STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF SOCIAL SERVICES
744 P STREET
SACRAMENTO, CA 95814

December 19, 1997

COUNTY FISCAL LETTER (CFL) NO. 97/98-41

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

SUBJECT: FISCAL INSTRUCTIONS AND INFORMATION FOR ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) AND TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) IMPLEMENTATION

The purpose of this letter is to provide fiscal information and claiming instructions for aid payments associated with the CalWORKs implementation on January 1, 1998, and to meet federal TANF requirements under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. This CFL includes information and/or instructions that are effective January 1, 1998 for: (1) aid codes, (2) assistance claims, (3) assistance claim support documentation, (4) funding sharing ratios, (5) the fund advance process, (6) demonstration project assistance claiming and (7) reporting cash assistance and services expenditures provided by vendor payments or voucher.

I. AID CODES

A. Revisions to Existing Aid Codes

As displayed on Attachment 1, aid codes 30, 35, 3P, 3R, 32, 33, 3G, and 3H have no significant changes. The only changes to these codes are: (1) the title, AFDC to CalWORKs and (2) where appropriate within the definition, AFDC to TANF. The definitions of these codes remain the same.

B. New Aid Codes

The following are the eight new aid codes that have been established as a result of the implementation of CalWORKs. Please reference Attachment 2 for the definition of each new code. Claiming instructions for these new codes are provided to you in Section 2.A of this letter.

Diversion: For the Diversion Program, aid codes 3J Family Group (FG) and 3K Unemployed (U) are assigned to persons that have been determined to be appropriate candidates for a lump sum diversion payment/service that is funded with a federal financial participation (FFP) share. Please reference Section 4 for the current FFP/State/County sharing ratios. The aid codes 3X (FG) and 3Y (U) are for persons that have been granted a lump sum diversion payment/service with no FFP share (i.e., non-federally eligible legal immigrants). The sharing ratio is 0/95/5 (federal/state/county).

Legal Immigrants: There are four new aid codes for the legal immigrant population. The state-only aid codes have been established for the legal immigrant who is not federally eligible under TANF. Aid codes 3L (FG) and 3M (U) are for legal immigrants that entered the U.S. on or after August 22, 1996 and aliens permanently residing under the color of law, who do not meet all the federal TANF eligibility requirements, but State law requires the individual to be aided. The effective date of these codes is retroactive to August 1996 and the funding is 0/95/5 (federal/state/county) sharing ratio.

There are mixed cases that have at least one federally eligible legal immigrant and one non-federally eligible immigrant, aid codes, 3E (FG) and 3U (U) have been established to report the expenditures for these cases. The effective date of these codes is retroactive to August 1996. Reference Section 4 for the current sharing ratios for the federally eligible person. For the non-federally eligible individual in the mixed case, the funding is 0/95/5 (federal/state/county) sharing ratio.

Please reference Section 2.B, *CA 800L (STATE),* for retroactive adjustments for the expenditures from federal to state funds.

C. Deleted Aid Code

Emergency Assistance (EA) Probation: As of July 1, 1997, the EA Probation expenditures will be reported on the County Expense Claim (CEC) to the TANF Probation Program. This change was a result of the California Budget Act of 1997 (Statutes 1997, Chapter 282) and the enactment of the Comprehensive Youth Services Act (Chapter 3.2, commencing with Section 18220, of the Welfare and Institutions Code). The FFP for this program is passed through the county welfare department to the county probation departments. There is no state or county share.

Therefore, the 4K aid code will be deleted on January 1, 1999. This will allow counties to make adjustments to their claims within the 18-month claiming time limit. (Please reference Section 2.A, *CA800 EA (STATE),* for claiming instructions to report any adjustments.)

2. *ASSISTANCE CLAIMS*

The following are descriptions and instructions for revised, new and obsolete assistance claims. Please reference Attachment 1 for the relationship of the assistance claim forms to the aid codes. Attachment 3 includes the revised and new assistance claims. Only camera-ready copies of these forms are available upon request. 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

A. *Revised Assistance Claims*

CA 800 (FED): The CA 800 (Federal) Summary Report has been simplified. The changes include a new title, person counts lines have been removed, and there is a line for reporting the countable TANF maintenance of effort. Also, the sharing ratios are not displayed. Please reference Section 4 for more information on the current sharing ratios. The CA 800 (FED) (1/98) is effective January 1998 Report Month. The CA 800 (Federal) (7/91) will be obsolete January 1, 1998.

