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DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

December 27, 2017

COUNTY FISCAL LETTER (CFL) NO. 17/18-45

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES NEW SYSTEM
ALL FOSTER FAMILY AGENCY DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY CHILD CARE COORDINATORS
ALL FOSTER CARE MANAGERS
ALL CHILD WELFARE SERVICE PROGRAM MANAGERS

SUBJECT: CLAIMING INSTRUCTIONS FOR THE EMERGENCY CHILD
CARE BRIDGE PROGRAM FOR FOSTER CHILDREN

REFERENCE: SENATE BILL (SB) 89 (CHAPTER 24, STATUTES OF 2017);
WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 309,
W&IC SECTION 361.45, AND W&IC SECTION 11461.6;
HEALTH AND SAFETY CODE (H&SC) SECTION 1517 AND
H&SC SECTION 16519.5;
EDUCATION CODE (EDC) SECTION 8208, EDC SECTION 8212,
EDC SECTION 8250(D)(2), AND EDC SECTION 8351(E);
TITLE 45 CODE OF FEDERAL REGULATIONS (CFR) 1356.60;
MANUAL OF POLICIES AND PROCEDURES (MPP) 47-260.3;
ALL COUNTY LETTER (ACL) NO. 17-109

The purpose of this CFL is to provide claiming instructions for counties that have submitted and received approval of their county's plan for implementation of the Emergency Child Care Bridge Program (Bridge Program) as outlined in ACL No. 17-109, dated October 27, 2017. Examples of the claim forms used to claim assistance costs for this program are included as attachments to this letter.

Background

The goal of the county-optional Bridge Program is to increase the number of foster children successfully placed in home-based family care settings by providing time-limited child care payments or vouchers to help pay child care costs for eligible families as referenced in ACL No. 17-109. The Bridge Program also provides access to child care navigators for eligible families and trauma-informed care training for child care providers.

Planning allocations for this Program were included in ACL No. 17-109. Final allocations for January 1, 2018 through June 30, 2018, will be provided in a forthcoming CFL. A county's participation in the Bridge Program during Fiscal Year 2017-18 does not obligate the county to participate in future years. Counties are advised that allocations are likely to change in future years as the General Fund (GF) is capped, the number of counties that choose to participate may fluctuate, and allocations are distributed based on county participation.

Components of the Bridge Program

The Bridge Program is comprised of three main components: emergency child care vouchers, child care navigators, and trauma-informed care training.

1. **Emergency child care voucher:** Caregivers may receive a time-limited child care payment or voucher to help pay for child care costs for eligible foster children who meet the criteria set forth in ACL No. 17-109.
2. **Child care navigator:** The child care navigator will assist with finding a child care provider, securing a subsidized child care placement if eligible, completing child care program applications, and developing a plan for long-term child care appropriate to the child's age and needs. Eligibility for navigator assistance shall not be contingent upon a child's receipt of a child care payment or voucher.
3. **Trauma-informed care training:** Child care providers participating in the Bridge Program will receive access to trauma-informed care training to learn strategies for working with children in foster care. The training includes, but is not limited to, instruction on infant and toddler development and research-based, trauma-informed best care practices.

The individualized portion of this training, which has been characterized as "coaching" in statute (EDC section 8212 a, 5B, i) and in ACL No. 17-109, is considered training under Title IV-E rules, and is therefore eligible for the enhanced rate (75 percent) federal financial participation (FFP).

Bridge Program Claiming Instructions

Assistance Claiming

Commencing January 1, 2018, participating counties may claim eligible Bridge Program assistance costs (voucher costs) on the appropriate County Assistance 800 (CA 800) claim forms. A list of these claim forms including their descriptions is provided in Attachment 1. Also listed is the respective aid code and line number on which the expenditures should be claimed. Samples of the forms used to claim the Bridge Program vouchers (and their corresponding instructions) are included as attachments to this letter.

Assistance costs claimed to the CA 800 may not include any administrative costs associated with the provision of the child care subsidy payment/voucher. Non-federal costs claimed in excess of the voucher portion of the Bridge Program allocation will be shifted to 100 percent county-only funds.

Administrative Claiming

Participating counties will claim allowable Bridge Program administrative costs for the child care navigator and trauma-informed training components on the County Expense Claim (CEC) using the following new Program Code (PC), Non-Time Study Code (NTSC), and Program Identifier Number (PIN).

Effective January 1, 2018, PC 381 and PIN 381031 were established specifically for counties to claim the child care navigator and trauma-informed care training costs associated with the state-funded, county opt-in Bridge Program.

PC	381	Emergency Child Care Bridge
PIN	381031	Contracted Activities

The sharing ratio for navigator costs is 50/50/00/00 (Federal/State/Health/County).
The sharing ratio for training costs is 75/25/00/00 (Federal/State/Health/County).

