

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 4, 1994

ALL-COUNTY LETTER NO. 94-28

TO: COUNTY WELFARE DIRECTORS

Reason for this Transmittal

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law Change |
| <input type="checkbox"/> | Court Order |
| <input type="checkbox"/> | Clarification Requested by
One or More Counties |
| <input type="checkbox"/> | Self-Initiated by SDSS |
| <input type="checkbox"/> | Administrative, Operational,
or Fiscal Instructions |

SUBJECT: IMPLEMENTATION OF THE CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION 11280

This letter is to provide instructions for the implementation of the California Alternative Assistance Program (CAAP) established by Senate Bill (SB) 35 (Chapter 69, Statutes of 1993). All counties, including the California Work Pays Demonstration Project (CWPDP) control and experimental group counties, are required to implement CAAP on May 1, 1994. Cases assigned to both control and experimental status are eligible to participate in the CAAP.

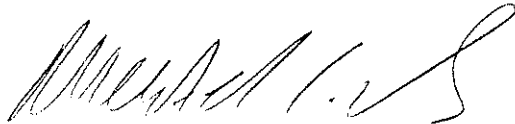
CAAP allows working Aid to Families with Dependent Children (AFDC) eligible applicants and recipients to receive child care assistance and Medi-Cal instead of an AFDC grant. CAAP participants are considered to be AFDC recipients, and as such, may still be entitled to other benefits such as food stamps. A family whose eligibility for this program terminates due to increased earnings shall be eligible for Transitional Child Care (TCC) and Transitional Medi-Cal (TMC) benefits to the extent they meet the eligibility requirements of those programs, i.e., have received AFDC or CAAP benefits for three out of the past six months.

The CAAP program was developed with considerable assistance from the AFDC Technical Review Team (TRT), the sub-committee of the County Welfare Directors' Association (CWDA) eligibility and grant committee. The California Department of Social Services (CDSS) and the county staff made a concerted effort to develop a program which, while meeting federal requirements, would fit into the existing AFDC program framework and would be as simple as possible to administer.

Attached are the guidelines, forms, notices, instructions, funding information and a draft of the emergency regulations for implementing CAAP. The regulations are in the process of being filed with the Office of Administrative Law to be effective on May 1, 1994. Fiscal claiming instructions will be transmitted to counties under separate cover. CDSS will be in contact with the counties to determine if any additional clarifying materials will be necessary.

CDSS requests that each county designate a county contact person for CAAP. The county shall provide the name, address, and phone number of that person to Ms. Debbie Fox at (916) 654-0708 by May 1, 1994, if possible.

If you have any questions regarding the implementation of CAAP, please refer to the attached CDSS Contact List (Attachment 1) for the name of the appropriate contact person.



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

c: CWDA

IMPLEMENTATION OF THE
CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

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IMPLEMENTATION OF THE
CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)CDSS CONTACT LIST

<u>SUBJECT</u>	<u>CONTACT</u>	<u>TELEPHONE NUMBER</u>
CAAP Implementation and Policy Interpretation	Debbie Fox Karen Kennedy	(916) 654-0708 (916) 657-3400
AFDC Policy Interpretation Regarding CAAP Payments	Your Appropriate AFDC Consultant	(916) 654-2137
Food Stamps Policy Interpretation Regarding CAAP Payments	Laura Warren	(916) 654-1405
Fiscal Claiming	Susan Wyckoff	(916) 657-3438
CAAP Program Allocations	Your County Cost Analysis Bureau Analyst	(916) 657-3806
Statistical Reporting	Levy St. Mary	(916) 653-5170
Research (CWPDP)	Leslie Raderman	(916) 657-2357

IMPLEMENTATION GUIDELINES FOR THE
CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

These guidelines are for implementing the California Alternative Assistance Program (CAAP). Draft regulations for this program are attached and are currently being filed with the Office of Administrative Law.

CAAP Informing

Beginning May 1, 1994 counties shall inform in writing working AFDC eligible applicants and recipients about the availability of CAAP at the time of application and at redetermination. Informing can occur during the application or the redetermination interview. The CAAP Information form was designed to satisfy all informing requirements and describes CAAP eligibility requirements, the rights and responsibilities of a CAAP participant, and the availability of child care assistance and Medi-Cal benefits in lieu of an AFDC grant. A reproducible copy of the CAAP Information notice, CAAP 100, is included in Attachment 3.

Prior to the recipient selecting the CAAP and signing the CAAP Agreement, the eligibility worker will compute his/her AFDC grant computation, the Supplemental Child Care (SCC) computation, and the CAAP payment computation. These computations are made during the interview process or at a later meeting, to allow the AFDC applicant/recipient to make an informed decision to receive CAAP benefits or an AFDC grant. These calculations and their comparisons will be shown on the CAAP Agreement along with the rules and responsibilities pertaining to the CAAP. A reproducible copy of the CAAP Agreement, CAAP 101, is included in Attachment 3.

For your information, the SAWS 2A entitled "Important Information For Applicants And Recipients For Cash Aid, Food Stamps And Medical Assistance"; the CA 1030 entitled "Important Information - AFDC"; and the SAWS 1 coversheet entitled "Coversheet To The Application For Cash Aid, Food Stamps, And/Or Full Or Restricted Medi-Cal" are being revised to include information about CAAP. Even after these forms are revised, counties are encouraged to maintain a supply of CAAP 100s to provide additional information to those recipients who are interested in choosing CAAP.

CAAP Eligibility Requirements

To be eligible for CAAP, AFDC applicants/recipients must meet all the following criteria:

- Be eligible for AFDC or already be receiving AFDC.
- Be working and require child care to remain employed.
- Sign a statement stating that he/she is declining an AFDC grant in order to receive CAAP benefits.
- Have child care costs for an eligible child.

- Have child care arrangements with an eligible child care provider.
- Provide the necessary information to determine CAAP eligibility and the amount of the CAAP payment.

CAAP Payment

Prior to authorizing a CAAP payment, the county shall determine a CAAP participant's AFDC eligibility on a monthly basis utilizing all AFDC eligibility criteria, including financial. CAAP payments will be issued to eligible CAAP participants based on child care costs submitted to the county on a Monthly Child Care Eligibility Report (SCC 6) along with an individual's Monthly Eligibility Report (CA 7/SAWS 7). The county shall review child care costs each month and determine if the recipient is eligible for a CAAP payment.