CA 800 (STATE): The CA 800 (State-Only) Summary Report also has been simplified. The changes include a new title, person counts lines have been removed, and there is a line for reporting the countable TANF maintenance of effort. The CA 800 (STATE) (1/98) is effective January 1998 Report Month. The CA 800 (State-Only) (7/91) will be obsolete January 1, 1998.

CA 800 EA (STATE): Prior to July 1, 1997, the EA Probation assistance expenditures were reported on the CA 800 (EA) Summary Report. As a result of the funding changes, all EA Probation expenditures are reported on the CEC under services funded from the Comprehensive Youth Services Act. Please reference CFL No. 97/98-12 dated September 2, 1997.

The assistance expenditures for EA Foster Care should be reported on the revised CA 800 EA (STATE). The funding ratio for these expenditures is 0/70/30 (federal/state/county) and was effective July 1, 1997. Claim adjustments prior to July 1, 1997 for cases with an aid code 4K (EA Probation) should be reported on the old form CA 800 (EA) (10/93). This process will ensure that the previous sharing ratios (50/20/30 federal/state/county) are applied for adjustments submitted within the 18-month claiming time limit.

B. New Claims

CA 800D (FED) and CA 800D (STATE): For the Diversion Program, there are two new claims. These claims are used for reporting the expenditures for lump sum cash or noncash payments/services. As the State continues to maintain the cash accounting policy for reporting expenditures, counties are reminded that diversion noncash payments/services should only be reported on the CA 800D (FED) or (STATE) in the month in which the invoice or voucher is paid to the service provider. However, cash payments may be reported in the month in which the warrant is issued. Please reference Section 4 for the sharing ratios for on the CA 800D (FED).

The "Main Payroll" line under the Current Month Section should be used to report one-time or short term lump sum payments when payments are proportioned as recurring payments. All other one-time lump sum payments (non-recurring) should be reported on the Supplemental Payroll lines.

Until the draft federal regulations are finalized and/or CDSS issues alternative program policy directives, counties are instructed to implement the CalWORKs Diversion Program as instructed in the All County Letter (ACL) No. 97-68 dated October 29, 1997 and to report expenditures as instructed above.

CA 800L (STATE): The new state-only Summary Report for Legal Immigrants will be used to report assistance expenditures for non-federally eligible legal immigrants.

Counties were instructed in ACL No. 96-52 dated September 19, 1996 to "flag" the legal immigrant client that entered the United States on or after August 22, 1996, and received AFDC assistance. Counties were also instructed to operate the AFDC program using the existing regulations. Therefore, the assistance payments for all eligible legal immigrants entering this country on or after August 22, 1996 include FFP and are currently being reported on the CA 800 Federal assistance claim.

Counties are now instructed to make retroactive assistance reporting adjustments. For the August and September 1996 Summary Reports, adjustments should be made no later than the May 1998. However, beginning with the October 1996 report month, adjustments are subject to the 18-month claiming limit. To complete this retroactive process, counties should shift from FFP to state and county only funding for legal immigrant assistance expenditures. The negative adjustments should be reported on the CA 800 (FED) (1/98) and a positive adjustment on the CA 800L (STATE) (1/98) claims.

CA 800M (Mixed): The CA 800M (Mixed) is summary report of legal immigrants that are in a mixed cases. These cases have both federally eligible and non-federally eligible legal immigrants. Counties are instructed to report persons

counts for these cases with the respective expenditures. The mixed case should be reported as a federal case and the assistance payment should be prorated by case.

> *Example: Household of four legal immigrants. Mother was lawfully admitted for permanent residence in the U.S. after August 22, 1996 (new entrant) and is unemployed. The father and two children have been in the country prior to August 22, 1996 and the father is currently unemployed. The case is eligible for assistance and is assigned aid code 3U. The case is counted and reported as a federal case. The assistance payment of $400 is paid with one warrant. The expenditure should be displayed on the detailed payroll report equally proportioned between each household member, e.g. 1 adult persons count with $100 and 1 adult and 2 children persons count with $300. The CA 800M and payroll summary which supports the CA 800M should display the total monthly federal and state persons counts and expenditures.*

Counties should make retroactive adjustments as instructed in the above section, CA 800L (STATE), for the legal immigrant mixed cases.

