

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



COUNTY FISCAL LETTER (CFL) NO. 97/98-54

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

SUBJECT: CLARIFYING, ADDITIONAL, AND REVISED ASSISTANCE
CLAIM AND AID CODE INFORMATION AND INSTRUCTIONS
FOR CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs) AND TEMPORARY
ASSISTANCE FOR NEEDY FAMILIES (TANF)
IMPLEMENTATION

Reference: CFL No. 97/98-41 dated December 19, 1997

CFL No. 97/98-41 provided counties with fiscal information and instructions regarding revisions, additional aid codes, and assistance claims for the CalWORKs and TANF implementation. Subsequent to the release of the CFL, the California Department of Social Services (CDSS) Fiscal Policy Bureau has continued working with California Welfare Director Association, other CDSS entities and the California Department of Health Services (CDHS). As a result of these efforts and county inquiries, clarifying, additional and revised claiming information and instructions are included in this letter regarding the following:

- **Legal immigrant,**
- **Diversion Program,**
- **Emergency Assistance (EA) Probation/Foster Care (FC),
EA Child Welfare Services (CWS)/FC, and EA/General Assistance (GA),**
- **Vendor payments and vouchers, and**
- **Summary Reports of Assistance Expenditures for CalWORKs –
CA 800 (FED), CA 800M, CA 800 (STATE) and CA 800L.**

CLARIFICATIONS AND ADDITIONAL INFORMATION

1. Legal Immigrant

Aid Codes and Assistance Claiming: CFL No. 97/98-41 provided new aid codes and claiming instructions for legal immigrant cases that have been flagged since August 22, 1996. In addition, these aid codes should be assigned to any new cases receiving aid beginning January 1, 1998. Assistance expenditures for this aided population should be reported on the claim form CA 800L or CA 800M effective January 1998 reporting.

The CDHS has indicated that the new legal immigrant codes have been established in the Medi-Cal Eligibility Data System (MEDS) effective March 1, 1998. Please reference the CDHS letters: No. 97-42, Errata No. 97-51 and No. 98-04 for specific Medi-Cal benefit claiming instructions for costs associated with this population.

Maximum Assistant Payment (MAP) Exemption: Aid codes 3L, 3M, 3E, or 3U should also be assigned to the legal immigrants who are exempt from the rollback of the MAP. The rollback for the legal immigrant population who are not exempt is effective January 1, 1998. These aid codes should also be assigned to this non-exempt population. The assistance expenditures should be reported on the CA 800L or CA 800M. CDSS will provide additional information regarding this population in an ACL under separate cover.

Entrants Prior to August 22, 1996: Legal immigrants who entered the country prior to August 22, 1996 and were determined eligible for assistance should be assigned the aid code 30 or 35 for federally eligible.

Aid Code Definitions: The definitions for aid codes 3L, 3M, 3E and 3U have been modified. Please reference Attachment 2, "Aid Code Definitions" revision; replaces Attachment 2 in CFL No. 97/98-41.

Alien Foster Care: An ACL will soon be released under separate cover and provide additional program information and claiming instructions associated with aliens receiving Foster Care Program benefits.

2. Diversion Aid Codes

With the Diversion Program, an applicant is not categorically eligible for services provided by the Medi-Cal Program but may separately apply for other public assistance including medical services. Therefore, the Diversion Program aid codes, 3J, 3K, 3X and 3Y, will not be maintained in MEDS. These valid aid codes are used for tracking diversion and for the preparation of the assistance

claim. The aid codes were effective January 1, 1998 with the implementation of the program.

The aid codes will be utilized by the Statewide Automated Welfare System (SAWS) Information System to track program participation for each Diversion Program recipient. The SAWS Information System (SIS) is a new database that will summarize all information known to the State concerning each recipient's welfare program involvement. This system is the State's long term solution in meeting welfare tracking requirements. The SIS was implemented May 4, 1998.

The Health and Welfare Agency Data Center, CDSS, California Welfare Directors Association (CWDA) and the counties are continuing their efforts to determine how diversion aid codes and other required tracking information not already included in MEDS will be sent to SIS. Until this process is determined, counties are requested to maintain the specific case/recipient information for all cases that received Diversion Program cash payments or non-cash services since January 1, 1998. Further information regarding SIS tracking data will be provided to counties by CDSS under separate cover.

