrected - Adj. ited

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
FEDERAL CHILDREN IN FOSTER FAMILY HOMES
AND INSTITUTIONS**

For State Use DSS County Welfare County Auditor

COUNTY

Podunk

DATE (MONTH, YEAR)

July - Sept. 1983

A. PERSONS COUNT	B. AMOUNTS	SOURCE DOCUMENTS			
		1.	Main Payroll		
		2.	Current Month Supplemental Payroll		
() ()		3.	Current Month Cancellation Contra Roll		
		5.	Prior Months Supplemental Payroll		
		6.	Subtotal (reconciliation totals)		
() ()		7.	Prior Months Cancellation Contra Roll		
() ()		8.	Abatements		
		9.	Schedule of Adjustments (show minus items in parentheses)		
		10.	Subtotals (Lines 7, 8, 9)		
		11.	DSS Office Audit Corrections (for state use only)		
		12.	TOTAL		
1,838		13.	Social Worker Activities not Reimbursable from Federal Funds		
		14.	Additional Amounts not Reimbursable from Federal Funds and State Funds		
		15.	Additional Amounts not Reimbursable from State Funds not entered in Line 14		
			C FEDERAL (Line 12B minus Line 13A minus Line 14A) x .5	D STATE (Line 12B minus Line 13A minus Line 14A minus Line 15A minus Line 16C) x .95	E COUNTY (Line 12B minus Line 13A minus Line 16C minus Line 16D)
			<920>	<871>	<47>
REPAYMENTS	() () () ()				
GRAND TOTALS			<920>	<871>	<47>
	(Lines 12 and 17)		(Lines 16 and 17)	(Lines 16 and 17)	(Lines 16 and 17)
Social worker Activities				1,746	92
Grand Totals			<920>	875	45
FUNERAL COSTS (44-267.3)			 	 	
(FOR COUNTY USE)	PERS CTS		 	 	

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13A - Enter the net amount of social worker activities not reimbursable from federal funds in accordance with MPP Section 11-225.312.
5. Line 14A - Enter any additional net amount not reimbursable from Federal funds and state funds in accordance with MPP Section 11-225.312.
6. Line 15A - Enter any additional net amount not reimbursable from state funds not entered in Line 14. This would include the nonfederal share of percentage increases in AFDC-FC payment rates which exceed the percentage cost of living increase provided to recipients of AFDC-FG/U in any fiscal year beginning on or after 7/1/79 which exceeds those unallowable amounts entered in Line 14 above.
7. Line 16C - Enter the federal share: total aid paid (12B) minus social worker activities not reimbursable from federal funds (13A) minus additional amounts not reimbursable from federal and state funds (14A) multiplied by 50 percent.
8. Line 16D - Enter the state share: total aid paid (12B) minus social worker activities (13A) minus additional amounts not reimbursable from federal and state funds (14A) minus additional amounts not reimbursable from state funds not entered in Line 14 (15A) minus federal share (16C) multiplied by 95 percent.
9. Line 16E - Enter the county share: total aid paid (12B) minus social worker activities (13A) minus federal share (16C) minus state share (16D).
10. Line 17 - Enter the total repayments as reported on the Repayment Contra Roll.
11. Line 18 - Enter grand totals.
12. Line 19D - Enter the net state share of social worker activities (13A multiplied by 95 percent).
13. Line 19E - Enter the net county share of social worker activities (13A minus 19D).
14. Line 20 - Enter grand totals.
15. Line 21 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with EAS Manual Section 44-267.3 (see also Fiscal Handbook Section 25-753).
16. Line 22 and Line 23 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.