C. *Obsolete Assistance Claim*

DFA 881 (7/94): The Summary Report of Assistance Expenditures for EA/General Assistance (GA) will be obsolete as of January 1, 1998. Claiming instructions for the EA/GA costs will be issued in a separate CFL.

Counties are reminded of the 18 month claiming limit for reporting prior month assistance expenditure adjustments (reference CFL No. 96/97-47 dated March 13, 1997) and the delegated signature authority (reference CFL No. 96/97-26 dated September 30, 1996 and CFL No. 96/97-48 dated March 28, 1997).

3. *ASSISTANCE CLAIM SUPPORT DOCUMENTATION*

CFL No. 96/97-48 dated March 28, 1997 and an Errata dated August 6, 1997 provided counties instructions regarding the required supporting documentation to the assistance claims. These instructions and policies remain in effect. Counties are again reminded to attach only one copy of the required support information to each related assistance claim and only the detail payroll information as required. Attachment 4 is a revised chart of support documentation for the identified line items within the claims.

4. *SHARING RATIOS*

For claiming, payment, and advance purposes, the federal and state sharing ratios are established at 69.2/28.3 percent (federal/state) beginning January 1, 1998 through June 30, 1998. Counties will participate at 2.5 percent of the total costs. The county sharing ratio will be adjusted based on the statutory requirements. These sharing ratios can be used for county budgeting purposes. The sharing ratios are subject to change each fiscal year based upon the State budget assumptions. Counties will be notified as necessary.

5. *ADVANCES*

The CDSS will continue advancing funds to meet the counties cash flow needs.

6. *DEMONSTRATION PROJECTS*

Effective January 1, 1998, participants of the California Work Pays Demonstration Project (CWPDP) will transition into the CalWORKs Program. Therefore, it is not necessary for counties to continue to distinguish this control group in separate CA 800s. All prior month adjustments should also be included in the non-distinctive CA 800s.

The CalWORKs requires implementation of demonstration projects such as the Child Support Assurance and Non-Custodial Parent projects. The fiscal claiming instructions will be issued as necessary after counties have been selected to participate.

7. *VENDOR PAYMENTS AND VOUCHERS*

CalWORKs requires the issuance of mandatory vendor payments or vouchers for at least rent and utility payments to any assistance unit (AU) in which any parent or caretaker relative is sanctioned for at least three consecutive months. There are also mandatory vendor payments/vouchers for families in which the adult is ineligible because of a drug-related felony conviction.

As defined in the Fiscal Policy Manual Section 25-360.2, a vendor payment is a payment made directly to a person or agency supplying goods or services to an aided case. Although the vendor payment requirement will result in several warrants issued on behalf of the AU, this process will be transparent for assistance claiming. The amount of the total grant will be reported in the claim.

Voucher payments shall only be claimed at the time the voucher is paid to the service provider as instructed above in Section 2.B, *CA 800D (FED) and CA 800D (STATE).*

As we begin to move forward in implementing CalWORKs, future CFLs will include assistance claiming instructions for the Safety Net Program and state-only funding to complete a recipient's 60 months cash assistance under State law as mentioned in ACL No. 97/65 dated October 29, 1997. In addition, counties will be notified as soon as possible if fiscal claiming instructions are modified as a result of the final TANF regulations and resulting state program redesigns.

If you have any questions regarding the instructions in this CFL, please contact the following CDSS office or your Fiscal Policy Bureau county assistance consultant:

Subject	CDSS Office	Telephone Number
Assistance Claims	Fiscal Policy Bureau	(916) 657-3440
Aid Codes	Fiscal Policy Bureau	(916) 657-3440
Legal Immigrants and Mixed Cases	CalWORKs Eligibility Bureau	(916) 654-1322
EA Probation Fiscal Claiming	Fiscal Policy Bureau	(916) 657-3440
Sharing Ratios	Financial Services Bureau	(916) 657-3390
Advance Process	Financial Services Bureau	(916) 657-3390
CalWORKs Demonstration Projects	CalWORKs Demonstration Projects and Technical Support Bureau	(916) 654-1322
Vendor Payments/Vouchers	CalWORKs Eligibility Bureau	(916) 654-1322