3. EA Probation/FC, EA CWS/FC and EA/GA

EA Probation/FC: Prior to July 1997, counties were reporting the probation expenditures on the CA 800 (EA) (10/93), Summary Report of Assistance Expenditures Emergency Assistance Foster Care. The following are clarifying instructions for reporting expenditures for this assisted population:

(a) If these expenditures are eligible and funded with 100 percent TANF funds, the costs shall be reported on the County Expense Claim. Please reference CFL No. 97/98-12 dated September 2, 1997.

(b) If these expenditures are eligible and claimed as state-only foster care, these expenditures shall be reported on the Summary Report of Assistance Expenditures – Non Federal Children in Foster Care, CA 800A FC (7/91). Aid code 40 should be assigned to these cases [sharing ratio: 00/40/60 percent (federal/state/county)].

(c) To the extent expenditure adjustments need to be made for the period prior to July 1, 1997, cases with the 4K aid code should be reported on the CA 800 (EA) (10/93) to ensure that the appropriate sharing ratios are applied. Please reference CFL No. 97/98-41 dated December 19, 1997.

Attachment 1 reflects a change under the claim form column for EA Probation cost claiming: reference of CA 800 EA (STATE) 1/98 has been removed. This attachment should replace Attachment 1 in the CFL No. 97/98-41.

EA CWS/FC: Effective July 1, 1997, there are new sharing ratios of 00/70/30 (Federal/State/County) for the EA CWS/FC expenditures. For CA 800 EA claims that were submitted for July through December 1997, CDSS made the funding adjustment related to the change in sharing ratios and counties were not requested to submit adjusted claims.

Effective January 1998 report month, the counties are instructed to use the CA 800 EA (STATE) (2/98), Summary Report of Assistance Expenditures for CalWORKs EA Foster Care - State Only, to report cases with aid code 5K, EA CWS/Foster Care expenditures. This form includes the new sharing ratio effective July 1, 1997. The definition for the 5K aid code has been revised to reflect the program as state-only (Attachment 1).

The CalWORKs label has been removed from this form. Please replace the form with the revised CA 800 EA (STATE) (2/98), Summary Report of Assistance Expenditures for EA Foster Care - State Only. (See Attachment 3)

EA/GA: The DFA 881 (7/94), Summary Report of Assistance Expenditures for EA/General Assistance will not be obsolete as previously indicated in CFL No. 97/98-41 but has been revised to reflect the new state sharing ratio. Please reference CFL No. 97/98-51 dated March 26, 1998 for more information and instruction. Attachment 3 is the revised DFA 881 (2/98).

4. Vendor Payments and Vouchers

Consistent with cash-based claiming:

Vendor Payments: Counties shall claim the amount of the warrant(s) in the month in which it is issued.

Vouchers: When vouchers are used for providing services, counties shall claim the expenditure in the month a warrant is issued for the payment for the redeemed voucher.

Vendor Payments and Vouchers: If a county issues both a vendor payment and a voucher for a case in the same month, the above cash-based policy applies. The following are the claiming instructions for the voucher that is redeemed and paid in a different month if a vendor payment and voucher are issued as one assistance payment to the same case:

If the voucher is redeemed and a warrant issued for payment to the service provider in a subsequent month, the amount of the payment shall be claimed as part of the "*Current Month, Prior Month Supplemental Payroll*", in the month the warrant is issued.

REVISED INSTRUCTIONS

CA 800 (FED), CA 800M, CA 800 (STATE) AND CA 800L (Attachment 4)

CDSS has received several inquiries regarding the claiming forms:

- CA 800 (FED), Summary Report of Assistance Expenditures for CalWORKs – Federal,
- CA 800M, Summary Report of Assistance Expenditures for CalWORKs (Mixed Cases);
- CA 800 (STATE), Summary Report of Assistance Expenditures for CalWORKs – STATE ONLY
- CA 800L, Summary Report of Assistance Expenditures for CalWORKs Legal Immigrants – STATE ONLY

The following provides revised instructions for the specific areas of inquiry:

CA 800 (FED), Items #20D State Share and #20E County Share: For the State to assume 100 percent of the cost of Line 19B: (a) in Item #20D, the amount from Line 19B should be subtracted with the 95% sharing ratio and then added back for the State Share at 100% and (b) in Item #20E, the amount from Line 19B should be subtracted with 5% sharing ratio.