The county shall issue a payment to eligible CAAP participants by the first day of the payment month following the report month. For example, if child care costs were incurred in April and reported in May, the county shall issue the CAAP payment by June 1. If the information is not submitted timely, the county shall issue the CAAP payment to eligible CAAP participants in accordance with the standard delivery dates of aid payments for AFDC, as shown in MPP Sections 44-304.5 or 44-305.2.

As with any AFDC recipient, the CAAP payment will be prospectively budgeted for the first two months. Beginning the third month and thereafter, the CAAP payment will be retrospectively budgeted. If needed, any adjustments to the prospective payments issued the first two months will be made accordingly upon receipt of the Monthly Child Care Eligibility Report, SCC 6, for those months showing the actual cost of child care incurred. Individuals already in AFDC retrospective budgeting will continue to be budgeted retrospectively when they choose CAAP.

Payment Determination

The CAAP payment shall be the family's actual monthly child care costs paid to a child care provider(s) OR the applicable monthly 75th percentile rate ceiling, whichever is less. The 75th percentile rate ceiling is based on the most current Regional Market Rate (RMR) survey conducted by the California Child Care Resource and Referral Network. A copy of the most recent survey can be obtained from the county GAIN/NET/TCC Coordinator or by contacting CDSS. The county shall only issue a CAAP payment for the child care hours incurred while the CAAP participant was working or traveling between his/her worksite and the child care provider.

Loss of Program Eligibility

Loss of program eligibility occurs when the county determines the CAAP participant fails to meet program requirements. For example, the CAAP participant would lose eligibility for a CAAP payment during any month when he or she is not working, is no longer eligible for AFDC, has a child or provider who is no longer eligible, or does not submit a Monthly Child Care Eligibility Report (SCC 6).

Underpayments and Overpayments of CAAP

The CAAP has underpayment and overpayment regulations located in the Draft CAAP regulations (Manual of Policies and Procedures Section 89-735) in Attachment 6. Federal requirements allow the recoupment of child care overpayments only from child care benefits. Recovery of CAAP overpayments can only be made from AFDC grant benefits when voluntarily agreed to by the recipient.

Inter-County Transfers

Inter-county transfers shall occur in the same manner for CAAP participants as for an AFDC recipient, as specified in the Manual of Policies and Procedures Section 89-730.6. A new CAAP agreement shall be signed by the CAAP participant in the county to which he/she has moved, prior to issuing a CAAP payment.

Forms and Notices of Action

CDSS has developed new forms for CAAP. Reproducible copies of the forms and instructions for their use are included in Attachment 3.

CDSS has developed new NOA messages for CAAP. Two AFDC NOA messages (NA 960X and NA 960Y) are in the process of being revised to include CAAP references.

NOAs shall be issued for the initial approval of CAAP eligibility and the amount of the CAAP payment, a denial or discontinuance of a CAAP payment, a change in the rate ceiling, overpayment/underpayment notifications and return to AFDC grant status.

Translated versions of the forms and NOA messages will be issued under separate cover to the County Forms Coordinator when available.

State Hearings

The county shall inform the CAAP participant of the right to request a state hearing. When a CAAP participant requests a hearing to appeal the county's action, he/she shall not be entitled to aid paid pending the hearing decision. Counties shall pay child care services only at the level and in the form authorized by the county action under appeal. State hearing procedures are specified in the Manual of Policies and Procedures, Division 22.

Aid Codes

The California Department of Social Services (CDSS) has established two new aid codes (3A and 3C) to identify CAAP participants. Aid Code 3A - CAAP AFDC (FG) is to be used to identify a CAAP participant who would be in the federal AFDC-FG. An AFDC-FG is defined as 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. Aid Code 3C - CAAP AFDC (U) is to be used to identify a CAAP participant who would be in the federal AFDC-U group. AFDC-U is defined as aid to families with dependent children in which the child is deprived because the principal earner living in the home is unemployed.

Fiscal Claiming

Time study and fiscal claiming instructions for the CAAP are being developed and will be transmitted to counties under separate cover. If you have any questions regarding fiscal claiming or time studying, please consult the CDSS Contact List (Attachment 1).

Funding Information

There are no additional funds allocated for CAAP administrative costs. Funding for this program will be included in the county's AFDC allocation to pay for the regular eligibility determination and case management activities.

The county share for payments for the CAAP is the same as for the AFDC program. The county share for the payments is 5% of the non-federal share pursuant to Welfare and Institutions (W & I) Code Section 15200(a). The county share for the administrative costs is 30% of the non-federal share pursuant to W & I Code Section 15204.2.

If you have any questions regarding CAAP, please consult your County Cost Analysis Bureau analyst.

Statistical Reporting Requirements

The reporting requirements for the CAAP are the same requirements as for all Title IV-A child care programs. Those reporting requirements were described in All-County Letter No. 93-23 dated March 31, 1993. As a reminder, a copy of the ACF-115 (State) form and instructions were provided in All-County Letter No. 93-84, dated October 28, 1993, and included data elements for the Supplemental Child Care (SCC) program and the CAAP. This form and instructions are included in Attachment 5. This form is currently being revised to include the Greater Avenues for Independence (GAIN), Transitional Child Care (TCC), and Cal-Learn programs and will be released by the Statistical Services Branch in the near future. In addition, the Monthly Child Care Eligibility Report (SCC 6) was designed to replace the ACF-115 (County) and will obtain all information necessary to meet these reporting requirements.

If you have any questions regarding the statistical reporting requirements, please consult the CDSS Contact List (Attachment 1).

Impact On AFDC

CAAP participants are considered to be AFDC recipients and will receive child care assistance and Medi-Cal in lieu of the AFDC grant. Therefore, Manual of Policies and Procedures (MPP) Section 44-111.3(h) is being amended to exempt CAAP payments from consideration as income in the AFDC grant computation. However, CAAP participants are not eligible for the AFDC assistance programs such as the Reduced Income Supplemental Payments (RISP), Homeless Assistance, and/or special needs. If you have any AFDC policy questions, please consult the CDSS Contact List (Attachment 1).

Impact on Child Support

CAAP payments shall not be eligible for recoupment under the Title IV-D program.