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

Attachments

c: CWDA

NEW, REVISIONS AND DELETION OF AID CODI DR 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)	(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.	Maintain code. Revise label to: Replace AFDC with *CalWORKs*. Effective date: January 1, 1998.	CA 800 (FED) (1/98)
	(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.	Maintain Code. Replace AFDC with *CalWORKs* in label; replace AFDC with *TANF* in definition. Effective date: January 1, 1998.	
	(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.	Maintain Code. Replace AFDC with *CalWORKs* in label; replace AFDC with *TANF* in definition. Effective date: January 1, 1998.	
	(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.	Maintain Code. Replace AFDC with *CalWORKs* in label; replace AFDC with *TANF* in definition. Effective date: January 1, 1998.	
CalWORKs Cash Assistance (State Only)	(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 not meet all federal requirements, but State regulations require the individual be aided.	Maintain Code. Replace AFDC with *CalWORKs* in label. Effective date: January 1, 1998.	CA 800 (STATE) (1/98)
	(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.	Maintain Code. Replace AFDC with *CalWORKs* in label. Effective date: January 1, 1998.	
	(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 not meet all federal requirements, but State regulations require the individual be aided. Same as 32 except exempt from the *AFDC* grant reductions.	Maintain Code. Replace AFDC with *CalWORKs* in label; replace AFDC with *TANF* in definition. Effective date: January 1, 1998.	
	(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.	Maintain code. Replace AFDC with *CalWORKs* in label; replace AFDC with *TANF* in definition. Effective date: January 1, 1998.	
New Entrant - Legal Immigrant	None	Establish new aid codes (FG/U) for new legal immigrants entering U.S. on or after August 22, 1996 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) (1/98)
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) (1/98)
EA Probation	(4K) Emergency Assistance (EA) Program (FFP). Juvenile probation cases placed in Foster Care.	Delete. EA Probation Assistance to be reported on Administrative 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.**	CA 800EA (STATE) (1/98)

ATTACHMENT 1

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 is 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 who are aided do not meet the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996. 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 who are aided do not meet the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996. 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 does not meet the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996. 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 does not meet the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996. State Law requires that the individual be aided.

SUMMARY REPORTS OF EXPENDITURES FOR CALWORKS

Form Number	Title
CA 800 (FED) (1/98)	Summary Report of Assistance Expenditures for CalWORKs - FEDERAL (FG/U)
CA 800 (STATE) (1/98)	Summary Report of Assistance Expenditures for CalWORKS - STATE ONLY (FG/U)
CA 800 EA (STATE) (1/98)	Summary Report of Assistance Expenditures for CalWORKs Emergency Assistance (EA) Foster Care - STATE ONLY
CA 800L (STATE) (1/98)	Summary Report of Assistance Expenditures for CalWORKs Legal Immigrants - STATE ONLY
CA 800M (1/98)	Summary Report of Assistance Expenditures for CalWORKs - Legal Immigrants (MIXED CASES)
CA 800D (FED) (1/98)	Summary Report of Expenditures for CalWORKs Diversion - FEDERAL
CA 800D (STATE) (1/98)	Summary Report of Expenditures for CalWORKs Diversion - STATE ONLY

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) - FEDERAL

(Instructions on Reverse Side of Form)

☐ Family Group (FG) ☐ Unemployed (U)

AID PAYMENTS (A)	(B)	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
		7. Amount Payable with State and County Funds Only
		8. Federal Share [(6A - 7A) 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 Only**
	( )	**14. Federal Share [(12A - 13A) x Current FFP Ratio]**
		PRIOR MONTH POSITIVES
		15. Prior Month Positive Adjustments
		16. Amount Payable with State and County Funds Only
		17. Federal Share [(15A - 16A) x Current FFP Ratio]
		STATE ONLY FUNDS
		18. Total Number of Federal Assistance Units
		19. Total amount Payable by State Funds Only (18A x $1.00)

20. GRAND TOTALS

A. Total Aid Payments (6A + 12A + 15A)	B. Federal Share (8B + 14B + 17B)	C. State and County Only Funds (7A + 13A + 16A)	D. State Share 19B + (20A - 20C) x Current State % + (20C x .95)	E. County Share (20A - 20C) x Current County % + (20C x .05)	F. Countable TANF MOE (20D + 20E)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the 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 the 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

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

GENERAL INFORMATION

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 -- 19B plus [(20A minus 20C) multiplied by Current State Sharing Ratio] plus [20C multiplied by .95].

24. Line 20E: Enter the total county share -- [(20A minus 20C) multiplied by Current County Sharing Ratio] plus [20C multiplied by .05].