CA 800M (Mixed), Items #21D State Share and #21E County Share: For the State to assume 100 percent of the cost of Line 20D: (a) in Item #21D, the amount from Line 20D should be subtracted with the 95% sharing ratio and then added back for the State Share at 100% and (b) in Item #21E, the amount from Line 20D should be subtracted with 5% sharing ratio.

CA 800 (STATE) and CA 800L, Items #15B, State Share and Item #15C County Share: For the State to assume 100 percent of the cost of Line 14B: (a) in Item #15B, the amount from Line 14B should be subtracted with the 95% sharing ratio and then added back for the State Share at 100% and (b) in Item #15C, the amount from Line 14B should be subtracted with 5% sharing ratio.

The revised CA 800 (FED), CA 800M, and CA 800 (STATE) and CA 800L forms are effective with the May 1998 report month and must be used for reporting assistance expenditures beginning that month. As a result of above-mentioned changes to the claims, the Department will make the appropriate corrections on

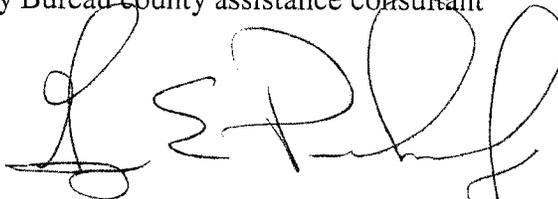
the January, February, March and April 1998 assistance claims. Therefore, counties are not required to submit revised claims for these months for these corrections.

Please reference Attachment 4 for the revised claim forms and instructions of the CA 800 (FED) (4/98), CA 800M (4/98), CA 800 (STATE) (4/98), and CA 800L (STATE) (4/98). This attachment replaces the respective reporting forms within Attachment 3 of CFL No. 97/98-41. Also Attachment 5, "Assistance Claims - Required Support Documents" pages 2, 3, and 4 have been revised. This attachment should replace Attachment 4 of CFL No. 97/98-41.

The assistance claims mentioned in this CFL are available only in camera-ready copies. To obtain copies, please contact:

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

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

A handwritten signature in black ink, appearing to read "G. E. Peacher, Jr.", written in a cursive style.

GEORGE E. PEACHER, JR., Chief
Fiscal Systems and Accounting Branch

Attachments

c: CWDA

NEW, REVISIONS AND DELETION OF AID CODES

FOR TANF and CalWORKs IMPLEMENTATION

Subject	Current Aid Code	Business Requirement	Claim Form
Diversion	None	Establish aid codes for State Only and Federal Diversion, FG/U. Effective date of new codes January 1, 1998. Aid Codes: 3J/3K federal and 3X/3Y state only. FG/U respectively.	CA 800D (FED) and (STATE) (1/98)
CalWORKs Cash Assistance (FFP)	<p>(30) AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child is deprived because of the absence, incapacity or death of either parent.</p> <p>(35) AFDC-U (FFP). Aid provided to families which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.</p> <p>(3P) AFDC-U (FFP). Aid to families in which child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as the aid code 35, except that they are exempt from the AFDC grant reductions.</p> <p>(3R) AFDC-FG (FFP). Aid to families in which the child is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions.</p>	<p>Maintain code. Revise label to: Replace AFDC with CalWORKs. Effective date: January 1, 1998.</p> <p>Maintain Code. Replace AFDC with CalWORKs in label; replace AFDC with TANF in definition. Effective date: January 1, 1998.</p> <p>Maintain Code. Replace AFDC with CalWORKs in label; replace AFDC with TANF in definition. Effective date: January 1, 1998.</p> <p>Maintain Code. Replace AFDC with CalWORKs in label; replace AFDC with TANF in definition. Effective date: January 1, 1998.</p>	CA 800 (FED) (4/98)
CalWORKs Cash Assistance (State Only)	<p>(32) AFDC-FG (State Only) (non-FFP cash grant/FFP for Medi-Cal eligible). Aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State regulations require the individual be aided.</p> <p>(33) AFDC-Unemployed Parent (State Only) (Non-FFP cash grant/FFP for Medi-Cal eligible). Provides aid to pregnant women before their last trimester who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.</p> <p>(3G) AFDC-FG (State Only) (non-FFP cash grant/FFP for Medi-Cal eligible). Aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State regulations require the individual be aided. Same as 32 except exempt from the AFDC grant reductions.</p> <p>(3H) AFDC-Unemployed Parent (State Only) (Non-FFP cash grant/FFP for Medi-Cal eligible). Provides aid to pregnant women before their last trimester who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. Same as 33 except exempt from the AFDC grant reductions.</p>	<p>Maintain Code. Replace AFDC with CalWORKs in label. Effective date: January 1, 1998.</p> <p>Maintain Code. Replace AFDC with CalWORKs in label. Effective date: January 1, 1998.</p> <p>Maintain Code. Replace AFDC with CalWORKs in label; replace AFDC with TANF in definition. Effective date: January 1, 1998.</p> <p>Maintain code. Replace AFDC with CalWORKs in label; replace AFDC with TANF in definition. Effective date: January 1, 1998.</p>	CA 800 (STATE) (4/98)
New Entrant - Legal Immigrant	None	Establish new aid codes (FG/U) for <u>new legal immigrants entering U.S. on or after August 22, 1996</u> and aliens permanently residing under the color of law who do not meet all the federal TANF eligibility requirements but State regulations require the individual be aided. Effective date of new codes August 1996. Aid Codes: 3L/3M State Only; FG/U respectively.	CA 800L (STATE) (4/98)
Legal Immigrant - Mixed Cases	None	Establish new aid codes (FG/U) for new legal immigrants entering U.S. on or after August 22, 1996 that are in a mixed case. The mixed case has at least one federally eligible individual and at least one non-federally eligible. Effective date of new codes are August 1996. Aide Codes 3E/3U (Mixed); FG/U respectively.	CA 800M (MIXED) (4/98)
EA Probation	(4K) Emergency Assistance (EA) Program (FFP). Juvenile probation cases placed in Foster Care.	Delete. EA Probation Assistance to be reported on County Expense Claim under services funded from Comprehensive Youth Services Act. Obsolete Date: January 1, 1999. Code to be deleted 18 mos. after the effective July 1, 1997 date.	----
EA Foster Care	(5K) Emergency Assistance (EA) Program (FFP) Covers child welfare cases placed in EA Foster Care.	Maintain code. Replace FFP with State Only. Effective date: July 1, 1997.	CA 800 EA (STATE) (2/98)