Non-Time Study Instructions

The following is a description of the NTSC 3810 (Emergency Child Care Bridge):

CODE 3810 - Emergency Child Care Bridge

The PC 381 is to be used to claim contracted expenditures for the child care navigator and trauma-informed care training components of the Bridge Program.

The Title IV-E non-federal discount rate will be applied to costs claimed to PC 381 and will be captured using State Use Only (SUO) code 387. Non-federal costs claimed in excess of the Bridge Program administrative allocation will be shifted to 100 percent county-only funds using SUO code 388.

It is important to note that that unspent navigator and/or training funds may not be used to subsidize the emergency child care vouchers. The costs of contracted navigator activities will be claimed as a direct charge to PIN 381031. The costs of contracted training to child care providers should be claimed under staff development to Program Code (PC) 381 on page DFA 325.1C. **These are the only administrative costs that may be claimed to the Bridge Program allocation.** All other county administrative costs associated with the Bridge Program, such as case management, staff training, or administrative overhead must be claimed using existing CWS program codes and will not draw down funds from the Bridge Program allocation.

Continuation of FFP

Counties may continue to operate the Bridge Program after the GF allocation is exhausted and will continue to receive the FFP for federally eligible children. However, all non-federal costs will be shifted to 100 percent county-only funds.

Title IV-E Waiver/California Well-Being Project Counties

For those counties participating in the Title IV-E Waiver/California Well-Being Project (Project), the emergency child care voucher and child care navigator components of the Bridge Program will count against the county's Title IV-E capped allocation. The training component, however, is considered "outside" of the Project and will not be counted against the county's capped allocation. Therefore, if the Project county reaches their Title IV-E capped allocation, expenditures claimed for the emergency child care voucher and child care navigator components will only receive reimbursement for the GF portion until such time as the GF allocation is expended. The training component, however, will continue to receive 75 percent FFP and 25 percent GF until such time as the GF allocation is expended.

Federal Fund Monitoring Responsibilities for Counties

As a reminder, all sub-recipients, contractors, their principals or affiliates or any subcontractors that receive federal funds must be in good standing with the federal government. For federally funded agreements, each contractor who receives federal funds must certify, to the best of their knowledge and belief, that they and their principals or affiliates or any subcontractor utilized under the agreement are not debarred or suspended from federal financial assistance programs and activities. For more information on federal fund monitoring responsibilities for counties, please refer to CFL No. 16/17-75.

Counties should direct any questions regarding these claiming instructions to the Fiscal Policy and Analysis Bureau at fiscal.systems@dss.ca.gov. Questions regarding the Bridge Program may be directed to ChildCareBridge@dss.ca.gov.

Sincerely,

Original Document Signed by:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

New and Revised CA800 Claims for the Child Care Bridge Program

Below is a list of the new and revised claim forms (and their respective instructions) on which the Bridge Program expenditures should be claimed.

County-Only Foster Care and Emergency and Compelling Reason Placements

Please note that emergency and compelling reason placements are those placements made pursuant to Welfare and Institutions Code section 309, 361.45, or 16519.5(e) that have not yet been approved as resource families.

Attachment 2A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
COUNTY ONLY FOSTER CARE AND CALIFORNIA WORK
OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
EMERGENCY CHILDCARE BRIDGE (ECCB) NONFEDERAL
TEMPORARY CLAIM
(FORM CA 800 TEMP ECCB)
County Only Foster Care: Line 1, Aid Code 45 or 9X
State CalWORKs Zero Parent: Line 1, Aid Code 3R

Attachment 2B: INSTRUCTIONS FOR FORM CA 800 TEMP ECCB,
SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
COUNTY ONLY FOSTER CARE AND CALIFORNIA WORK
OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
EMERGENCY CHILDCARE BRIDGE (ECCB) NONFEDERAL
TEMPORARY CLAIM

Placements funded through the ARC Program

Attachment 3A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CalWORKs) APPROVED RELATIVE CAREGIVER (ARC)
(FORM CA 800 ARC)
CalWORKs Federal ARC: Line 17, Aid Code 2S
CalWORKs State ARC: Line 17, Aid Code 2T
CalWORKs State ARC (Non-Minor Dependents): Line 17,
Aid Code 2U
ARC only ARC: Line 17, Aid Code 2P
ARC only ARC (Non-Minor Dependents): Line 17, Aid Code 2R

Attachment 3B: INSTRUCTIONS FOR FORM CA 800 ARC AND CA 800 ARC
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
APPROVED RELATIVE CAREGIVER (ARC)

Extended Foster Care (EFC) Placements funded through Federal Aid to Families with Dependent Children – Foster Care (AFDC-FC)

Attachment 4A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR) EXTENDED FOSTER
CARE (EFC), WRAPAROUND, KINSHIP GUARDIANSHIP
ASSISTANCE PAYMENT (KIN-GAP) 18+ AND ADOPTION
ASSISTANCE PROGRAM (AAP) 18+ FEDERAL
(FORM CA 800CCR 18+ FED)
Federal EFC: Line 20, Aid code 49