25. Line 20F: Enter the total of countable TANF Maintenance of Effort (state and county shares) -- Add 20D and 20E.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY KIDS (CalWORKs) - STATE ONLY

(Instructions on Reverse Side of Form)

☐ Family Group (FG) ☐ Unemployed (U)

AID PAYMENTS (A)	(B)	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
		STATE ONLY FUNDS
		13. Total Number of Assistance Units
		14. Total Amount Payable with State Funds Only (13A x $2.00)

15. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. State Share 14B + (15A x .95)	C. County Share (15A x .05)	D. Countable TANF MOE (15B + 15C)

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 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

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.

   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.

    Line 15C: Enter the county share -- Multiply 15A by .05.

18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

SUMMARY REPORT OF EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) DIVERSION - FEDERAL

(Instructions on Reverse Side of Form)

☐ Family Group (FG) ☐ Unemployed (U)

AID PAYMENTS (A)	(B)	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**

13. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. Federal Share (13A x Current FFP %)	C. State Share (13A x Current State %)	D. County Share (13A x Current County %)	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 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

INSTRUCTIONS FOR USE OF THE FORM CA 800 DIVERSION (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 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.)

   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 share -- Multiply 13A by Current Federal Financial Participation (FFP).
15. Line 13C: Enter the state share -- Multiply 13A by Current State Sharing Ratio.
16. Line 13D: Enter the county share -- Multiply 13A by Current County Sharing Ratio.

    Line 13E: Enter the countable TANF MOE (state and county shares) -- Add 13C and 13D.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

SUMMARY REPORT OF EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY KIDS (CalWORKs) DIVERSION - STATE ONLY

(Instructions on Reverse Side of Form)

☐ Family Group (FG) ☐ Unemployed (U)

AID PAYMENTS (A)	(B)	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

13. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. State Share (13A x .95)	C. County Share (13A x .05)	D. Countable TANF MOE (13B + 13C)

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

INSTRUCTIONS FOR USE OF THE FORM CA 800 DIVERSION (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.)

   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.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) EMERGENCY ASSISTANCE (EA) FOSTER CARE - STATE ONLY

(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

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

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 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

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.)
10. 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.
19. 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.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) LEGAL IMMIGRANTS - STATE ONLY

(Instructions on Reverse Side of Form)

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ Family Group (FG) ☐ Unemployed (U)

AID PAYMENTS (A)	(B)	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
		STATE ONLY FUNDS
		13. Total Number of Assistance units
		14. Total Amount Payable with State Funds Only (13A x $2.00)

15. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. State Share 14B + (15A x .95)	C. County Share (15A x .05)	D. Countable TANF MOE (15B + 15C)

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 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

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.

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.
17. Line 15C: Enter the county share -- Multiply 15A by .05.
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

(Instructions on Reverse Side of Form)

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ **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
					(D)
					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.
					(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. Federal Share (8D + 14D + 17D)	C. State and County Only Funds (7C + 13C + 16C)	D. State Share 20D + (21A-21C) x Current State % + (21C x .95)	E. County Share (21A-21C) x Current County Sharing % + (21C 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 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

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.

   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 -- 20D plus [(21A minus 21C) multiplied by the current state sharing ratio] plus [21C multiplied by .95].

    Line 21E: Enter the total county share -- [(21A minus 21C) multiplied by the current county sharing ratio] plus [21C multiplied by .05].

26. Line 21F: Enter the total of countable TANF Maintenance of Effort (state and county shares) -- Add 21D and 21E.

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 must display 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 must display 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 must display 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 must display the initial issuance date(s).
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	Must reflect the approved nonfederal foster care rates.
		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 must display the initial issuance date(s).
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	Must reflect the approved nonfederal foster care rates.
		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 D3	Nonfed (%) Nonfed (%)	------	Must reflect the approved nonfederal foster care rates.

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800 (FED) (1/98)	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 must display initial issuance date(s).
		16A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	------
CA 800 (STATE) (1/98)	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 must display 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 must display 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 must display the initial issuance date(s).
CA 800L (STATE) (1/98)	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 must display the initial issuance date(s).

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 must display the 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 must display the initial issuance date(s).
		13	Unaccompanied Children (UC)	Payroll Summary	Separate Payroll Summary for UC and Refugees and entrants other than UC (adults).
		14	Refugees and Entrants (other and UC)	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.