Impact on Food Stamps

For Food Stamp (FS) purposes, CAAP provides funds to pay child care costs, and as specified in MPP Section 63-502.2(g), is excluded from income. Since CAAP recipients are AFDC eligible, they will be categorically eligible for food stamps. A child care deduction will be allowed only for those costs incurred by the CAAP participant that are not paid by the CAAP, up to the maximum allowed (\$160 per child). For example, the food stamp child care deduction is calculated by subtracting the CAAP payment from the actual child care expense for the budget month (MPP Section 63-503.254(a)) and the difference, up to the current \$160 maximum, is the food stamp child care deduction. The CAAP payment must be applied to the month's expense it was intended to cover; counties should not apply a previous month's CAAP payment against the budget month's expense. If the household receives a payment that covers prior months and the budget month, only the CAAP payment for the budget month should be deducted from the actual child care expense to determine the child care deduction.

California Work Pays Demonstration Project (CWPDP) Control Group Counties
(Alameda, Los Angeles, San Bernardino, and San Joaquin) (Note: The CWPDP was formerly known as the Assistance Payments Demonstration Project (APDP).)

The CAAP program applies to both control and experimental cases.

CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)
FORMS AND INSTRUCTIONS

Attached are reproducible copies of the California Alternative Assistance Program (CAAP) forms and instructions which are to be used by county staff in the implementation of the program. All of the CAAP forms are "Required - Substitute Permitted", except for the Child Care Payment Calculation Worksheet, which is recommended. The CAAP forms are attached and discussed in the following order:

- o California Alternative Assistance Program (CAAP) Information, CAAP 100 (Informing Notice)
- o Agreement - California Alternative Assistance Program (CAAP), CAAP 101
- o Monthly Child Care Eligibility Report, SCC 6 (revised 5/94)
- o Child Care Payment Calculation Worksheet, SCC 7 (revised 5/94)
- o Child Care Repayment Agreement, SCC 10 (revised 5/94)

To obtain a camera-ready copy of the English and/or Spanish versions of the CAAP forms, telephone or write to:

CDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
(916) 657-1907/ATSS 437-1907

California Alternative Assistance Program (CAAP) Information, CAAP 100

This notice shall be used to satisfy CAAP informing requirements at the time of AFDC application and redetermination. The CAAP 100 shall be provided to those working AFDC applicants and recipients according to the guidelines in Attachment 2 of this ACL. Counties may also use other means, i.e., stuffers, fliers, etc., to inform AFDC recipients as long as the exact language from the CAAP 100 is used.

Agreement - California Alternative Assistance Program (CAAP), CAAP 101

The CAAP 101 shall be used when a working AFDC applicant or recipient has read the CAAP Information form and is interested in choosing the CAAP. The CAAP Agreement provides the rules pertaining to the CAAP and the responsibilities of a CAAP participant. ~~The CAAP participant must sign the agreement to indicate he/she has read, understands, and agrees to the terms of the agreement prior to receipt of CAAP benefits.~~ The Eligibility Worker shall compute 1) the AFDC grant, including the Supplemental Child Care (SCC) payment, and 2) the CAAP child care payment to enable the individual to make an informed decision about choosing CAAP benefits or the AFDC grant. In addition, the Eligibility Worker shall certify that the computations were made and that the new CAAP participant has been given a copy of the signed agreement. The agreement is on two pages, with the certification boxes on the second page.

Monthly Child Care Eligibility Report, SCC 6 (Revised 5/94)

The SCC 6 is a document which the CAAP participant and his/her child care provider completes and submits to the county every month with the CAAP participant's CA 7/SAWS 7 Monthly Eligibility Report in order to receive a CAAP payment. If the CA 7/SAWS 7 Monthly Eligibility Report is submitted without an SCC 6, the CAAP payment may be late, denied, or stopped.

The SCC 6 includes a certification signed by the CAAP participant under penalty of perjury that he/she paid the reported child care costs and that the hours of child care reported were related to his/her work hours. The SCC 6 was also designed to obtain the information necessary to meet the Title IV-A reporting requirements.

Every item on the SCC 6 must be completed before the county can authorize a CAAP payment. If the SCC 6 is submitted incomplete, counties must send it back to the CAAP participant with a Notice of Action (NOA). If the CAAP participant completes and resubmits the form by the first working day of the payment month, the county shall determine eligibility for a CAAP payment.

If there are multiple child care providers, the CAAP participant shall submit a separate form for each provider.

Child Care Payment Calculation Worksheet, SCC 7 (Revised 5/94)

The SCC 7 provides an optional worksheet for calculating the monthly CAAP payment and any CAAP underpayment/overpayment. The worksheet also serves as a reminder to verify eligibility information. Counties may use this form or incorporate these calculations into existing county forms or computer systems.

Child Care Repayment Agreement, SCC 10 (Revised 5/94)

The Child Care Repayment Agreement (SCC 10) specifies how a CAAP overpayment is to be repaid. The SCC 10 is an agreement between the county and: 1) a current CAAP participant or, 2) a former CAAP participant who is no longer receiving CAAP payments.

The county completes Part 1, which includes the amount of the overpayment and instructions to the current/former CAAP participant about the repayment process. These individuals complete Parts II, III, and IV, which include cash payment arrangements and AFDC grant reductions. The completed agreement is signed by the current/former CAAP participant and county worker.

CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) INFORMATION

What is CAAP?

The California Alternative Assistance Program (CAAP) allows working Aid to Families With Dependent Children (AFDC) recipients to receive child care assistance and Medi-Cal instead of a cash grant. CAAP recipients are AFDC recipients and, as such, may be entitled to other benefits such as food stamps.

Can I get CAAP?

To get CAAP you must meet the following rules:

- You must be on AFDC and have child care costs for child(ren) in your AFDC assistance unit under the age of 13 years unless your child(ren) need(s) special care.
- Your child care provider must be at least 18 years old, not a parent or legal guardian of the child, not a member of your AFDC assistance unit, and either be licensed with the State of California or exempt from licensure.
- You must be working.
- You must decline or refuse a cash grant.

What are my rights?