Attachment 4B: INSTRUCTIONS FOR FORM CA 800CCR 18+ NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR) EXTENDED FOSTER
CARE (EFC), WRAPAROUND, KINSHIP GUARDIANSHIP
ASSISTANCE PAYMENT (KIN-GAP) 18+ AND ADOPTION
ASSISTANCE PROGRAM (AAP) 18+ FEDERAL

Non-Federal EFC Placements

Attachment 5A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR) EXTENDED FOSTER
CARE (EFC) AND KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT (KIN-GAP) 18+ NONFEDERAL
(FORM CA 800CCR 18+ NONFED)
Non-Federal EFC: Line 17, Aid code 43

Attachment 5B: INSTRUCTIONS FOR FORM CA 800CCR 18+ NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR) EXTENDED FOSTER
CARE (EFC) AND KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT (KIN-GAP) 18+ NONFEDERAL

Placements funded through Federal AFDC-FC and Emergency Assistance-Foster Care (EA-FC)

Attachment 6A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR) FOSTER CARE,
WRAPAROUND, FEDERAL GUARDIANSHIP ASSISTANCE
PROGRAM (FED-GAP), ADOPTION ASSISTANCE PROGRAM
(AAP) AND EMERGENCY ASSISTANCE – FOSTER CARE
(EA-FC) FEDERAL
(FORM CA 800CCR FED)
Federal AFDC-FC: Foster Care Current, Line 23, Aid Code 42
EA-FC: EA-FC Current, Line 23, Aid Code 5K

Attachment 6B: INSTRUCTIONS FOR FORM CA 800CCR FED SUMMARY REPORT OF ASSISTANCE EXPENDITURES CONTINUUM OF CARE REFORM (CCR) FOSTER CARE, WARAPAROUND, FEDERAL GUARDIANSHIP ASSISTANCE PROGRAM (FED-GAP), ADOPTION ASSISTANCE PROGRAM (AAP) AND EMERGENCY ASSISTANCE – FOSTER CARE (EA-FC) FEDERAL

Non-Federal AFDC-FC Placements

Attachment 7A: SUMMARY REPORT OF ASSISTANCE EXPENDITURES CONTINUUM OF CARE REFORM (CCR) FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP), AND ADOPTION ASSISTANCE PROGRAM (AAP) NONFEDERAL (FORM CA 800CCR NONFED)
Non-Federal AFDC-FC: Foster Care, Line 19, Aid Code 40

Attachment 7B: INSTRUCTIONS FOR FORM CA 800CCR NONFED SUMMARY REPORT OF ASSISTANCE EXPENDITURES CONTINUUM OF CARE REFORM (CCR) FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) AND ADOPTION ASSISTANCE PROGRAM (AAP) NONFEDERAL

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
COUNTY ONLY FOSTER CARE AND
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
EMERGENCY CHILD CARE BRIDGE
NONFEDERAL
TEMPORARY CLAIM

County	Date (Month/Year)
County Name	Date
Claim Contact	Telephone

Sharing Ratio
Aid Code (45, 9X, 3R)
Federal
State
County

Aid Code	COUNTY ONLY FOSTER CARE	Zero Parent
	45	9X
1 Emergency Child Care Bridge		3R

Summary by Funding	State	Total
2 County Only Foster Care (45)	-	-
3 County Only Foster Care (9X)	-	-
4 CalWORKs Zero Parent (3R)	-	-
5 Total	-	-

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts 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 California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

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 Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs 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 California Department of Social Services.

Signature of County Auditor	Date
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Last Modified: 1/17/18

Claim Forms & CFL
Updated Website:

<http://www.cdss.ca.gov/inforesources/Automated-Assistance-Claims>
assistance.claims@dss.ca.gov

Email:

**INSTRUCTIONS FOR FORM CA 800 TEMP ECCB
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
COUNTY ONLY FOSTER CARE AND CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs)**

**EMERGENCY CHILD CARE BRIDGE
NONFEDERAL
TEMPORARY CLAIM**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. Select county name, month and year of claim in space provided.
3. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
4. Line 1: Enter the amount of the Emergency Child Care Bridge expenditures on this line for the associated aid codes.

Summary by Funding

5. Lines 2 through 5: These lines will calculate automatically at the appropriate funding ratios.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) APPROVED RELATIVE CAREGIVER (ARC)							County	Date (Month/Year)
							Claim Contact	Telephone
Aid Code	CalWORKs Federal 2S	CalWORKs State 2T	CalWORKs State (Non-Minor Dependents) 2U	ARC Only 2P	ARC Only (Non-Minor Dependents) 2R	Total		
Current Month								
1 Main Payroll								
2 Current Month Supplemental Payroll								
3 Current Month Cancellation Contra Roll								
4 Prior Month Supplemental Payroll								
5 Current Month Adjustment								
6 Subtotal (Lines 1 - 5)	-	-	-	-	-	-		
Prior Month								
7 Prior Month Cancellation Contra Roll								
8 Recoveries of Aid								
9 Prior Month Negative Adjustment								
10 Prior Month Positive Adjustment								
11 Subtotal (Lines 7 - 10)	-	-	-	-	-	-		
12 Foster Parent Recruitment, Retention and Services (FPRS) Child Care								
13 Educational Travel Reimbursement								
14 Clothing Allowance								
15 Funeral Costs								
16 Specialized Care Increment (SCI)								
17 Emergency Child Care Bridge								
18 TOTAL AID PAYMENTS (Line 6 + Line 11+ Line 12 through Line 17)	-	-	-	-	-	-		
19 Assistance Units								
20 CalWORKs Portion								
21 ARC Portion	-	-	-	-	-	-		

