

**INSTRUCTIONS FOR FORM CA 800 FC FED
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE AND FOSTER CARE-SB 163**

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

For each current column:

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 current 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

Prior Period Adjustments column:

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 persons 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 Payroll, current and prior period months (Line 6+10+11+12). This amount will calculate automatically. The persons count on this line should equal Line 5 on the CA 800 FC FED Placement Information Addendum (PIA); the total payment amount should equal Line 10 of the CA 800 FC FED PIA.
11. Line 14: Amount not reimbursable from federal FMAP Rate from FC1 Column D6+E2 (FFAs) J4 (Group Homes).

12. Line 15: Total – (Line 13 – Line 14) Total is linked to the American Recovery Reinvestment Act (ARRA) Adoption assistance Payments (AAP) Foster Care (FC) ARRA AAP/FC FED tab Line 1. The ARRA AAP/FC FED tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

Transitional 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 the county payroll records or other automated payroll systems. **REMINDER:** SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

IV-E Child Care

15. Line 18: Enter the costs associated with providing child care services in accordance with Section 475(4) of the Social Security Act, Welfare and Institutions Code (W&I) 11460(b) and Senate Bill 1612.

Funeral Costs

16. Line 19: Enter 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.

Educational Travel Reimbursement (ETR)

17. Line 20: To be used for claiming ETR. Please refer to Education Code section 56040, Chapter 34 Code of Federal regulations (CFR) 300.24 and 34 CFR 300. Funding is 50 percent federal, 20 percent county 2011 and 30 percent county.

Totals

18. Line 21: Grand total of aid payments, THPP, SCA, Child Care, Funeral Costs and ETR (Lines 13+16+17+18+19+20).

19. Line 22: Enter persons count for each program.

Summary of Aid Payments, THPP, SCA, IV-E Child Care, Funeral Costs and ETR by Program and by Funding

20. Lines 23-34 will calculate automatically at the appropriate rates.