Your rights are:

- To be told in writing when your CAAP payments are approved, denied, changed or stopped.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care also includes before and after school care provided by a public or private school. This care must be provided on school grounds by teachers employed by the school or school district.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing, you will not get aid paid pending the hearing. You shall be paid for child care services only at the level authorized by the county action under appeal.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against.

What are my responsibilities?

To get CAAP, you must:

- Give us proof of your child care costs every month on a Monthly Child Care Eligibility Report (SCC 6) along with the CA 7/SAWS 7 Monthly Eligibility Report.
- Give us the facts that we need and show proof of them as needed.
- Agree to pay back any CAAP payment that you were not entitled to receive.

When will I stop getting CAAP?

You will stop getting CAAP payments when:

- You are no longer eligible for AFDC.
- You are no longer working.
- You did not give us a Monthly Eligibility Report (CA 7/SAWS 7) or the SCC 6, Monthly Child Care Eligibility Report.
- You become eligible for and able to receive child care benefits from another subsidized program.
- You no longer have an eligible child.
- Your child care provider is not licensed with the State of California and is not exempt from licensure.

Penalty warning

- Failure to report facts or giving wrong or incomplete facts to the CAAP can result in legal prosecution with penalties of a fine, imprisonment, or both.

Additional information:

What other programs are available to help with child care costs?

- The dependent care disregard may help working AFDC recipients pay their child care costs. The disregard allows you to keep more of your earned income to help pay for those costs. If your child care costs are more than the amount allowed in the dependent care disregard, you may be eligible for the Supplemental Child Care (SCC) Program. Ask your worker.
- The Transitional Child Care (TCC) Program may help you pay your child care costs for up to 12 months after you stop getting AFDC because you are working. Ask your worker.
- The At Risk Child Care Program (ARCCP) may help you pay your child care costs if you are not getting AFDC or TCC and are working. You can call toll-free 1-800-998-9114 for more information.
- The California Department of Education (CDE) has a subsidized child care system. For more information contact your local Resource and Referral Agency.

AGREEMENT - CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

I have read the California Alternative Assistance Program (CAAP) Information Sheet. I have read and understand the rules and my responsibilities about CAAP. I understand and agree that:

- I will only be given the opportunity to elect to receive CAAP benefits when I apply for AFDC and at redetermination of eligibility.
- In order to enroll in CAAP, I must sign this statement that says I agree to decline/refuse any form of AFDC-related grant in order to receive child care assistance and Medi-Cal benefits.
- I must be working and have an earned income.
- I must need child care in order to work.
- I must have child care costs for child(ren) in my AFDC assistance unit, under the age of 13 years, unless my child(ren) need(s) special care or is/are under court supervision.
- I must have child care costs for child(ren) in my AFDC assistance unit or who would be AFDC-FG/U eligible but for the receipt of Federal Foster Care or Supplemental Security Income/State Supplementary Payment (SSI/SSP).
- My child care provider must be at least 18 years old, not a parent or legal guardian of the child, and not a member of my AFDC assistance unit. In addition, the provider must either be licensed with the State of California or be exempt from licensure.
- If I request a state hearing, I will not receive aid paid pending as a condition of receiving CAAP.
- If I choose to return to AFDC grant status, I will notify the County on the Monthly Eligibility Report.
- I must submit a Monthly Eligibility Report and an SCC 6, Monthly Child Care Eligibility Report, by the 5th day of each month. Failure to submit these documents on time will make my CAAP payment be late, denied, or stopped.
- My child care costs will be paid at the actual cost of care or up to the applicable 75th percentile monthly rate ceiling of the Regional Market Rate.
- I will pay back any CAAP payment that I am not entitled to receive.
- I will no longer be eligible for CAAP if I receive child care benefits from another subsidized program.
- I will be notified in writing when my CAAP payments are approved, denied, changed or stopped.
- I understand that failure to give facts or giving wrong or incomplete facts to the CAAP program can result in legal prosecution with penalties of a fine, imprisonment, or both.

(Continued Page Two)

COUNTY USE ONLY

AFDC Grant Computation			
Gross Income			
Work Expense Disregard (\$90)	-		
\$30 Disregard	-		
1/3 Disregard	-		
Child Care Disregard	-		
Net Countable Income	=		
Basic Need (MBSAC)			
Net Countable Income	-		
Subtotal A	=		
Maximum Aid Payment (MAP)			
Lesser of Subtotal A and MAP = Cash Aid			
SCC Computation			
Actual Monthly Child Care Costs			
Monthly 75th Percentile Rate Ceiling			
Lesser of Actual Child Care Costs or 75th Percentile			
Disregarded Amount	-		
SCC Payment	=		
		CAAP Payment Computation	
		Actual Monthly Child Care Costs	
AFDC Grant Amount		Monthly 75th Percentile Rate Ceiling	
SCC Payment	+	Lesser of Actual Child Care Costs or 75th Percentile	
Total Cash Payment	=	CAAP Payment	

Signing this agreement means I have read all of its terms, I understand what all the terms mean, and I agree to all of the terms in this agreement.

SIGNATURE OF PERSON CHOOSING CAAP	DATE

I certify that the working recipient of Aid to Families with Dependent Children (AFDC) has been given a copy of this signed agreement. In addition, I have computed the recipient's AFDC grant and the amount of child care assistance available from CAAP to allow the recipient to decide whether to choose CAAP benefits or an AFDC grant.

ELIGIBILITY WORKER SIGNATURE	DATE

AGREEMENT - CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

INSTRUCTIONS:

The CAAP Agreement, CAAP 101, is provided to working AFDC recipients who have read the CAAP Information sheet, CAAP 100, and express an interest in the CAAP.

Person choosing the CAAP:

- Must read the list of rules and responsibilities on the agreement.
- Must sign the agreement which indicates that he/she has read all of the terms of the agreement, understands what all the terms mean, and agrees to all of the terms in the agreement.

Eligibility Worker:

- Computes the recipient's AFDC grant, including the Supplemental Child Care (SCC) amount, and the CAAP payment amount to allow the recipient to make an informed decision about choosing CAAP benefits or an AFDC grant.
 - Certifies that the working AFDC recipient has been shown payment computations comparing the recipient's AFDC grant with the amount of child care assistance available from the CAAP and has been given a copy of the signed agreement.
-

MONTHLY CHILD CARE ELIGIBILITY REPORT**COUNTY USE ONLY****Instructions:**

- If you work and paid child care costs, fill out and return this report by the 5th of the month with your CA 7/SAWS 7. If a complete report is not in by the 11th, your child care benefits may be late, denied, or stopped.
- Part A must be filled out by your child care provider.
- Part B must be filled out by you.
- Use a separate form for each child care provider.