**INSTRUCTIONS FOR FORM CA 800 ARC AND CA 800 ARC SUMMARY
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
APPROVED RELATIVE CAREGIVER (ARC)**

General Information

Enter county name, 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.

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

Current Month

For each column:

1. 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.*
2. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:

3. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
4. Line 8: 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 and must be a negative number. *Do not add a number to the AUs line (Line 13) when including cash abatements or repayments of overpayments received on this line.*
5. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
6. Line 10: 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.
7. Line 11: Subtotal of Lines 7 through 10. This amount will calculate automatically.

Foster Parent Recruitment, Retention and Services (FPRRS) Child Care

8. Line 12: Enter the FPRRS child care expenditures for the appropriate aid code.

Educational Travel Reimbursement (ETR)

9. Line 13: Enter the ETR expenditures for the appropriate aid code. Please refer to [Education Code section 56040](#), Chapter 34 Code of Federal Regulations (CFR) 300.24 and 34 CFR 300. Funding is 40 percent County 2011 and 30 percent County.

Clothing Allowance

10. Line 14: Enter clothing allowance expenditures for the appropriate aid code.

Funeral Costs

11. Line 15: Enter the funeral costs expenditures for the appropriate aid code.

Specialized Clothing Allowance (SCI)

12. Line 16: Enter the SCI expenditures.

Emergency Child Care Bridge

13. Line 17: Enter the Emergency Child Care Bridge expenditures.

Total Aid Payments (Line 6 + Line 11 + Line 12 through Line 17)

14. Line 18: This amount will calculate automatically.

Assistance Units (AUs)

15. Line 19: Enter the AUs. This must be an unduplicated count that represents only the number of AUs that received a full aid payment or a partial (pro-rated) payment during the month. *There should only be one AU count for each case month paid during the claiming month.*

CalWORKs Portion

16. Line 20: Enter the total CalWORKs Portion of the amount listed on Line 15 for all payments made under the aid codes 2S, 2T, and 2U. This includes the CalWORKs portion of all pro-rated payments and the CalWORKs portion attributable to the AU counts in Line 16.

ARC Portion

17. Line 21: Total ARC share. This amount will calculate automatically.

Summary by Funding (CA 800 ARC Summary)

18. Lines 22 through 60: This section will calculate automatically

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
EXTENDED FOSTER CARE (EFC), WRAPAROUND, KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) 18+
AND ADOPTION ASSISTANCE PROGRAM (AAP) 18+
FEDERAL

County	State/County	Report
San Joaquin		Report

Ad Code	EFC	Wraparound	KIN-GAP 18+	AAP 18+
	Current	49	Current	Current
			45	07
1) Main Payroll				
2) Current Month Supplemental Payroll				
3) Current Month Cancellation Contra Roll				
4) Prior Month Supplemental Payroll				
5) Current Month Adjustment				
6) Subtotal (Lines 1 - 5)				
7) Prior Month Cancellation Contra Roll				
8) Reverses of Ad				
9) Prior Month Negative Adjustment				
10) Subtotal (Lines 7 - 9)				
11) Prior Month Positive Adjustment				
12) Office Audit Corrections				
13) TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+12)				
14) For Ad Code 49 - Amount Not Reimbursable in For RMP Payroll (FCI Column G4+G2+G3)				
15) TOTAL - Line 13 + Line 14				
16) Funeral Costs				
17) Educational Travel Reimbursement (ETR)				
18) Infant Supplement Rate Supplement				
19) Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)				
20) Emergency Child Care Bridge				
21) Specialized Care Placement (SC)				
22) TOTAL ALL PAYMENTS (Line 15+Line 16 through Line 21)	-	-	-	-
23) Persons Count				
24) SGA Persons Count				
25) Number of Children Non-Recurring Payments				

