

**NOTICE OF FORM CHANGE NO. 04-116**

DATE

4/9/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 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 800 FC NONFED (3/04) Summary Report of Assistance Expenditures, Foster Care, Seriously Emotionally Disturbed Children (SED), Nonfederal

ORDER UNIT MASTER ONLY	<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 3/04	REPLACES 1/30/04	<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</b> <b>P.O. Box 980788</b> <b>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

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

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).

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FOSTER CARE, SERIOUSLY EMOTIONALLY DISTURBED CHILDREN (SED)  
NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	Foster Care 40	SED 05	TOTAL
1 Main Payroll			-
2 Current Month Supplemental Payroll Payroll			-
3 Current Month Cancellation Contra Roll			-
4 Prior Months Supplemental Payroll			-
5 Current Month Adjustment			-
6 Subtotal (Lines 1 - 5)	-	-	-
7 Prior Months Cancellation Contra Roll			-
8 Recoveries of Aid			-
9 Prior Month Negative Adjustment			-
10 Subtotals (Lines 7 - 9)	-	-	-
11 Prior Month Positive Adjustment			-
12 TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-	-
13 State Share (40%)	-	-	-
14 County Share (60%)	-	-	-

15 THPP Rate Increase			-
16 State Share (40%)	-		-
17 County Share (60%)	-		-

18 Supplemental Clothing Allowance (100% State)			-
19 Funeral Costs (100% State)			-
20 Total	-		-
21 Persons Count			

County Use Only (non-add line)			-
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Summary by Funding/Program	State	County	Total
22 Foster Care	-	-	-
23 SED	-	-	-
24 THPP	-	-	-
25 Supplemental Clothing Allowance (Line 18)	-		-
26 Funeral Costs	-		-
27 Total	-	-	-

**INSTRUCTIONS FOR FORM CA 800 FC NONFED  
FOSTER CARE AND SERIOUSLY EMOTIONALLY DISTURBED CHILDREN (SED)**

**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. This form is pre-programmed to round all amounts to the nearest dollar.

**Current Month**

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

For each column:

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

**Prior Month Positives**

8. Line 11: 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.

**Total**

9. Line 12: Total Aid Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.

**Summary by Funding**

10. Lines 13 and 14 summarize total aid payments by funding sources. The state and county shares will calculate automatically at the appropriate rates  
Line 13: State Share: Line 12 x 40%  
Line 14: County Share: Line 12 x 60%

**Transition Housing Placement Program (THPP)**

13. Line 15: Enter the total THPP rate increase paid.
14. Line 16: State Share: Line 15 x 40%
15. Line 17: County Share: Line 15 x 60%

**Supplemental Clothing Allowance (SCA)**

16. Line 18: Enter the SCA expenditures from county payroll records or other automated payroll system.  
**REMINDER:** : SCA expenditures must be excluded from the main payroll amount which is entered on Line 1. Funding is 100% State.

**Funeral Costs**

17. Line 19: To be used for claiming funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP 25-753). Required detailed support: Aid payroll, contra roll or equivalent form. Funding is 100% State.

**Totals**

18. Line 20: Grand total of aid payments, THPP, SCA, and Funeral Costs (Lines 12+15+18+19).

**Persons Count**

19. Line 21: Enter persons count for each program.

**Summary by Program**

20. Lines 22 through 26: The State and county shares will calculate automatically by program.