NEED HELP? ASK YOUR WORKER.

DATE RECEIVED:

CASE NAME:

CASE NUMBER:

PART A - CHILD CARE PROVIDER FILLS IN THIS SECTION

PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY

SOCIAL SECURITY NUMBER/TAX ID NUMBER

PHONE

()

ADDRESS (STREET, CITY)

STATE, ZIP CODE

I provided child care in: My Home Child's Home Family Day Care Home Day Care Center

for the recipient below in _____, 19_____, for the following children:

(MONTH)

Child's Name	Age	Amount Paid Per Child	Date Paid	# Days Care Provided	# Hours Care Provided	Rate Charged	Specify how charged (per hour, day, week, month)

For the boxes listed below check () the one that applies to you.

- I certify I am a licensed child care provider and my license number is _____.
- I certify I do not need a license because I am related to the child.
- I certify I do not need a child care license because I care for my own child(ren) and a child(ren) from only one other family; and
 - I gave the recipient below the names, addresses, and telephone numbers of two character references and a statement as to my health; education or experience; criminal record; and names and ages of other persons in the home providing care.
- I certify I do not need a license because the facility is operated by a public or private school and run by qualified teachers employed by the school or school district.
- I declare that I am at least 18 years of age.
- I declare that I provided the child care listed above and that the hours of care and total monthly payment listed above are true and correct and that I have received payment for these costs.
- I understand that the social security number provided above will be verified with the Social Security Administration.
- I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board.
- I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct.

SIGNATURE OF PROVIDER

DATE

PART B - RECIPIENT FILLS IN THIS SECTION

NAME (FIRST, MIDDLE, LAST)

CASE NAME, IF DIFFERENT

Number of days I worked per week:

Number of hours I worked per week:

- I understand that any statements made on this form are subject to investigation and verification.
- I understand that I must pay child care rates which are the same as rates billed by the child care provider for services given to other children.
- I understand that the hours of child care reported on this form are reasonably related to the hours I work.
- I understand that I have the right to choose the child care provider who is best for me and my child(ren).
- I understand that the provider must have a license or be exempt from having a license in order for me to get a child care payment.
- I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board.
- I understand that I must pay back any child care payments I am not entitled to receive.
- I certify that I have paid the child care provider listed above.
- I authorize the county to obtain any verification necessary to process this request. This authorization is valid for 30 days from the date of my signature.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

MONTHLY CHILD CARE ELIGIBILITY REPORT - SCC 6

INSTRUCTIONS:

The Monthly Child Care Eligibility Report (SCC 6) is provided to CAAP participants and other working AFDC recipients who have child care costs so they can complete and submit the form to the county by the 5th of the month along with their CA 7/SAWS 7 Monthly Eligibility Report. It assists in determining eligibility for the California Alternative Assistance Program (CAAP) and the Supplemental Child Care (SCC) Program. The SCC 6 indicates to the recipient that if a completed SCC 6 is not submitted by the 11th of the month, child care benefits may be late, denied, or stopped.

Part A is completed by the child care provider. He/she indicates his/her name or facility name, address, phone number, Social Security Number or tax ID number, and whether he/she is licensed or exempt. The child care provider indicates his/her license number, if applicable. The child care provider indicates the setting of the child care; the dates child care was provided; the name(s) of the child(ren) for whom care was provided; the age of the child(ren); the amount he/she was paid for each child; the date he/she was paid; the number of days and number of hours care was provided for each child; the rate charged for each child; and if the rate charged was based on an hourly, daily, weekly, or monthly rate. The child care provider signs under penalty of perjury that the information is true and correct.

Part B is completed by the recipient. He/she indicates his/her name, the case name (if different), and the number of days and hours worked per week. Also, the recipient signs under penalty of perjury that he/she understands the terms of the SCC 6 and that the information given is true and correct.

Under "COUNTY USE ONLY", the county worker indicates the date the SCC 6 is received, the case name, and the case number.

The county worker will then complete each of the following steps:

1. Verify the completeness of the form and return it to the recipient with the appropriate NOA if incomplete.
2. Use the SCC 6 in conjunction with the Child Care Payment Calculation Worksheet (SCC 7). The Worksheet is used to compute and document CAAP or SCC program payment amounts and/or underpayments or overpayments on a monthly basis.

CHILD CARE PAYMENT CALCULATION WORKSHEET

CASE NAME:
CASE NUMBER:
WORKER NUMBER:

- California Alternative Assistance Program (CAAP)
 Supplemental Child Care (SCC) Program

MONTH:	CHILD #1	CHILD #2	CHILD #3
1. Child's Name and Eligibility Information	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> payment is within RMR	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> payment is within RMR	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> payment is within RMR
2. Actual Monthly Child Care Cost:			
3. 75th Percentile Rate Ceiling:			
4. Maximum Reimbursement: (Lesser of 2 or 3) =			
5. Amount Received From Child Care Disregard (for SCC only): -			
6. Child Care Reimbursement Amount: (4 minus 5) =			
7. Total Child Care Reimbursement Amount: (All Item 6s) =			
8. Overpayment Adjustment: -			
9. Net Child Care Reimbursement Amount: (7 minus 8) =			
CHILD CARE PAYMENT RECOMPUTATION			
10. Child Care Payment Previously Authorized:			
11. Correct Payment:			
12. Overpayment (If 10 is Larger Than 11):			
13. Underpayment (If 11 is Larger Than 10)			
WORKER INITIAL/DATE:			

CHILD CARE PAYMENT CALCULATION WORKSHEET

Purpose

This worksheet is used to compute and document California Alternative Assistance Program (CAAP) or Supplemental Child Care (SCC) program payment amounts and/or overpayments on a monthly basis. It can also serve to collect certain data elements needed for monthly statistical reporting purposes.