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QUALITY REPORT (FCI) 18+

Summary by Funding	Federal	State	State/County 2011	County 2011	County	Total
26) EFC 49						
27) Federal Administrative Costs (EFC-FCI Column H)						
28) Non-Federal Admin Costs (EFC-FCI Column H)						
29) Non-Federal Maintenance (EFC-FCI Column G4+G3)						
30) Funeral Costs						
31) Educational Travel Reimbursement						
32) Infant Supplement Rate Supplement						
33) Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)						
34) Emergency Child Care Bridge						
35) Specialized Care Placement (SC)						
36) EFC 49 Total Payments						
37) Wraparound 45						
38) Federal Administrative Costs (EFC-FCI Column H)						
39) Wraparound 45						
40) KIN-GAP 18+ 45						
41) Infant Supplement Rate Supplement						
42) Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)						
43) KIN-GAP 18+ 45 Total Payments						
44) AAP 18+ 07						
45) Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)						
46) AAP 18+ 07 Total Payments						
47) CCR 18+ Federal Total Payments						

San Joaquin 11/18

CCR											
Starting Rate											
Ad Code	FC F&P Rate (45)	FC F&P Admin (46)	FC Workday Admin/Maintenance (48)	KIN-GAP 18+ (49)	EFC (49)	Federal (49)	EFC (49)	Emergency (49)	PSP (49)	Child Care (49)	Other (49)
County 2011	0.30	0.20	0.40	0.38	0.375	1.00	0.20	0.20	0.20	0.20	0.20
State	0.30	0.20	0.40	0.38	0.375	1.00	0.20	0.20	0.20	0.20	0.20
County 2011	0.30	0.20	0.40	0.38	0.375	1.00	0.20	0.20	0.20	0.20	0.20
State/County 2011	0.30	0.20	0.40	0.38	0.375	1.00	0.20	0.20	0.20	0.20	0.20
AAS-Pre 45											

Specialized Care Placement					
Ad Code	FC F&P Rate (45)	FC F&P Admin (46)	FC Workday Admin/Maintenance (48)	KIN-GAP 18+ (49)	EFC (49)
County 2011	0.30	0.20	0.40	0.38	0.375
State	0.30	0.20	0.40	0.38	0.375
County 2011	0.30	0.20	0.40	0.38	0.375
State/County 2011	0.30	0.20	0.40	0.38	0.375
AAS-Pre 45					

**INSTRUCTIONS FOR FORM CA 800CCR 18+ FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
EXTENDED FOSTER CARE (EFC)
WRAPAROUND
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) 18+
ADOPTION ASSISTANCE PROGRAM (AAP) 18+
FEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

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

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.
Note: Line 9 for aid code 49 should match Line 15 of aid code 49 on the PLACEMENT INFORMATION ADDENDUM (PIA) form.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

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: Enter the 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. Refer to All County Information Notice I-67-03, dated October 16, 2003, and County Fiscal Letter (CFL) No. 03/04-20, dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically. *Note: This line for aid code 49 should match Line 14 of aid code 49 on the PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*
- a. Aid Code 49: Line 8, sum of columns two and four.
 - b. Aid Code 4S: Line 11, sum of columns two and four.
 - c. Aid Code 07: Line 4, sum of columns two and four.
11. Line 14: Amount not reimbursable at Federal Medical Assistance Payments (FMAP) rate from FC1 column G4+H2 (FFAs) + O2 (STRTP). This amount will populate automatically from the EFC FC1 form. *For aid code 07, enter amounts not reimbursable from federal funds. These are costs in excess of the Foster Family Home rate.*
12. Line 15: Net Amount Payable with federal funds (Line 13 - Line 14). This amount will calculate automatically.

Funeral Costs

13. Line 16: Enter funeral costs for EFC youth in accordance with the 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)

14. Line 17: Enter the ETR costs for EFC youth. Refer to Education Code section 56040 and Chapter 34, Code of Federal Regulations (CF) 300.27 and 34 CFR 300.

Infant Supplement Rate (ISR) Supplement

15. Line 18: Enter only the expenditures of the ISR supplement. Refer to Welfare and Institutions Code 11465(c)(5). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to CFL NO. 16/17-07, dated August 2, 2016, for additional information.

Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP) (Post-Realignment)

16. Line 19: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures should continue to be claimed in the main payroll. The SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and entered only on Line 19.

Emergency Child Care Bridge

17. Line 20: Enter the Emergency Child Care Bridge expenditures.

Specialized Care Increment (SCI)

18. Line 21: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 13 + Line 16 through Line 21)

19. Line 22: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan, Emergency Child Care Bridge, SCI, and ISR supplement expenditures. This amount will calculate automatically.

Person Count

20. Line 23: Enter the persons count for each program. *Note: The persons count for aid code 49 should match Line 7 of aid code 49 on the PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*

- a. Aid Code 49: Line 8, sum of columns one and three.
- b. Aid Code 4S: Line 11, sum of columns one and three.
- c. Aid Code 07: Line 4, sum of columns one and three.