Federal and State Diversion Program and State Legal Immigrant Program

Aid Code Definitions

The following are the aid code definitions for the Diversion and Legal Immigrant programs. The Diversion Program aid codes shall be effective January 1, 1998. The Legal Immigrant aid codes are effective the fiscal reporting month of August 1996.

Aid Code	Definition
3J	Diversion - FG (FFP). Provides diversion payment/services to apparently eligible CalWORKs applicants in a family group in which the dependent child is deprived because of the absence, incapacity or death of either parent.
3K	Diversion - U (FFP). Provides diversion payment/services to apparently eligible CalWORKs applicants with a dependent child who is deprived because of unemployment of a parent living in the home.
3X	Diversion - FG (State Only). Provides diversion payment/services to apparently eligible CalWORKs applicants in a family group in which the dependent child is deprived because of the absence, incapacity or death of either parent, who is not apparently federally eligible, but the State regulations requires that the individual(s) be aided.
3Y	Diversion - U (State Only). Provides diversion payment/services to apparently eligible CalWORKs applicants with a dependent child who is deprived because of unemployment of a parent living in the home, who is not apparently federally eligible, but the State regulations requires that the individual(s) be aided.
3L	CalWORKs Legal Immigrant - FG (State Only). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent. The individuals aided: (1) meet the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or (2) meet the eligibility requirement of an alien as described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided.
3M	CalWORKs Legal Immigrant - U (State Only). Provides aid to families which a child is deprived because of the unemployment of a parent living in the home. The individuals aided: (1) meet the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or (2) meet the eligibility requirement of an alien as described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided.
3E	CalWORKs Legal Immigrant - FG (Mixed Cases). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent. The aided individuals are in a household that has at least one federally eligible individual and at least one non-federally eligible. The non-federally eligible individual aided: (1) meets the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or (2) meets the eligibility requirement of an alien as described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided.
3U	CalWORKs Legal Immigrant - U (Mixed Cases). Provides aid to families which a child is deprived because of the unemployment of a parent living in the home. The aided individuals are in a household that has at least one federally eligible individual and at least one non-federally eligible. The non-federally eligible individual aided: (1) meets the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or (2) meets the eligibility requirement of an alien as described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided.

