

**NOTICE OF FORM CHANGE NO. 03-066**

DATE

6/23/03

**TO:**County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit  
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

## FORM NUMBER AND TITLE

CA 800A FC (NONFED) (5/03) Summary Report of Assistance Expenditures - Nonfederal Children In Foster Care

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 5/03	REPLACES 7/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> OTHER:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

## USE NEW FORM

 When supply available in DSS Warehouse Use new form effective immediately

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached are a Reproducible Copies

Check on the Internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).



## INSTRUCTIONS FOR USE OF FORM CA 800A FC (NONFEDERAL)

1. Enter county name, month and the year of claim in the space provided.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on this form may be rounded to the nearer dollar.  
  
**Note:** Zero Grant Persons Count has been deleted. Under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.  
  
**Note:** The \$100 Supplemental Clothing Allowance is a separate fund source from the rest of the costs on the Assistance Claim, with a different sharing ratio (for this form the cost share is 100% State). Counties must back out these expenditures from the main payroll totals prior recording on Line 1B.
3. Enter the subtotals in Lines 5 and 9, and the totals in Line 11. Required detail support for schedule of adjustment: Prior month positive adjustment report.
4. Line 12B - Enter Total Aid Paid (from 11B).
5. Line 12C - Enter the State share: total aid paid (11B x .40).
6. Line 12D - Enter the County share: total aid paid (11B x .60).
7. Lines 13 and 14 - Reserved for State use.
8. Line 15C - Enter 100% of the supplemental clothing allowance expenditures (100% State cost) from the county foster care payroll records or other automated payment system.
9. Line 16 - To be used for claiming reimbursement for funeral cost for foster care children in accordance with EAS Manual Section 11-420.2 (see also Fiscal Handbook Section 25-753). Required detail support: ABCD 801 (Aid Payroll - Contra Roll or equivalent form).
10. Line 17A - Enter the persons count (total number of State FC in the Transitional Housing Placement Program [THPP]).
11. Line 17B - Enter the total THPP rate increase. (Back out the rate increase from the main payroll costs before the total is listed on Line 11B.)
12. Line 17C - Enter the State share of cost for THPP: (Line 17B x .40).
13. Line 17D - Enter the County share of cost for THPP: (Line 17B x .60).
14. Lines 18 and 19 - For County use at request of counties.