Specialized Care Persons Count

21. Line 24: This line is blocked.

Number of Children Non-Recurring Payments

22. Line 25: Enter the number of children that received a non-recurring payment.

Summary of Funding

23. Lines 25 through 45 will calculate automatically.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM
EXTENDED FOSTER CARE (EFC) AND
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) 18+
NONFEDERAL**

County	Date (Month/Year)
0	January 1900
State Contract	Response
0	0 -

Aid Code		EFC 43	KinGAP 18+ 4W			
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	Funeral Costs					
14	Educational Travel Reimbursement (ETR)					
15	Infant Supplement Rate Supplement					
16	Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)					
17	Emergency Child Care Bridge					
18	Specialized Care Increment (SCI)					
19	TOTAL ALL PAYMENTS (LINE 12 + LINE 13 THROUGH 18)	-	-			
20	Persons Count					
21	SCI Persons Count					
County Use Only (non-add line)			\$0			
Summary by Funding		State	State/County 2011	County 2011	County	Total
22	EFC (43)		-		-	-
23	Funeral Costs	0				-
24	Educational Travel Reimbursement (ETR)			0	0	-
25	Infant Supplement Rate Supplement	0				-
26	Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)	0			-	-
27	Emergency Child Care Bridge	0				-
28	Specialized Care Increment (SCI)					-
29	EFC (43) Total Payments	0		-	-	-
30	KinGAP 18+ (4W)	-				-
31	Infant Supplement Rate Supplement	0				-
32	Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP)	0			-	-
33	Kin-GAP 18+ (4W) Total Payments	-			-	-
34	CCR 18+ Nonfederal Total Payments	-		-	-	-

**INSTRUCTIONS FOR FORM CA 800CCR 18+ NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
EXTENDED FOSTER CARE (EFC)
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) 18+
NONFEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

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

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 Positive Adjustment

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 Payroll, Current + Prior Month (Lines 6 + 10 + 11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically. *Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*
 - a. Aid Code 43: Line 7, sum of columns two and four.
 - b. Aid Code 4W: Line 13, sum of columns two and four.

Funeral Costs

10. Line 13: Enter funeral costs for EFC youth in accordance with the 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)

11. Line 14: Enter the ETR costs for EFC youth. Refer to Education Code section 56040 and Chapter 34, Code of Federal Regulations (CF) 300.27 and 34 CFR 300.

Infant Supplement Rate (ISR) Supplement

12. Line 15: Enter only the expenditures of the ISR supplement. Refer to Welfare and Institutions Code 11465(c)(5). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to CFL NO. 16/17-07, dated August 2, 2016, for additional information.

Supervised Independent Living Placement (SILP) - Parenting Support Plan (PSP) (Post-Realignment)

13. Line 16: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures should continue to be claimed in the main payroll. The SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and entered only on Line 16.

Emergency Child Care Bridge

14. Line 17: Enter the Emergency Child Care Bridge expenditures.

Specialized Care Increment (SCI)

15. Line 18: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 12 + Line 13 through Line 18)

16. Line 19: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan, Emergency Child Care Bridge, SCI, and ISR supplement expenditures. This amount will calculate automatically.

Person Count

17. Line 20: Enter the persons count for each program. *Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*

- a. Aid Code 43: Line 7, sum of columns one and three.
- b. Aid Code 4W: Line 13, sum of columns one and three.

Specialized Care Persons Count

18. Line 21: This line is blocked.

Summary of Funding

19. Lines 22 through 34 will calculate automatically.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES

CONTINUUM OF CARE REFORM (CCR)

FOSTER CARE, WRAPAROUND, FEDERAL GUARDIANSHIP ASSISTANCE PROGRAM (FED-GAP),

ADOPTION ASSISTANCE PROGRAM (AAP) AND EMERGENCY ASSISTANCE - FOSTER CARE (EA-FC)

FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

	FOSTER CARE			WRAPAROUND			FED-GAP		ADOPTION		EA-FC
	Current	Prior Period Adjustment		Current	Prior Period Adjustment		Current		Current	Prior Period Adjustment	Current
	Aid Code			42			4T		03		5K
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 For Aid Code 42: Amount Not Reimbursable at Fed FMAP Rate (FC1 Column G4+H2+O2)											
15 For Aid Code 03: Amount Not Reimbursable with Federal Funds											
16 TOTAL - Line 13 - Line 14											
17 THPP Rate Increase											
18 Supplemental Clothing Allowance											
19 IV-E Child Care											
20 Foster Parent Recruitment, Retention and Support (FPPRS)											
21 Funeral Costs											
22 Educational Travel Reimbursement											
23 Infant Supplement Rate Supplement											
24 Emergency Child Care Bridge											
25 Specialized Care Increment											
26 TOTAL ALL PAYMENTS (Lines 13+Line 16 through Line 24)	-	-	-	-	-	-	-	-	-	-	-
27 Persons Count											
28 SGI Persons Count											
29 Number of Children Non-Recurring Payments											

INDEX

FACILITY REPORT
(FC1)

