

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



November 5, 1999

COUNTY FISCAL LETTER (CFL) NO. 99/00-37

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS  
WELFARE TO WORK COORDINATORS  
All CalWORKs PROGRAM MANAGERS

SUBJECT: FISCAL INSTRUCTIONS AND INFORMATION FOR ASSISTANCE  
EXPENDITURES INCLUDING TWO-PARENT FAMILIES AND  
OVERPAYMENT RECOVERIES UNDER THE TEMPORARY  
ASSISTANCE TO NEEDY FAMILIES (TANF) BLOCK GRANT

REFERENCE: All County Letter (ACL) No. 99-54, dated August 12, 1999.

The purpose of this letter is to provide information regarding claiming instructions for assistance payments and time study codes associated with the implementation of the Two-Parent Families Program. ACL No. 99-54, dated August 12, 1999, provided instructions for implementing the Separate State Program for Two-Parent Families effective October 1, 1999. This CFL includes information and/or instructions on (1) aid codes; (2) assistance claim forms; (3) claiming of immediate need/presumptive payments and Reduced Income Supplemental Payments (RISP); (4) reporting of overpayments/recoupments under the TANF Block Grant; (5) time study codes; and (6) extension for filing of assistance claims.

**1. AID CODES**

Attachment 1 displays the aid codes and their new definitions. All aid codes have been updated to capture the all families, two-parent families, and zero parent families definitions. Some codes have been completely redefined and also have funding changes. These are the same aid codes and definitions previously provided in ACL No. 99-54.

Aid code (35) is now a state funded code for those families who meet the new two-parent definition.

Aid code (30) will capture all families who do not meet the two-parent family criteria.

Aid code (32) has been reserved for future use for families who do not meet all federal requirements (i.e., federal time limits) but State regulations require that the individual(s) be aided. Section 3 provides instructions on the claiming of payments that were previously recorded under this aid code. Beginning with the 10/99 claim month, until further notice, no assistance expenditures will be claimed on the CA 800 (State) Summary Report of Assistance Expenditures for CalWORKs-STATE ONLY.

Four aid codes (33, 3R, 3G, 3H) have been redefined specifically for zero-parent data reporting requirements.

The two diversion aid codes (3K and 3Y) for two-parent families will remain unchanged. This is necessary due to different funding ratios, tracking purposes associated with the 60-month time limit, and reporting of State General Fund (SGF) and county funding.

The remaining aid codes (3P, 3L, 3E, 3U, 3J, 3M, and 3X) have been updated to include all families and/or two-parent families definitions.

## 2. ASSISTANCE CLAIM FORMS

A summary and copies of all the revised assistance claim forms are provided in Attachment 2. Please refer to Attachment 1 to determine the appropriate assistance claim form for each aid code. The CA 800S has been developed to capture expenditures for the Two-Parent Families Program. In addition, assistance claim forms and instructions have been revised by changing the references from Family Group (FG)/Unemployment (U) payments to All Families, Two-Parent Families, and Zero Parent Families programs.

The assistance claim forms are available as 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

## 3. IMMEDIATE NEED/PRESUMPTIVE PAYMENTS AND RISP

Payments for immediate need, presumptive homeless assistance and RISP can be made with TANF funds under 45 CFR Section 260.20. These payments meet the first general TANF purpose, providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

Effective October 1, 1999, these payments will no longer be claimed to aid codes, 32 and 33. Immediate need and presumptive homeless assistance payments will be claimed under the appropriate aid code for the family unit, even if they are determined to be subsequently ineligible for aid. This also includes RISP payments, which will be claimed under the current month aid code category. Attachment 1 displays the aid codes and appropriate assistance claim forms for reporting these payments.

#### 4. OVERPAYMENT/RECOUPMENT OF ASSISTANCE PAYMENTS

Previous instructions (ACL No. 88-69, dated June 23, 1988) advised counties that if a state-only grant was adjusted to recoup an overpayment that occurred on a federal program, it was necessary to claim the amount of the grant adjustment as a current month adjustment (positive) on the CA 800 State Only assistance claim as if it had been paid. The same amount was also reclaimed on the CA 800 Federal assistance claim as a recovery of aid.

Under the TANF Block Grant, the federal government does not share in the assistance payments at a Federal Medical Assistance Percentage (FMAP) rate. The federal funds in the State's TANF Block Grant are available to fund an array of services and benefits. Therefore, it is no longer necessary to "reimburse" the federal program with the recovered amount. For all programs funded under the TANF Block Grant, including those funded exclusively with State Maintenance of Effort (MOE) funds, counties shall report the recoupment or recovery of aid on the assistance claim that is appropriate for the current month aid code category. Counties must continue to maintain records at the local level that identify the amount of the overpayment, the date of occurrence, the repayment dates and the amount of recovery.

#### 5. TIME STUDY CODES

Time study codes for the Two-Parent Families Program were released in CFL 99/00-29, dated September 21, 1999.

Effective for the December 1999 quarter only, the following program code will be used to capture activities and expenditures associated with Welfare to Work services provided on behalf of Two-Parent Families Program recipients.

