

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 1, 2001

COUNTY FISCAL LETTER (CFL) NO. 01/02-35

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS AND INFORMATION
FOR IMPLEMENTING ASSEMBLY BILL (AB) 1233, GRANT-BASED
ON-THE-JOB TRAINING (OJT) IN THE CALIFORNIA WORK
OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKs)
PROGRAM

REFERENCES: All County Letter (ACL) No. 87-37, dated March 12, 1987; ACL No.
87-134, dated September 29, 1987; ACL No. 97-65, dated October
29, 1997; ACL No. 01-38, dated June 26, 2001; AB 1233 Grant-
based OJT.

The purpose of this CFL is to provide revised assistance claiming instructions for Grant-based OJT expenditures consistent with provisions in AB 1233, Chapter 933, Statutes of 2000, and program implementation instructions in ACL 01-38. Grant-based OJT is a funding mechanism for subsidized public or private sector employment in which a CalWORKs recipient's cash grant, or a portion thereof, or the aid grant savings resulting from employment, or both, is diverted to an employer as a wage subsidy to partially or wholly offset the payment of wages to the participant, so long as the total amount diverted does not exceed the family's maximum aid payment.

The California Department of Social Services (CDSS) initially implemented the program in 1987 as "Grant Diversion" (please refer to ACL Nos. 87-37 and 87-134). The name of this program has been changed to "Grant-based OJT" to avoid confusion with the CalWORKs "Grant Diversion" program that provides one-time assistance to apparently eligible CalWORKs clients. The former "Grant Diversion" program also required counties to create wage pools to hold diverted grant funds before payments were made to employers (please refer to ACL No. 87-134). The Grant-based OJT program will not require the creation and use of such a wage pool.

AB 1233 amended the Grant-based OJT program, effective April 1, 2001, as follows:

1. Requires client's assignment to Grant-based OJT be voluntary;
2. Modifies the amount of cash aid that can be diverted;
3. Strengthens participant retention and training requirements for employers;
4. Eliminates earned income disregards for Grant-based OJT funded wages; and
5. Requires revised county plans.

Please refer to ACL No. 01-38, dated June 26, 2001, for program implementation instructions, including guidance on prospective budgeting, under/over payment procedures, treatment of income, sanctions, and grant calculations.

ASSISTANCE CLAIM FORM CHANGES

The following instructions and forms have been developed for reporting costs under the revised program. Additional changes were also made for consistency with Temporary Assistance to Needy Families (TANF) block grant reporting requirements, the federal funding source for the CalWORKs program. These new forms consist of:

- CA 806 for Legal Immigrants – State Only
- CA 807 for Legal Immigrants (Mixed Cases)
- CA 808 for State Only Two Parent Families; and
- CA 809 for Federal – All Families.

These forms supercede the CA 800GD (Summary of Employer Payments); and CA 801GD (Wage Pool Financial Report).

The new forms are effective with the October 2001 claim month and are to be used for reporting the actual amount of the grant diverted to employers as a wage subsidy. Residual grant payments, if any, should continue to be included in the CalWORKs payroll and reported on the appropriate assistance claim form [e.g., CA 800 (Fed); CA 800S (State); CA 800L (State); CA 800M (Mixed)]. All assistance claim forms must be accompanied by a payroll summary that identifies the aid code and individual case numbers for all recipients participating in the program. The payroll summary should also include the maximum aid payment, amount diverted to the employer, and cash aid, if any, paid to the participant. Retroactive adjustments must be made on a current month claim. Counties are required to maintain all necessary supporting documentation for audit purposes.

Sample copies of the new forms are provided as attachments. To obtain camera-ready copies, please contact the following Unit:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number: (916) 657-1907

PERFORMANCE INCENTIVE EARNINGS

As a reminder, for purposes of calculating performance incentive earnings, cases with subsidized wages (e.g., Grant-based OJT) do not qualify as grant reductions due to employment earnings. Accordingly, they should not be reported on the CW 801 (Earned Employment Income Incentive Summary).

Should you have any questions regarding the instructions or information provided in this CFL, please contact the Fiscal Policy Bureau at (916) 657-3440.