**REVISED SUMMARY REPORTS OF EXPENDITURES
FOR EMERGENCY ASSISTANCE**

Form Number	Title
CA 800 EA (STATE) (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance (EA) Foster Care - State Only
DFA 881 (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance (EA)/General Assistance (GA) - Child Welfare Services (CWS)

MAR 13 1998

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)
FOSTER CARE - STATE ONLY**

For State Use: DSS County Welfare County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Note: Use CA 800 EA (10/93) for all adjustments prior to the July 1997 report month.

SOURCE DOCUMENT

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal

PRIOR MONTH NEGATIVES

7. Prior Month Cancellation
8. Recoveries of Aid
9. Prior Month Negative Adjustment
10. Subtotal

PRIOR MONTH POSITIVES

11. Prior Month Positive Adjustments
12. Subtotal

SAMPLE

(A) Person Counts (Children)	(B) Total Aid	(C)
()	()	

()	()	
()	()	
()	()	
()	()	

		(C)

13. GRAND TOTALS

A. Persons Counts (6A + 10A + 12A)	B. Total Aid Payments (6C + 10C + 12C)	C. State Share (13B x .70)	D. County Share (13B x .30)	E. Countable TANF MOE (13C + 13D)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance Foster Care 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 Emergency Assistance Foster Care made by the county; that said amounts correctly reflect 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 800 (EA)
(STATE ONLY)**

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. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

4. Line 1A through Line 5A: Enter the number of children in the persons counts column.
5. Line 1B through Line 5B: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5B.
6. Line 6A: Enter the subtotal of person counts.
7. Line 6C: Enter the subtotal from Lines 1B through 5B.

PRIOR MONTH NEGATIVES

8. Line 7A through Line 10A: Enter the number of children in the persons counts column.
9. Line 7B: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)

Line 8B: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.

11. Line 9B: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 10C: Enter the subtotal from Lines 7B through 9B.

PRIOR MONTH POSITIVES

13. Line 11A: Enter the number of children.
14. Line 11B: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
15. Line 12A: Enter the subtotal of number of children.
16. Line 12C: Enter the subtotal of the prior months positive adjustments.

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

17. Line 13A: Enter the Total Persons -- Add 6A, 10A AND 12A.
18. Line 13B: Enter the Total Aid Payments -- Add 6C, 10C, and 12C.
Line 13C: Enter the state share -- Multiply 13B by .70.
20. Line 13D: Enter the county share -- Multiply 13B by .30.
21. Line 13E: Enter the countable TANF MOE (state and county shares) -- add 13C and 13D.

MAR 18 1998

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)/GENERAL ASSISTANCE (GA)-CHILD WELFARE SERVICES (CWS)

FOR STATE USE DSS COUNTY WELFARE COUNTY AUDITOR

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

A. Persons Counts	B. Total Aid	SOURCE DOCUMENTS
Children		<u>Current Month</u>
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation
		4. Prior Month Supplemental Payroll
		5. Current Month Adjustments
		6. Subtotal

()	()	<u>Prior Month Negatives</u>
		10. Prior Month Cancellation
()	()	11. Recoveries of Aid
()	()	12. Prior Month Negative Adjustments
()	()	13. Subtotal

		<u>Prior Month Positives</u>
		17. Prior Month Positive Adjustments

		18. Total (Lines 6+ 13 + 17)
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	B. C. State (Line 18B x .5)	D. County (18B -19C)
19.		
20. GRAND TOTALS	\$ (Line 18B)	\$ (LINE 19C)
21. (FOR STATE USE)		
22.		
23. (FOR COUNTY USE)		

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance General Assistance 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 California 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 Emergency Assistance General Assistance made by the county; that said amounts correctly reflect 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 California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM DFA 881 (GA/CWS)

1. Enter county name, and month and year of claim, in spaces 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 can be used for claiming federal reimbursement of General Assistance expenditures for eligible Emergency Assistance (EA)-CWS recipients. In addition, expenditures for undocumented aliens eligible for EA are to be reported on this form.
4. Complete Lines 1 through 5, 10 through 12, and 17 in accordance with the amounts shown on the integrated payroll summary. (On non-integrated payrolls, enter the grand totals shown for each payroll or contra roll.)
5. Enter the subtotals of Lines 6 through 13.
6. Enter the totals of Line 6 + 13 + 17 on Line 18.
7. Line 19C—The state share is computed by multiplying Line 18B by 50%.
8. Line 19D — The county share is computed by subtracting Line 18B from 19C.
9. Line 20B, C and D — Enter grand totals.
10. Line 21 and 22 —Reserved for application of adjustments made by the state (federal and/or state field audit exceptions, etc.).
11. Line 23 — Included at county request and use is optional. If adjustments are reported in Lines 5, 12 or 17 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 record of expenditures.

