

**ABATEMENTS NOT PROCESSED THROUGH THE CA 800 CLAIM**

CA 800 Reporting period: Month: \_\_\_\_\_ YR \_\_\_\_\_

**SECTION A:**

COUNTY NAME: \_\_\_\_\_ COUNTY CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B:**

**Abatement Details:**

Program Name	AID Code	Amounts (\$)				
		Federal	State/County 2011	Health	County	Total

Please submit this form to:  
California Department of Social Services  
Financial Services Bureau  
744 P Street, M.S. 9-5-27  
Sacramento, CA 95814  
FAX: (916) 654-1750

*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

*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 issued, according to law and the rules and regulations of the California Department of Social Services.*

\_\_\_\_\_  
Signature of County Auditor-Controller                      Date

## INSTRUCTIONS FOR COMPLETING THE STATE OF CALIFORNIA (SOC) 812A and SOC 812B FORMS

Only one abatement form can be submitted per abatement quarter or period. If multiple abatement quarters or periods exist, please fill out a separate form for each quarter and period.

1. County Expense Claim (CEC)/California Assistance (CA) 800 Reporting Period: Enter the quarter/month and year next to the claim selected.

### **Section A:**

2. County Name: Enter the county name.
3. County Contact Person: Enter the county contact person that the California Department of Social Services may contact.
4. Telephone Number: Enter the telephone number of the county contact person.
5. Explanation: Provide a detailed explanation for the abatement. Reasons include, but are not limited to, discontinued program allocations and other situations where negative adjustments cannot be processed through the CEC or the CA 800 due to claiming periods no longer available or outside of the adjustment periods.

### **Section B:**

For each column:

6. Program Name: Enter the program name where the abatement is being applied.
7. For SOC 812A - Program Identifier Number (PIN): Select this box if the abatement is for an administrative expenditure. Enter each six digit PIN code separately under this column.
8. For SOC 812B - Aid Code: Select this box if the abatement is for assistance expenditures. Enter each aid code separately under this column.
9. Amounts (\$): Enter the appropriate share of the abatement under each sub-column that identifies the federal, state, health, county and total shares. For abatements of programs identified with Local Revenue Funds (LRF), enter the LRF amount under the State/County 2011 sub-column.
10. County Certification: The county welfare director must sign and date on the line provided.
11. County Certification: The county auditor-controller must sign and date on the line provided.