***Original Document Signed by
MARY JANE ARCHER on 11/01/01***

MARY JANE ARCHER, Chief
Fiscal Systems and Accounting Branch

Attachments

INSTRUCTIONS FOR USE OF THE FORM CA 806

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. Check the appropriate All Families or Two-Parent Families box.
4. All amounts on this form must be rounded to the nearest dollar.
5. Line 1 through Line 3: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll).
6. Line 4: Enter the total from Lines 1 through 3.

COMPUTE GRAND TOTALS FOR STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

7. Line 5A: Enter the total payments to employers -- Line 4.
8. Line 5B: Enter the state share -- Multiply 5A by .95.
9. Line 5C: Enter the county share -- Multiply 5A by .05.
10. Line 5D: Enter the countable TANF MOE (state and county shares) -- Add 5B and 5C.

**GRANT BASED ON-THE-JOB TRAINING
SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) LEGAL IMMIGRANTS -
(MIXED CASES)**

For State Use: CDSS County Welfare County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Payments to Employers (AID CODES: 3E, 3U) All Families Two-Parent Families

(A)		(B)		(C)
Federal Person Count		State Person Count		TOTAL PAYMENTS
Adults	Children	Adults	Children	
()	()	()	()	()

1. Main Payroll
2. Prior Month Positives
3. Prior Month Negatives
4. Subtotal
5. Amount Payable With State
And County Funds Only

6. GRAND TOTALS

A. Total Aid Payments (4)	B. Payable State and County Only Funds (5)	B1. State Share (6B x .95)	B2. County Share (6B x .05)	C. Federal/State Share (4C - 5C x 97.5%)	D. Total County Share (6A - 6B - 6C + 6B2) MOE Countable

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) 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, 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 California Work Opportunity And Responsibility To Kids (CalWORKs) 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, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 807

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. Check the appropriate All Families or Two-Parent Families box.
4. All amounts on this form must be rounded to the nearest dollar and should reflect the cumulative federal and state funding from the prorated mixed cases.
5. Line 1 through Line 3: Enter the amounts shown on the integrated payroll report. For non-integrated payrolls, enter the grand totals shown for each payroll.
6. Line 4: Enter the subtotal from Lines 1 through 3.
7. Line 5: Enter the total number of state-only persons and the cumulative prorated amounts from mixed cases that are payable with state and county funds only. These expenditures have no federal financial participation (FFP).

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

8. Line 6A: Enter the total payments to employers -- Line 4.
9. Line 6B: Enter the total state and county only fund payments -- Line 5.
10. Line 6B1: Enter the total state share -- 6B multiplied by .95.
11. Line 6B2: Enter the total county share -- 6B multiplied by .05.
12. Line 6C: Enter the total federal/state share for this monthly Summary Report -- [(Line 4C minus 5C) multiplied by 97.5% sharing ratio].
13. Line 6D: Enter the total county share line -- 6A minus 6B minus 6C plus 6B2.

INSTRUCTIONS FOR USE OF THE FORM CA 808

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. All amounts on this form must be rounded to the nearest dollar.
4. Line 1 through Line 3: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll).
5. Line 4: Enter the total from Lines 1 through 3.

COMPUTE GRAND TOTALS FOR STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

6. Line 5A: Enter the total payments to employers -- Line 4.
7. Line 5B: Enter the state share -- Multiply 5A by 97.5%.
8. Line 5C: Enter the county share -- Multiply 5A by 2.5%.
9. Line 5D: Enter the countable TANF MOE (state and county shares) -- Add 5B and 5C.

INSTRUCTIONS FOR USE OF THE FORM CA 809

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. All amounts on this form must be rounded to the nearest dollar.
4. Line 1 through Line 3: Enter the amounts shown on the integrated payroll report. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 4: Enter the subtotal from Lines 1 through 3.
6. Line 5: Enter the total amount of payments which are payable with state and county funds only. These payments have no federal financial participation (FFP).

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

7. Line 6A: Enter the total payments to employers-- Line 4.
8. Line 6B: Enter the total state and county only fund payments -- Line 5.
9. Line 6B1: Enter the total state share -- 6B multiplied by .95.
10. Line 6B2: Enter the total county share -- 6B multiplied by .05.
11. Line 6C: Enter the total federal/state share -- [(Line 4 minus 5) multiplied by 97.5% sharing ratio].
12. Line 6D: Enter the total county share -- 6A minus 6B minus 6C plus 6B2.