ARRA

Summary by Funding		Federal	Federal (ARRA)	State	State/County 2011	State (ARRA)	County 2011	County	Total
29	Foster Care (42)								
30	Federal Administrative Costs (FC1 and FC1_ADJ, Column H4)								
31	Non Federal Admin Costs (FC1 and FC1_ADJ, Column H6)								
32	Non Federal Maintenance (FC1 and FC1_ADJ, Column G4+O2)								
33	THPP Rate Increase								
34	Supplemental Clothing Allowance								
35	IV-E Child Care								
36	Foster Parent Recruitment, Retention and Support (FPRRS)								
37	Funeral Costs								
38	Educational Travel Reimbursement								
39	Infant Supplement Rate Supplement								
40	Emergency Child Care Bridge								
41	Specialized Care Increment								
42	Foster Care (42) Total Payments								
43	Wraparound (42) Total Payments								
44	Wraparound Federal Admin Costs (WA_FC1 and FC1_ADJ Column H4)								
45	Wraparound (42) Total Payments								
46	Fed-GAP (4T)								
47	Supplemental Clothing Allowance								
48	Infant Supplement Rate Supplement								
49	Specialized Care Increment								
50	Fed-GAP (4T) Total Payments								
51	Adoption Assistance Program (03)								
52	Specialized Care Increment								
53	AAP (03) Total Payments								
54	EA-FC (6K)								
55	THPP Rate Increase								
56	Supplemental Clothing Allowance								
57	Educational Travel Reimbursement								
58	Foster Parent Recruitment, Retention and Support (FPRRS)								
59	Emergency Child Care Bridge								
60	Specialized Care Increment								
61	EA-FC (6K) Total Payments								
62	CCR Federal Total Payments								

Last Modified: 1/1/18

**INSTRUCTIONS FOR FORM CA 800CCR FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
FOSTER CARE (FC)
WRAPAROUND
FEDERAL GUARDIANSHIP ASSISTANCE PROGRAM (FED-GAP)
ADOPTION ASSISTANCE PROGRAM (AAP)
EMERGENCY ASSISTANCE – FOSTER CARE (EA-FC)
FEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

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

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. *Note: Line 9 for aid code 42 should match Line 15 of aid code 42 on the PLACEMENT INFORMATION ADDENDUM (PIA) form.*
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11 (Prior Period Adjustment Column): 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: Enter the 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. Refer to All County Information Notice No. I-67-03, dated October 16, 2003, and County Fiscal Letter (CFL) No. 03/04-20, dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically. *Note: This line for aid code 42 should match Line 14 of*

aid code 42 on the PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:

- a. Aid Code 42: Line 6, sum of columns two and four.
 - b. Aid Code 4T: Line 12, sum of columns two and four.
 - c. Aid Code 03: Line 1, sum of columns two and four.
 - d. Aid Code 5K: Line 3, sum of columns two and four.
11. Line 14: Amount not reimbursable at Federal Medical Assistance Payments (FMAP) rate from FC1 column G4+H2 (FFAs) + O2 (STRTP). This amount will populate automatically from the FC1 form. *For aid code 03, enter amounts not reimbursable from federal funds. These are costs in excess of the Foster Family Home rate.*
12. Line 15: Net Amount Payable with federal funds (Line 13 - Line 14). This amount will calculate automatically. *Total is linked to the American Recovery Reinvestment Act (ARRA) Adoption Assistance Program/Foster Care (AAP/FC) FED tab. The ARRA AAP/FC FED tab must be completed to identify the ARRA periods for the appropriate sharing ratios.*

Transitional Housing Placement Program Rate (THPP) Increase

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.

Title 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 Institution Code (W&IC) 11460(b) and Senate Bill 1612.

Foster Parent Recruitment, Retention and Support (FPRRS)

16. Line 19: Enter the FPRRS child care expenditures. Refer to CFL No. 16/17-20, dated November 18, 2016 for more details.

Funeral Costs

17. Line 20: Enter funeral costs for foster care youth in accordance with the 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)

18. Line 21: Enter the ETR costs for foster care youth. Refer to Education Code section 56040 and Chapter 34, Code of Federal Regulations (CF) 300.27 and 34 CFR 300.

Infant Supplement Rate (ISR) Supplement

19. Line 22: Enter only the expenditures of the ISR supplement. Refer to Welfare and Institutions Code 11465(c)(5). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to CFL No. 16/17-07, dated August 2, 2016, for additional information.

Emergency Child Care Bridge

20. Line 23: Enter the Emergency Child Care Bridge expenditures.

Specialized Care Increment (SCI)

21. Line 24: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 13 + Line 16 through Line 24)

22. Line 25: This is the grand total of aid payments, THPP rate increase, SCA, IV-E Child Care, FPRRS, Funeral Costs, ETR, ISR supplement, Emergency Child Care Bridge, and SCI. This amount will calculate automatically.

Person Count

23. Line 26: Enter the persons count for each program. *Note: The persons count for aid code 42 should match Line 7 of aid code 42 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*

- a. Aid Code 42: Line 6, sum of columns one and three.
- b. Aid Code 4T: Line 12, sum of columns one and three.
- c. Aid Code 03: Line 1, sum of columns one and three.
- d. Aid Code 5K: Line 3, sum of columns one and three.