REVISED SUMMARY REPORTS OF EXPENDITURES FOR CALWORKS

Form Number	Title
CA 800 (FED) (4/98)	Summary Report of Assistance Expenditures for CalWORKs - FEDERAL (FG/U)
CA 800M (4/98)	Summary Report of Assistance Expenditures for CalWORKs - Legal Immigrants (MIXED CASES)
CA 800 (STATE) (4/98)	Summary Report of Assistance Expenditures for CalWORKs - STATE ONLY
CA 800L (STATE) (4/98)	Summary Report of Assistance Expenditures for CalWORKs Legal Immigrants - STATE ONLY

INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL) (FG AND U)

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. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6A: Enter the subtotal from Lines 1A through 5A.
7. Line 7A: Enter the total amount of payments which are payable with state and county funds only, i.e. Reduced Income Supplemental Payment (RISP), Immediate Need, and Presumptive Temporary Homeless. These payments have no federal funding participation (FFP).
8. Line 8B: Determine and enter the federal share of current month payments - [(Line 6A minus Line 7A) times Current FFP Sharing Ratio].

PRIOR MONTH NEGATIVES

9. Line 9A: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
10. Line 10A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12A: Enter the subtotal from Lines 9A through 11A.
13. Line 13A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds; no FFP.
14. Line 14B: Determine and enter the federal share of the negative adjustments - [(Line 12A minus 13A) times Current FFP Sharing Ratio].

PRIOR MONTH POSITIVES

15. Line 15A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
16. Line 16A: Enter the total of all prior month adjustments that are payable with state and county funds only. There is no FFP.
17. Line 17B: Determine and enter the federal share of positive adjustments [(Line 15A minus 16A) times Current FFP Sharing Ratio].

STATE ONLY FUNDS

18. Line 18A: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19B: Determine and enter the amount payable by state fund only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 18A.

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

20. Line 20A: Enter the total aid payments -- Add Lines 6A, 12A, and 15A.
21. Line 20B: Enter the total federal share for this monthly Summary Report -- Add Lines 8B, 14B, and 17B.
22. Line 20C: Enter the total state and county only fund payments -- Add 7A, 13A, and 16A.
23. Line 20D: Enter the total state share -- [(20A minus 20C) multiplied by Current State Sharing Ratio] plus [20C multiplied by .95] minus (19B multiplied by .95) plus 19B.
24. Line 20E: Enter the total county share -- [(20A minus 20C) multiplied by Current County Sharing Ratio] plus [20C multiplied by .05] minus (19B multiplied by .05).
25. Line 20F: Enter the total of countable TANF Maintenance of Effort (state and county shares) -- Add 20D and 20E.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITIES TO KIDS (CalWORKs) - LEGAL IMMIGRANTS (MIXED CASES)

MAY 1 1998

For State Use: DSS County Welfare County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Family Group (FG) Unemployed (U)

(A) Federal Person Counts		(B) State Person Counts		(C) TOTAL AID	SOURCE DOCUMENT
Adults	Children	Adults	Children		
					CURRENT MONTH
					1. Main Payroll
					2. Current Month Supplemental
					3. Current Month Cancellation
					4. Prior Month Supplemental Payroll
					5. Current Month Adjustment
					6. Subtotal
					7. Amount Payable with State and County Funds
				(D)	8. Federal Share [(6C-7C) x Current FFP Ratio]
()	()	()	()	()	PRIOR MONTH NEGATIVES
()	()	()	()	()	9. Prior Month Cancellation
()	()	()	()	()	10. Recoveries of Aid
()	()	()	()	()	11. Prior Month Negative Adjustments
					12. Subtotal
					13. Amount Payable with State and County Funds
				(D)	14. Federal Share [(12C-13C) x Current FFP Ratio]
					PRIOR MONTH POSITIVES
					15. Prior Month Positive Adjustments
					16. Amount Payable with State and County Funds
					17. Federal share [(15C-16C) x Current FFP Ratio]
					STATE ONLY FUNDS
					18. Total Number of Federal Persons
					19. Total Number of Assistance Units Represented in 18A.
					20. Total Amount Payable by State Funds (\$1.00) (19B x \$1.00)

21. GRAND TOTALS

A. Total Aid Payments (6C + 12C + 15C)	B. Federal Share (8D + 14D + 17D)	C. State and County Only Funds (7C + 13C + 16C)	D. State Share [(21A-21C) x Current State %] + (21C x .95) - (20D x .95) + 20D	E. County Share [(21A-21C) x Current County Sharing %] + (21C x .05) - (20D x .05)	F. Countable TANF MOE (21D + 21E)

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 reported herein have been made in accordance with all provisions of the Government Code 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 800 LEGAL IMMIGRANTS (MIXED CASES)

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. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar and should reflect the cumulative federal and state funding from the prorated mixed cases.

