

NOTICE OF FORM CHANGE NO. 04-120

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 FED (3/04) Summary Report of Assistance Expenditures, Foster Care;
Foster Care SB 163, Federal

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 1/04	<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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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

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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE; FOSTER CARE SB 163,
FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		Foster Care		SB 163	
		Persons Count	42	42	
1	Main Payroll				
2	Current Month Supplemental 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	Office Audit Corrections				
13	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)	-	-	-	
14	Amount Not Reimbursable at Fed FMAP Rate [FC 1 Col D6+E2(FFAs)+J4(Grp Homes)]		-	-	
15	TOTAL - Line 13 - Line 14		-	-	
16	THPP Rate Increase				
17	Supplemental Clothing Allowance				
18	Funeral Costs (100% State)				
19	TOTAL ALL PAYMENTS (Lines 13+16+17+18)		-	-	
Summary by Funding		Federal	State	County	Total
20	Foster Care FMAP Rate (50/20/30)	-	-	-	-
21	Fed Adm Costs (FC1 Col E4) FFAs	-	-	-	-
22	Non Fed. Admin Costs (FC1 Col F2) FFAs		-	-	-
23	THPP Rate Increase (Line 16)	-	-	-	-
24	Supplemental Clothing Allowance (Line 17)	-	-		-
25	Funeral Cost (Line 18)		-		-
26	Total Payment Federal Foster Care	-	-	-	-
27	SB 163 - Basic (Line 15 x 50%)	-			-
28	Fed Adm Costs (FC1 Col E4) FFAs x 50%	-			-
29	Total Payment SB 163	-			-
30	Total Foster Care and SB 163	-			-

**INSTRUCTIONS FOR FORM CA 800 FC
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE AND FOSTER CARE-SB 163, 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. 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. Only current month adjustments should be entered on Line 5.
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.

Office Audit Corrections

9. Line 12: Office audit corrections. Enter the person's count and adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Please refer to All County Information Notice I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information.

Total

10. Line 13: Total Aid Payments, current and prior months (Line 6+10+11+12). This amount will calculate automatically. The persons count on this line should equal Line 5 on the CA 800FC PIA; the total payment amount should equal Line 10 of the CA 800FC PIA.
11. Line 14: Amount not reimbursable from federal FMAP Rate from FC.1 Column D6+E2 (FFAs) J4 (Group Homes).
12. Line 15: Net Total – amount reimbursable with Federal Funds (Line 13 – Line 14)

Transition Housing Placement Program (THPP)

13. Line 16: Enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)

14. Line 17: 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.

Funeral Costs

15. Line 18: 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 Section 25-753). Required detailed support: Aid payroll, contra roll or equivalent form.

Totals

16. Line 19: Grand total of aid payments, THPP, SCA, and Funeral Costs (Lines 13+16+17+18).

Summary of Aid Payments, THPP, SCA, and Funeral Costs by Program and by Funding

17. Lines 20-30 will calculate automatically at the appropriate rates.