Specialized Care Persons Count

24. Line 27: This line is blocked.

Number of Children Non-Recurring Payments

25. Line 28: Enter the number of children that received a Fed-GAP non-recurring payment.

Summary of Funding

26. Lines 29 through 62 will calculate automatically.

CONTINUUM OF CARE REFORM
FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP)
AND ADOPTION ASSISTANCE PROGRAM (AAP)
NONFEDERAL

0	Claim Contact	January 1900
0		Telephone
0		() -

Aid Code	Foster Care 40	4F	Kin-GAP	4G	AAP 04
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 THPP Rate Increase					
14 Supplemental Clothing Allowance (SCA)					
15 Funeral Costs					
16 Educational Travel Reimbursement (ETR)					
17 Infant Supplement Rate Supplement (ISRS)					
18 Foster Parent Recruitment, Retention and Support (FPRRS)					
19 Emergency Child Care Bridge					
20 Specialized Care Increment (SCI)					
21 TOTAL ALL PAYMENTS (LINE 12 + LINE 13 THROUGH LINE 20)	-		-		-
22 Persons Count					
23 SGI Persons Count					
County Use Only (non-add line)					
	State	State/County 2011	County 2011	County	Total
Summary by Funding					
24 Foster Care (40)		-		-	-
25 THPP Rate Increase			-		-
26 Supplemental Clothing Allowance (SCA)			-		-
27 Funeral Costs	-				-
28 Educational Travel Reimbursement (ETR)			-		-
29 Infant Supplement Rate Supplement (ISRS)	-				-
30 Foster Parent Recruitment, Retention and Support (FPRRS)					-
31 Emergency Child Care Bridge	-				-
32 Specialized Care Increment (SCI)			-		-
33 Foster Care (40) Total Payments	-		-		-
34 Kin-GAP (4F)	-				-
35 Infant Supplement Rate Supplement	-				-
36 Specialized Care Increment (SCI)	-				-
37 Kin-GAP (4F) Total Payments	-		-		-
38 Kin-GAP (4G)	-				-
39 Infant Supplement Rate Supplement	-				-
40 Specialized Care Increment (SCI)	-				-
41 Kin-GAP (4G) Total Payments	-				-
42 AAP (04)			-		-
43 Specialized Care Increment (SCI)					-
44 AAP (04) Total Payments	-		-		-
45 CCR Nonfederal Total Payments	-		-		-

Last Modified: 1/1/18

**INSTRUCTIONS FOR FORM CA 800CCR NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
FOSTER CARE (FC)
KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KIN-GAP)
ADOPTION ASSISTANCE PROGRAM (AAP)
NONFEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name, month, and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

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

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 Positive Adjustment

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 Payroll, Current + Prior Month (Lines 6 + 10 + 11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically. *Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*
 - a. Aid Code 40: Line 5, sum of columns two and four.
 - b. Aid Code 4F: Line 9, sum of columns two and four.
 - c. Aid Code 4G: Line 10, sum of columns two and four.
 - d. Aid Code 04: Line 2, sum of columns two and four.

Transitional Housing Placement Program Rate (THPP) Increase

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

Supplemental Clothing Allowance (SCA)

11. Line 14: 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.

Funeral Costs

12. Line 15: Enter funeral costs for foster care youth in accordance with the 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)

13. Line 16: Enter the ETR costs for foster care youth. Refer to Education Code section 56040 and Chapter 34, Code of Federal Regulations (CF) 300.27 and 34 CFR 300.

Infant Supplement Rate (ISR) Supplement

14. Line 17: Enter only the expenditures of the ISR supplement. Refer to Welfare and Institutions Code 11465(c)(5). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to CFL No. 16/17-07, dated August 2, 2016, for additional information.

Foster Parent Recruitment, Retention and Support (FPRRS)

15. Line 18: Enter the FPRRS child care expenditures. Refer to CFL No. 16/17-20, dated November 18, 2016 for more details.

Emergency Child Care Bridge

16. Line 19: Enter the Emergency Child Care Bridge expenditures.

Specialized Care Increment (SCI)

17. Line 20: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 12 + Line 13 through Line 20)

18. Line 21: This is the grand total of aid payments, THPP rate increase, SCA, Funeral Costs, ETR, ISR supplement, FPRRS, Emergency Child Care Bridge, and SCI expenditures. This amount will calculate automatically.

Person Count

19. Line 22: Enter the persons count for each program. *Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*

- a. Aid Code 40: Line 5, sum of columns one and three.
- b. Aid Code 4F: Line 9, sum of columns one and three.
- c. Aid Code 4G: Line 10, sum of columns one and three.
- d. Aid Code 04: Line 2, sum of columns one and three.

Specialized Care Persons Count

20. Line 23: This line is blocked.

Summary of Funding

21. Lines 24 through 45 will calculate automatically.