- Enter a check mark in the box for the correct child care program, CAAP or SCC.
 - Enter the month for which you are computing the payment.
- Item 1: Enter each child's name and enter a check mark in the applicable boxes to verify the following information for each child:
- a. Eligible provider.
 - b. Eligible child.
 - c. Work hours related to hours of care.
 - d. Payment is within the Regional Market Rate (RMR).
- Item 2: Enter the actual monthly child care cost for each child.
- Item 3: Enter the monthly Regional Market Rate (RMR) amount for each child based on the RMR chart using the following information:
- a. The child's age.
 - b. Whether the care was provided on a full-time (more than 147 hours per calendar month) or part-time (147 hours or less per calendar month) basis.
 - c. The type of provider (i.e., a licensed day care center, in-home exempt care, etc.).
 - d. How the provider charges (hourly, daily, weekly, or monthly).
- Item 4: Enter the maximum reimbursement per child (the lesser of Item 2 or Item 3).
- Item 5: For SCC only, enter the amount used to reduce the net countable income through the child care disregard process.
- Item 6: Enter the reimbursement amount by deducting Item 5 from Item 4.
- Item 7: Add all Item 6 amounts and enter the combined total in Item 7. This figure gives the total combined reimbursement amount for the family.
- Item 8: Enter any overpayment adjustment amount.
- Item 9: Enter the net child care reimbursement amount (Item 7 less Item 8).

SCC RECOMPUTATION

- Item 10: Enter the original child care payment amount.
- Item 11: Enter the correct child care payment amount.
- Item 12: Enter the difference between Item 10 and Item 11 (only if Item 10 is larger than Item 11).
- Item 13: Enter the difference between Item 10 and Item 11 (only if Item 11 is larger than Item 10).
- Worker Initial/Date: Enter the initials of the worker and the date the computation was completed.

**CHILD CARE
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER
CASE NAME
WORKER
DATE

I. REPAYMENT TERMS AND CONDITIONS

Your total Supplemental Child Care (SCC) overpayment or California Alternative Assistance Program (CAAP) overpayment is \$ _____ . You must repay what you owe by using one or more of the methods listed in Section III.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Return the signed agreement within ten days. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you want to pay in cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you do not return this agreement within ten days of the date this notice was mailed to you, the County will demand payment and take other action to collect the overpayment.

If you have any questions, please call your worker.

II. I understand that:

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed, no longer get AFDC, or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to get back the amount owed, even if it is beyond three years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here _____ to show that you have read and understand items 1 through 6 in Section II above.

III. Check below the ways you want to repay. Fill in the amount(s) you will repay.

1. Cash Payment

You may repay all or part of what you owe with cash.

- I will repay by lump sum cash payment of \$ _____ by _____.
- I will repay by monthly cash payment of \$ _____ by the first day of each month beginning _____.

2. Grant Reduction

You may repay by having your AFDC payment reduced.

- I will repay by having my AFDC grant reduced by \$ _____ each month.

IV. CHECK THE BOX BELOW THAT APPLIES TO YOU

- I can begin repayment within 30 days from the date this notice was mailed to me.
- I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by _____.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature _____ Date _____

V. To be completed by the County

The above signed Agreement has been accepted by _____ on _____

for _____ County.

Signature _____

CHILD CARE REPAYMENT AGREEMENT - SCC 10

INSTRUCTIONS:

The Child Care Repayment Agreement, SCC 10, is used to secure a written repayment agreement with a participant who has a Supplemental Child Care (SCC) or California Alternative Assistance Program (CAAP) overpayment and is no longer receiving SCC or CAAP payments. It may be sent with the SCC Demand Notice of Action, M44-508A, or the CAAP Demand Notice of Action, NA 118, to be completed and returned by the participant. The County may also use this form in a meeting with the individual to document the terms of repayment.

Section I

- The County indicates if the participant was overpaid in the SCC Program or the CAAP.
- The County fills in the total amount of the overpayment.

(This section gives instructions to the participant on completing this agreement and explains the process for repayment.)

Section II

- The participant reads and puts his/her initials in the box at the end of Section II indicating that he/she understands items 1 - 6 in that section.

Section III

- The participant checks the box that represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

Section IV

- The participant checks the box to indicate the timeframe for beginning the repayment.
- ~~The participant must enter the date on which he/she will begin repayment if he/she cannot repay within 30 days from the date the agreement was mailed to him/her.~~
- The County must indicate to the participant where to mail or bring the payment and agreement.
- The participant signs and dates the agreement.

Section V

- The appropriate County employee enters the name of the person who accepted the agreement, the date the agreement was accepted, and in what county the agreement was made.
- The County worker who is securing the agreement must sign the agreement.

CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)
NOTICE OF ACTION FORMS AND MESSAGES

The Notice of Action Forms and Messages are attached and discussed in the following order:

CAAP NOAS

- NA 110 Blank CAAP Notice of Action
- NA SCC/CAAP BACK Supplemental Child Care (SCC) or California Alternative Assistance Program (CAAP) Hearing Rights
- NA 111 Approval of CAAP Payment
- NA 112 Denial of CAAP Payment
- NA 113 Late/Incomplete SCC 6
- NA 115 Restore Eligibility After a Break in Aid
- NA 116 Change of Payment Limit
- NA 117 Overpayment Adjustment
- NA 118 Overpayment Demand Notice
- NA 119 Underpayment Adjustment

AFDC NOAS (Not attached, but discussed)

- NA 960X Stop Aid; Monthly Report Not Received
- NA 960Y Stop Aid; Monthly Report Incomplete

General NOA Message Information

The CAAP NOA messages were developed to cover the most common situations which would require client notification. Should a complex message or situation arise that is not covered by an existing NOA message, counties may modify or create new NOA messages using the AFDC language standards as a guideline. Counties shall use AFDC rules for adequate and timely notice. The county shall notice CAAP participants for initial approval of CAAP eligibility and amount of payment, denial or discontinuance of a CAAP payment, change in the rate ceiling, CAAP overpayment/underpayment adjustments, return to AFDC grant status, and nonreceipt of the monthly child care eligibility report or an incomplete monthly child care eligibility report. Counties are required to issue a NOA whenever there is a change in the authorized payment maximum.

CAAP NOAS

Blank CAAP Notice of Action, NA 110

Counties may print the CAAP NOA messages on this blank form. The NA SCC/CAAP BACK is to be used on the back of all CAAP NOAs.