CURRENT MONTH

5. Line 1 through Line 5: Complete with the amounts shown on the integrated payroll report (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total number of state-only persons and the cumulative prorated amounts from mixed case that are payable with state and county funds only. These expenditures have no federal funding participation (FFP).
8. Line 8D: Determine and enter the federal share of current month payments - [(Line 6C minus Line 7C) times Current FFP Sharing Ratio].

PRIOR MONTH NEGATIVES

9. Line 9: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.) The federal and state amounts entered should be the cumulative of all prorated payments for mixed case.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total state person counts and all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds; no FFP.
14. Line 14D: Determine and enter the federal share of the negative adjustments - [(Line 12C minus 13C) times Current FFP Sharing Ratio].

PRIOR MONTH POSITIVES

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. The federal and state amounts entered should be the cumulative of the prorated payments for mixed case.
16. Line 16: Enter the state person counts and the total of all prior month adjustments that are payable with state and county funds only. There is no FFP.
17. Line 17D: Determine and enter the federal share of positive adjustments - [(Line 15C minus 16C) times Current FFP Sharing Ratio].

STATE ONLY FUNDS

18. Line 18A: Total the number of Federal Persons (Adults and Children).
19. Line 19B: Determine and enter the number of assistance units (AUs) represented in your total federal persons counties (Adults and Children).
20. Line 20D: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 19B.

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

21. Line 21A: Enter the total aid payments -- Add Lines 6C, 12C, and 15C.
22. Line 21B: Enter the total federal share for this monthly Summary Report -- Add Lines 8D, 14D, and 17D.
23. Line 21C: Enter the total state and county only fund payments -- Add 7C, 13C, and 16C.
24. Line 21D: Enter the total state share -- [(21A minus 21C) multiplied by the current state sharing ratio] plus [21C multiplied by .95] minus (20D multiplied by .95) plus 20D.
25. Line 21E: Enter the total county share -- [(21A minus 21C) multiplied by the current county sharing ratio] plus [21C multiplied by .05] minus (20D multiplied by .05).
26. Line 21F: Enter the total of countable TANF Maintenance of Effort (state and county shares) -- Add 21D and 21E.

INSTRUCTIONS FOR USE OF THE FORM CA 800 (STATE ONLY) (FG AND U)

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. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6B: Enter the subtotal from Lines 1A through 5A.

PRIOR MONTH NEGATIVES

7. Line 7A: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
8. Line 8A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
10. Line 10B: Enter the subtotal from Lines 7A through 9A.

PRIOR MONTH POSITIVES

11. Line 11A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
12. Line 12B: Enter the subtotal of the prior months positive adjustments.

STATE ONLY FUNDS

13. Line 13A: Determine and enter the total state assistance units (AUs) represented in the persons counts (children and adults).
14. Line 14B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for state only AUs (*Welfare & Institutions Code 11006.1*)] -- Multiply \$2.00 times 13A.

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

15. Line 15A: Enter the total aid payments -- Add 6B, 10B and 12B.
16. Line 15B: Enter the state share -- Multiply 15A by .95 and add 14B minus (14B multiplied by .95).
17. Line 15C: Enter the county share -- Multiply 15A by .05 minus (14B multiplied by .05).
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.

**INSTRUCTIONS FOR USE OF THE FORM CA 800 LEGAL IMMIGRANTS
(STATE ONLY) (FG AND U)**

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. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6B: Enter the subtotal from Lines 1A through 5A.

PRIOR MONTH NEGATIVES

7. Line 7A: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
8. Line 8A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
10. Line 10B: Enter the subtotal from Lines 7A through 9A.

SAMPLE

PRIOR MONTH POSITIVES

11. Line 11A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
12. Line 12B: Enter the subtotal of the prior months positive adjustments.

