

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 323-0282



May 29, 1986

ALL-COUNTY LETTER NO. 86-43

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

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS FOR AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE (AFDC-FC) AND EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC)

The purpose of this letter is to provide instructions for the revised payroll to be submitted with the Aid to Families with Dependent Children-Foster Care (AFDC-FC) and Emergency Assistance-Foster Care (EA-FC) summary documents.

To facilitate a more effective audit, commencing with the payments made for October 1986 and subsequent months, the payroll must be submitted in program number order for payments made to children in group homes. The program number can be obtained from the AFDC-FC Group Home Rate Listing.

Payments made to foster family homes should be listed in case number order at the end of the payroll.

A sample of a payroll has been attached to this letter. At the County's option, the payroll may also be produced in case number order for the County's use; however, only the payroll which contains group home payments in program number order should be submitted to this Department.

For counties with automated payrolls, notification must be given to the Department's County Approvals Section for any necessary enhancements or modifications caused by this requirement that do not exceed \$25,000. The notification must contain a description of the nature, reason, and cost of the change, and the subsequent impact on maintenance and operations costs. Any enhancements or modifications costing more than \$25,000 will require prior Departmental approval per the Manual of Operations Section 28-110.

If you have any questions in regard to this letter, please call Cheryl Woolman at (916) 323-0282.

Handwritten signature of Robert T. Sertich in cursive.

ROBERT T. SERTICH
Deputy Director
Administration

Attachment

cc: CWDA

Group Homes

Program Number/ Case Number	Provider Name/ Last Name	Axilrod Group Home	First Name	Initial	Current Month		Issue Date	Warrant Number	Code	Auth. Date	Prior Month	County Supp Aid
					Persons Count	Total Aid Paid						
0141A												
40 111111111	Doe		John	A.	1	1,481	10/30/85	666699	1	10/15/85		
40 122222222	Doe		Ann	A.	1	1,481	10/30/85	666700	1	10/15/85		
40 133333333	Doe		Sally	D.	1	741	10/30/85	666701	2	10/16/85		
						<u>3,703</u>						
0143A		Bachmann Hill School										
40 156329811	Jones		Jane	C.	1	2,500	10/30/85	670670	1	10/1/85		
40 798532412	Black		Sally	K.	1	<u>2,500</u> 5,000	10/30/85	680190	1	10/2/85		
<u>Foster Family Homes</u>												
40 666777	Smith for Jones		Jane Bill	E. J.	FH 1	291	10/30/85	680200	1	10/10/85		
40666790	Smith for Adams		Jane Kenneth	E. C.	FH 1	316	10/30/85	680553	1	10/3/85		
40666880	Jones for Smith		William Nancy	K. G.	FH 1	408	10/30/85	690103	1	10/15/85		
Totals					<u>8</u>	<u>9,718</u>						

Persons Total Aid
Count Paid
Fed Nonfed