Program Code 451 Nonfederal Welfare to Work  
Non-Admin

Time study code 4512 has been expanded to capture activities performed on behalf of nonfederally eligible CalWORKs recipients including Two-Parent Families participants for the December 1999 quarter only.

New program codes specifically for Two-Parent Families Program, Welfare to Work activities, will be issued with the March 2000 quarter time study letter.

6. EXTENSION FOR FILING OF ASSISTANCE CLAIMS

With this letter counties are given an extension of the due date for the 10/99 claim to coincide with the due date of the 11/99 claim.

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

***Original Document Signed By  
George E. Peacher, Jr., on 11/5/99***

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

## AID CODE/ASSISTANCE CLAIM FORMS EFFECTIVE 10/1/99

CalWORKs Cash Assistance (FFP)	<p>(30) CalWORKs-All families provides aid to families who do not meet the two-parent definition and are federally eligible. Includes sanctioned Cal-Learn families.</p> <p>(3P) CalWORKs-This population is the same as aid code 30 except they are exempt from the TANF grant reductions.</p> <p>(33) CalWORKs-Provides aid to zero parent cases.</p> <p>(3R) CalWORKs-Provides aid to zero parent cases that are exempt from the TANF grant reductions.</p>	CA 800 (Fed) (10/99)
CalWORKs Cash Assistance (State Only)	(32) CalWORKs-(Non-FFP cash grant/FFP for Medi-Cal eligible.) ( <b>RESERVED FOR FUTURE USE.</b> ) Aid to all families who do not meet all federal requirements, but State regulations require the individual be aided. Includes those families who have exceeded the 5-year time limit.	CA 800 (State) (10/99)
CalWORKs Cash Assistance (State Only)	(35) CalWORKs-(Non-FFP cash grant/FFP for Medi-Cal eligible.) Provides aid to two-parent families that include two non-disabled natural or adoptive parents of the same minor child, who are living in the home unless both are aided minors and neither is head-of-household.	CA 800S (State) (10/99)
New Entrant Legal Immigrant (State Only)	<p>(3L) CalWORKs-Legal Immigrants (Non-FFP cash grant/FFP for Medi-Cal eligible.) Includes individuals who meet the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or met the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). Provides aid to eligible CalWORKs families meeting the definition of all families.</p> <p>(3G) CalWORKs-Zero parent case, which meets the definition of 3L.</p> <p>(3M) CalWORKs-Legal Immigrants (Non-FFP cash grant/FFP for Medi-Cal eligible.) Includes individuals who meet the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996 or meets the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). Provides aid to eligible CalWORKs families meeting the definition of two-parent families.</p>	CA 800L (State) (10/99)
New Entrant Legal Immigrant (Mixed Cases)	<p>(3E) CalWORKs-Legal Immigrants. 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 meets the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996 or meets the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided. Provides aid to eligible CalWORKs families meeting the definition of all families.</p> <p>(3H) CalWORKs-Zero parent case, which meets the definition of 3E.</p> <p>(3U) CalWORKs Legal Immigrant-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 meets the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996 or meets the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). State law requires that the individual be aided. Provides aid to eligible CalWORKs families meeting the definition of two-parent families.</p>	CA 800M (Mixed) (10/99)
CalWORKs Diversion (FFP)	<p>(3J) CalWORKs-Diversion-Provides diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of all families.</p> <p>(3K) CalWORKs-Diversion-Provides diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of two-parent families.</p>	CA 800D (Fed) (10/99)
CalWORKs Diversion (State Only)	<p>(3X) CalWORKs-Diversion-Provides diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of all families but who do not meet all federal requirements. State law requires that the individual(s) be aided. Includes legal immigrants.</p> <p>(3Y) CalWORKs Diversion-Provides diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of two-parent families but who do not meet all federal requirements. State law requires that the individual(s) be aided. Includes legal immigrants.</p>	CA 800D (State) (10/99)

**REVISED SUMMARY REPORTS OF EXPENDITURES FOR CalWORKS**

Form Number	Title
CA 800 (Fed) (10/99)	Summary Report of Assistance Expenditures for CalWORKs-FEDERAL
CA 800L (State) (10/99)	Summary Report of Assistance Expenditures for CalWORKs Legal Immigrants-STATE ONLY
CA 800M (10/99)	Summary Report of Assistance Expenditures for CalWORKs Legal Immigrants-MIXED CASES
CA 800S (State) (10/99)	Summary Report of Assistance Expenditures for CalWORKs-STATE ONLY TWO-PARENT FAMILIES
CA 800D (Fed) (10/99)	Summary Report of Assistance Expenditures for CalWORKs Diversion-FEDERAL
CA 800D (State) (10/99)	Summary Report of Assistance Expenditures for CalWORKs Diversion-STATE ONLY



## INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL) ALL FAMILIES/ZERO PARENT FAMILIES

### **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 All Families or Zero Parent Families Box.
4. All amounts on this form may be rounded to the nearest dollar.