STATE ONLY FUNDS

13. Line 13A: Determine and enter the total state assistance units (AUs) represented in your in your persons counts (children and adults).
14. Line 14B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for state only AUs (*Welfare & Institutions Code 11006.1*)] -- Multiply \$2.00 times 13A.

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

15. Line 15A: Enter the total aid payments -- Add 6B, 10B and 12B.
16. Line 15B: Enter the state share -- Multiply 15A by .95 and add 14B minus (14B multiplied by .95).
17. Line 15C: Enter the county share -- Multiply 15A by .05 minus (14B multiplied by .05).
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FISCAL POLICY BUREAU**

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

INSTRUCTIONS: All Assistance Claims must be accompanied with a Payroll Summary. The following chart displays the required detail support for specific line items within each assistance claim. (Note: The version date of the claim form is subject to change as a result of revisions to the form.)

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
AD 800A (1/97)	Summary Report of Assistance Expenditures - Adoption Assistance Program/Federal	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). -----
		13A	Amount not Reimbursable from Federal Funds	Payroll Detail	
AD 800B (7/91)	Summary Report of Assistance Expenditures - Adoption Assistance Program Nonfederal (Includes Aid for the Adoption of Children-AAC)	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s).
CA 800A FC (7/91)	Summary Report of Assistance Expenditures - Nonfederal Children in Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). -----
		17B 17C	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 FC (FED) (1/97)	Summary Report of Assistance Expenditures - Federal Children in Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). ----- Must reflect the approved nonfederal foster care rates.
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	
		18B 18D	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 (FED VOLUNTARY FC) (1/97)	Summary Report of Assistance Expenditures Federal Children in Voluntary Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). ----- Must reflect the approved nonfederal foster care rates.
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	
		18B 18D	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 FC1 (FED) (3/97)	Foster Care Facility Amounts Not Reimbursable from Federal Funds	C3	Nonfed (%)		Must reflect the approved nonfederal foster care rates.
		D3	Nonfed (%)	-----	

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FISCAL POLICY BUREAU**

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800 (FED) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - Federal	7A	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	-----
		13A	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	-----
		15A	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	Report <u>must display</u> initial issuance date(s).
		16A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	-----
CA 800 (STATE) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - State-Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800D (FED) (1/98)	Summary Report of Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Diversion - Federal	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800D (STATE) (1/98)	Summary Report of Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Diversion - State Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800L (STATE) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Legal Immigrants - State Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FISCAL POLICY BUREAU**

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800M (MIXED) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - Legal Immigrants (Mixed Cases)	7C	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	The amounts displayed on the Payroll Summary should be cumulative of the prorated amounts for all mixed cases by state and federal funding.
		13C	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	The amounts displayed on the Payroll Summary should be cumulative of the prorated state amounts for all mixed cases by state and county funding.
		15C	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	Report <u>must display</u> initial issuance date(s) and display federal and state amounts and persons counts for each mixed case.
		16C	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	The amounts displayed on the Payroll Summary should be cumulative of the prorated state amounts for all mixed cases.
CA 800 EA (STATE) (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance (EA) Foster Care - State Only	11B	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800 EA (10/93) Note: This form should be used for all claim adjustments for the months prior to July 1997. This form will be obsolete beginning January 1999.	Summary Report of Assistance Expenditures Emergency Assistance Foster Care	7A	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	-----
		14A	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	-----
		17	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
		18A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	-----

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FISCAL POLICY BUREAU**

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 1019 (1/92)	Summary Report of Expenditures for Seriously Emotionally Disturbed Children	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s).
DFA 881 (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance/General Assistance	17B	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> initial issuance date(s).
DFA 846 (7/91)	Summary Report of Assistance Expenditures for the Refugee Cash Assistance Program (RCA) (Includes Entrants)	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). Separate Payroll Summary for UC and Refugees and entrants other than UC (adults).
		13 14	Unaccompanied Children (UC) Refugees and Entrants (other and UC)	Payroll Summary Payroll Summary	
AD 800 (10/91)	Certification - Adoption Cost of Care Subvention Under W&I Code 16106	----	-----	-----	Submitted when necessary.
EL 800 (3/79)	Summary Report of Uncollected Loans	----	-----	-----	Submitted when necessary.
DFA 837 (9/80)	Summary Report of Assistance Expenditures (Old Age Security, Aid to the Blind, and Aid to the Disabled)	----	-----	-----	Submitted quarterly for aid recoveries only.