Supplemental Child Care (SCC) or California Alternative Assistance Program (CAAP) Hearing Rights, NA SCC/CAAP BACK

The NA SCC/CAAP BACK is to be used on the back of all CAAP and Supplemental Child Care (SCC) NOAs and with the SCC 10, Child Care Repayment Agreement. This special back is necessary to inform CAAP participants/SCC recipients that there is no aid pending the hearing for CAAP or SCC. This form will no longer be necessary once the standard AFDC back, the NA BACK 6, is revised to incorporate the child care language. The NA BACK 6 is currently being revised and will be provided under separate cover.

If counties are unable to utilize the NA SCC/CAAP BACK, the following information concerning no aid paid pending during the hearing process may be printed on the front of all NOAs issued for the CAAP:

- If you disagree with the county's decision about your CAAP payments, the county will pay child care services as follows: 1) If we have told you your payments will be lowered, you will get the lower rate; 2) if we have told you your payments will stop, you will not get any more payments, even if you are still working; or 3) if we have denied payments before the hearing, you will not get the requested payments.

OR

- If the county lowers or stops your child care payment, you will only get what the county figured unless a judge says you should get more.

Approval of CAAP Payment, NA 111

The NA 111 is used to approve a CAAP payment when the CAAP participant completes and submits a Monthly Child Care Eligibility Report (SCC 6) and meets all the CAAP eligibility criteria based upon county review of the CA 7/SAWS 7 Monthly Eligibility Report. This NOA shows the CAAP payment amount including the child care costs, the payment limit, the payment amount, and any adjustments needed to collect overpayments, if applicable. Also, information on the Medi-Cal plastic card is given.

Denial of CAAP Payment, NA 112

The NA 112 is used to deny a CAAP payment and specifies the reason for the denial. Information on the Medi-Cal plastic card is given.

Late/Incomplete SCC 6, NA 113

The NA 113 is used to notify a CAAP participant that the SCC 6 has not been received or that the SCC 6 that was submitted was incomplete. If an SCC 6 has not been received, an SCC 6 must be enclosed with the NA 113. If the SCC 6 is incomplete, the items on the SCC 6 that are incomplete must be identified for the CAAP participant prior to its return with the NA 113.

Restore Eligibility After a Break in Aid, NA 115

The NA 115 is used to notify a CAAP participant that the CAAP payment will be restored after a break in aid. This NOA shows the CAAP payment amount including the child care costs, the payment limit, the payment amount, and any adjustments needed to collect overpayments, if applicable.

Change of Payment Limit, NA 116

The NA 116 is used to notify a CAAP participant when there is a change in the payment limit or when there is a change in the child care provider. The form may be used when the changes are the result of a request from the participant, a change in the child care rates and hours, a change in the payment limit(s) set by the State of California, or other circumstances. This NOA shows the new CAAP payment amount.

Overpayment Adjustment, NA 117

The NA 117 is used to notify a CAAP participant of an overpayment, when the adjustment will take place, and the subsequent adjustment in future CAAP payments. This NOA shows the overpayment amount for each child and his/her provider for the applicable month(s).

Overpayment Demand Notice, NA 118

The NA 118 is used to notify a former CAAP participant of an overpayment when he/she no longer receives CAAP payments, but may be receiving an AFDC grant. The NOA specifies that action will be taken by the county if by the given date the former CAAP participant does not pay back the amount owed or submit a plan for paying it back. This NOA shows how the overpayment amount is computed for each child and his/her provider for the applicable month(s).

Underpayment Adjustment, NA 119

The NA 119 is used to notify a CAAP participant of an underpayment, the date the underpayment was discovered, the time period the underpayment was for, the amount owed to the CAAP participant, and the action the county plans to take. This NOA shows how the underpayment amount is computed for each child and his/her provider for the applicable month(s) and any adjustments needed for overpayments, if applicable.

REVISED AFDC NOAS:

The NA 960X and NA 960Y are in the process of being revised and will be issued to counties at a later date.

Stop Aid; Report Not Received, NA 960X

The NA 960X is to be used to notify CAAP participants and other working AFDC recipients that their CA 7/SAWS 7 Monthly Eligibility Report has not been received and that aid will be stopped if the county does not receive it by the first working day of the next month. The NA 960X also informs these individuals that even if they submit the CA 7/SAWS 7 Monthly Eligibility Report by the first working day of the next month, they will receive a penalty for late reporting. Aid will be figured without giving the individuals credit for earned income disregards. For CAAP, this may mean a CAAP payment could stop for the next month. The penalty may not apply for income reported after the 11th of the month if there is good cause for being late.

Stop Aid; Monthly Report Incomplete, NA 960Y

The NA 960Y is to be used to notify CAAP participants and other working AFDC recipients that their CA 7/SAWS 7 Monthly Eligibility Report was received, but was incomplete, and that their aid will be stopped if the county does not receive a complete CA 7/SAWS 7-Monthly Eligibility Report by the first working day of next month. The NA 960Y also informs these individuals that even if they submit a complete CA 7/SAWS 7 Monthly Eligibility Report by the first working day of the next month, they will receive a penalty. Aid will be figured without giving the individuals credit for earned income disregards. For a CAAP participant, this may mean a CAAP payment could stop for the next month. The penalty may not apply for income reported after the 11th of the month if there is good cause for being late.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Rules: These rules apply. You may review them at your welfare office: MPP 89-700.

SUPPLEMENTAL CHILD CARE (SCC) OR CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the SCC program or the CAAP program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you this notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your SCC or CAAP payments, the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will stop, you will not get any more payments, even if you are still working.
- If we have denied payments before the hearing, you will not get the requested payments.

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
 If you are deaf and use TDD, call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Supplemental Child Care (SCC)
- California Alternative Assistance Program (CAAP)
- Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____ (PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, the County has approved your California Alternative Assistance Program (CAAP) eligibility. Your CAAP payment has been approved for the amount of _____.

The County will only pay child care for days you were working and only up to a payment limit set by the State of California.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit for each of your children are figured on this notice.

You will get a separate notice about your Medi-Cal benefits.

You can call your worker if you think this notice is wrong.