### **CURRENT MONTH**

5. Line 1A through Line 5A: Enter 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. These payments have no federal funding participation (FFP).
8. Line 8B: Determine and enter the federal/state share of current month payments - [(Line 6A minus Line 7A) times 97.5 % Sharing Ratio].

### **PRIOR MONTH NEGATIVES**

9. Line 9A: Enter 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, state and county only funds, 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/state share of the negative adjustments - [(Line 12A minus 13A) times 97.5% 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; no FFP.
17. Line 17B: Determine and enter the federal/state share of positive adjustments [(Line 15A minus 16A) times 97.5% 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 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 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 state and county only fund payments -- Add 7A, 13A, and 16A.
22. Line 20B1: Enter the total state share -- 20B multiplied by .95 + 19B - 19B x .95
23. Line 20B2: Enter the total county share -- 20B multiplied by .05 - 19B x .05.
24. Line 20C: Enter the total federal/state share--add lines 8B + 14B + 17B.
25. Line 20D: Enter the total county share - Lines 20A - 20B - 20C + 20B2.



**INSTRUCTIONS FOR USE OF THE FORM CA 800 LEGAL IMMIGRANTS  
(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. Check the appropriate All Families, Two-Parent Families or Zero Parent Families 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 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.

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

For State Use:  DSS  County Welfare  County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form) (AID CODES: 3E, 3H, 3U)  All Families  Two-Parent Families  Zero Parent Families

(A) Federal Person Counts		(B) State Person Counts		(C) TOTAL AID	SOURCE DOCUMENT
Adults	Children	Adults	Children		
					<b>CURRENT MONTH</b>
					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/State Share [(6C-7C) x 97.5%]
( )	( )	( )	( )	( )	<b>PRIOR MONTH NEGATIVES</b>
( )	( )	( )	( )	( )	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/State Share [(12C-13C) x 97.5%]
					<b>PRIOR MONTH POSITIVES</b>
					15. Prior Month Positive Adjustments
					16. Amount Payable with State and County Funds
				(D)	17. Federal/State share [(15C-16C) x 97.5%]
					<b>STATE ONLY FUNDS</b>
					18. Total Number of Federal Persons
					19. Total Number of Assistance Units Represented in 18A.
				(D)	20. Total Amount Payable by State Funds (\$1.00) (19B x \$1.00)

**21. GRAND TOTALS**

A. Total Aid Payments (6C + 12C + 15C)	B. State and County Only Funds (7C + 13C + 16C)	B1. State Share (21B x .95 + 20D) - (20D x .95)	B2. County Share (21B x .05) - (20D x .05)	C. Federal/State Share (8D + 14D + 17D)	D. TOTAL County Share (21A - 21B - 21C + 21B2) 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 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 All Families, Two-Parent Families or Zero Parent Families 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: Enter 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/state share of current month payments - Line 6C minus Line 7C times 97.5%.

## **PRIOR MONTH NEGATIVES**

9. Line 9: Enter 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/state share of the negative adjustments - [(Line 12C minus 13C) times 97.5%].

## **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/state share of positive adjustments - [(Line 15C minus 16C) times 97.5%].

## **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 state and county only fund payments -- Add 7C, 13C, and 16C.
23. Line 21B1: Enter the total state share -- [21B multiplied by .95] plus 20D. - (20D x .95)
24. Line 21B2: Enter the total county share -- [21B multiplied by .05] - (20D x .05)
25. Line 21C: Enter the total federal/state share for this monthly Summary Report -- Add Lines 8D, 14D, and 17D.
26. Line 21D: Enter the total County share line 21A - 21B - 21C, plus 21B2.



## INSTRUCTIONS FOR USE OF THE FORM CA 800S (STATE ONLY) TWO PARENT FAMILIES

### **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**

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 97.5% and add 14B minus (14B multiplied by 97.5%).
17. Line 15C: Enter the county share -- Multiply 15A by 2.5% minus (14B multiplied by 2.5%).
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.



**INSTRUCTIONS FOR USE OF THE FORM CA 800 DIVERSION  
(FEDERAL)**

**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 All Families or Two-Parent Families box.
4. All amounts on this form may be rounded to the nearest dollar.

**CURRENT MONTH**

5. Line 1A through Line 5A: Enter 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: Enter 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.

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

13. Line 13A: Enter the total aid payments -- Add 6B, 10B and 12B.
14. Line 13B: Enter the federal/state share -- Multiply 13A by 97.5%.
15. Line 13C: Enter the county share -- Multiply 13A by 2.5%.



**INSTRUCTIONS FOR USE OF THE FORM CA 800 DIVERSION  
(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. Check the appropriate All Families or Two-Parent Families 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.

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

13. Line 13A: Enter the total aid payments -- Add 6B, 10B and 12B.
14. Line 13B: Enter the state share -- Multiply 13A by .95.
15. Line 13C: Enter the county share -- Multiply 13A by .05.
16. Line 13D: Enter the countable TANF MOE (state and county shares) -- Add 13B and 13C.