CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (C	CalWORKs
DIVERSION GRANT SAVINGS SUMMARY	

IONTH/YEAR	7
	П
	П
	П
	4
OUNTY	П
	П
	П
	П

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

A. CASE OR I.D. NUMBER	B. NAME OF AIDED ADULT INDIVIDUALS IN CASE	C. SOCIAL SECURITY DI NUMBER MO	D.	E.	F.	G. NUMBER OF MONTHS OFF AID	H. INCENTIVE		
			DIVERSION MONTH/YEAR	DIVERSION AMOUNT	MAP AMOUNT		FFP ELIGIBLE CASES	TWO- PARENT CASES	STATE ONLY CASES
				\$	\$		\$	\$	\$
			TOTAL /EED	TWO-PARENT	AND STATE ON	I A COLTIVINIS/	\$	\$	\$
			TOTAL (FFP,	IVVO-FARENT	OTAL INCENTI	LI COLUMNS)	Ψ	Ψ	_Ψ

INSTRUCTIONS FOR USE OF THE FORM CW 801.2

General Instructions: This summary should only reflect the cases that qualify for the performance incentives due to Diversion. Counties shall retain this summary. DO NOT SUBMIT WITH CW 801.

- 1. Enter month/year and county name.
- 2. Column A Enter the case or identification number assigned to the Diversion case.
- 3. Column B Enter the name(s) of the adult aided individual(s) who participated in the case for the Diversion Program.
- 4. **Column C** Enter Social Security Number(s) for each adult aided individual(s) who participated in the case for the Diversion Program. The county should verify through MEDS or SIS whether or not any of the individuals are receiving cash grant within the diversion incentive period
- 5. Column D Enter the month and year when the diversion payment was issued. 1
- 6. **Column E** Enter the <u>total</u> diversion amount issued to the case. If the total diversion payment was issued in several payments or a mixture of services and cash assistance, enter the total non-cash value and/or cash assistance provided.
- 7. Column F Enter the Maximum Aid Payment (MAP) amount for the AU at the time of the application.
- 8. **Column G** Enter the total number of months off aid to qualify for incentive payment. To calculate the months for each case, begin with and include the Diversion Month (Column D), divide the Diversion Amount (Column E) by the MAP (Column F), then add the required six months off aid after the diversion period. (Diversion Period plus six months.)
- 9. **Column H** Enter the amount of the incentive payment for each case by multiplying the appropriate county's prior fiscal year average All Families or Two Parent Families grant times six (the required number of months off aid after the diversion period). For FFP, enter the total incentive payment for cases that have federal participation. For Two-Parent Cases, enter the total incentive payment for these cases. For State only, enter the total incentive payment for cases that are non-federally eligible. ²
- 10. Total the FFP, Two-Parent, and State Only 3 columns within Column H and enter the amounts on the CW 801, Line 10B, Line 11B and Line 13B respectively.
- 11. Enter the total of Column H in Line 9B of the Form CW 801.

(2) Two-Parent Families: Aid code 35.

(3) State Only: Aid codes 3L, 3G and 3M.

(4) Mixed cases: Aid codes 3E, 3H and 3U.

If client reapplies for a subsequent diversion and has not remained off aid for six months plus the diversion period, the month in which the most recent diversion occurred should be used to qualify this case for performance incentives and calculating the grant savings.

⁽¹⁾ State Only cases are legal immigrant cases funded with state and county funds only.

⁽²⁾ For incentive earnings of mixed legal immigrant cases, the incentives should be proportionately reported as state and federal funds.

⁽¹⁾ FFP: Aid codes 30, 3P, 33 and 3R.