Child's Name: _____
Provider's Name: _____
Your child care costs \$ _____
Your payment limit \$ _____
CAAP payment \$ _____

Child's Name: _____
Provider's Name: _____
Your child care costs \$ _____
Your payment limit \$ _____
CAAP payment \$ _____

Child's Name: _____
Provider's Name: _____
Your child care costs \$ _____
Your payment limit \$ _____
CAAP payment \$ _____

Child's Name: _____
Provider's Name: _____
Your child care costs \$ _____
Your payment limit \$ _____
CAAP payment \$ _____

You will get a plastic Medi-Cal Benefits Identification Card (BIC) in the mail soon, if you don't have one already. Take this plastic card to your medical provider when you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC ID CARD.** You will be able to use it again if you become eligible for Medi-Cal.

Subtotal of CAAP Payments \$ _____
Adjustment to collect overpayment, if applicable - \$ _____
TOTAL MONTHLY CAAP PAYMENT = \$ _____

Rules: These rules apply. You may review them at your welfare office. MPP 89-715, 89-720.

State of California
Department of Social Services

Manual Msg. No: NA 111
Action: Approve
Reason: Child Care
Title: Approval of CAAP
Payment

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-715,
89-720

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

As of _____, the County has approved your California Alternative Assistance Program (CAAP) eligibility. Your CAAP payment has been approved for the amount of _____.

The County will only pay child care for days you were working and only up to a payment limit set by the State of California.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit for each of your children are figured on this notice.

Child's Name: _____
Provider's Name: _____
Your child care costs \$ _____
Your payment limit \$ _____
CAAP payment \$ _____

Subtotal of CAAP payments \$ _____
Adjustment to collect overpayment,
if applicable -\$ _____
TOTAL MONTHLY CAAP PAYMENT =\$ _____

You will get a separate notice about your Medi-Cal benefits.

You can call your worker if you think this notice is wrong.

You will get a plastic Medi-Cal Benefits Identification Card (BIC) in the mail soon, if you don't have one already. Take this plastic card to your medical provider when you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC ID CARD.** You will be able to use it again if you become eligible for Medi-Cal.

INSTRUCTIONS for Approval of CAAP Payment - NA 111

Use to approve a CAAP payment, to explain the basis for the payment, and to show how the computation is made. Also, the NOA explains Medi-Cal plastic card information.

Enter the date of approval of the individual's CAAP eligibility and the amount of the CAAP payment.

Enter the names of the child and the child care provider.

Complete the applicable computation(s) showing the child care costs, the payment limit, and the CAAP payment amount.

Enter the subtotal of the CAAP payments. Adjust the subtotal amount, if applicable, by subtracting any adjustments needed to collect overpayments. Enter the total monthly CAAP payment.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

[] []
[] []

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, the County has denied your California Alternative Assistance Program (CAAP) payment for your child, _____

HERE'S WHY:

- You are not working.
- You do not need child care to remain employed.
- You have not signed a statement saying you choose CAAP payments rather than a cash grant.
- You are no longer eligible for AFDC cash aid.
- The caretaker relative is sanctioned and the assistance unit is no longer eligible for a CAAP payment.
- Your child _____ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- Your child _____ is not in your AFDC assistance unit.
- You have not provided us records that show your aided child _____ has a physical or mental condition that requires special care.
- You have not provided us the required information to determine CAAP eligibility and the CAAP payment.
- Your child care provider does not have a day care license and must have one.
- The child care provider is not 18 years of age or older.
- The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- Other:

You will get another notice about your Medi-Cal. DO NOT THROW YOUR PLASTIC ID CARD AWAY. You will be able to use it again if you become eligible for Medi-Cal.

Rules: These rules apply. You may review them at your welfare office: MPP 89-710.1.

State of California
Department of Social Services

Manual Msg. No: NA 112
Action: Denial
Reason: Child Care
Title: Denial of CAAP
Payment

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-710.1

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

As of _____, the County has denied you California
Alternative Assistance Program (CAAP) payment for your child,
_____.

HERE'S WHY:

- You are not working.
 - You do not need child care to remain employed.
 - You have not signed a statement saying you choose CAAP payments rather than a cash grant.
 - You are no longer eligible for AFDC cash aid.
 - The caretaker relative is sanctioned and the assistance unit is no longer eligible for a CAAP payment.
 - Your child _____ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
 - Your child _____ is not in your AFDC assistance unit.
 - You have not provided us records that show your aided child _____ has a physical or mental condition that requires special care.
 - You have not provided us the required information to determine CAAP eligibility and the CAAP payment.
-
- Your child care provider does not have a day care license and must have one.
 - The child care provider is not 18 years of age or older.
 - The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
 - Other:

You will get another notice about your Medi-Cal. DO NOT THROW YOUR PLASTIC ID CARD AWAY. You will be able to use it again if you become eligible for Medi-Cal.

INSTRUCTIONS for CAAP Payment Denial - NA 112

Use to deny CAAP payment(s).

Enter the month(s) in which the CAAP participant was denied a CAAP payment for his/her child care costs.

Enter the name of the child for whom the CAAP participant was denied a CAAP payment.

Check all appropriate boxes for denying the CAAP payment and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, the County has not received your Monthly Child Care Eligibility Report (SCC 6) due this month. An SCC 6 is enclosed for you to complete and send or bring it to your worker

The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is not complete. You must complete the circled items on the enclosed SCC 6, and send or bring it to your worker.

You will not get a California Alternative Assistance Program (CAAP) payment unless you send or bring in a complete SCC 6. The County must receive it no later than the first working day of the next month.

If you no longer choose to get CAAP payments or if you have any questions, call your worker.

Rules: These rules apply. You may review them at your welfare office: MPP 89-725, 89-730.212, and 89-730.3.

State of California
Department of Social Services

Manual Msg. No: NA 113
Action: Change
Reason: Child Care
Title: Late/Incomplete
SCC 6

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-725,
MPP 89-730.212,
MPP 89-730.3.

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

- [] As of _____, the County has not received your Monthly Child Care Eligibility Report (SCC 6) due this month. An SCC 6 is enclosed for you to complete and send or bring it to your worker.
- [] The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is not complete. You must complete the circled items on the enclosed SCC 6, and send or bring it to your worker.

You will not get a California Alternative Assistance Program (CAAP) payment unless you send or bring in a complete SCC 6. The County must receive it no later than the first working day of the next month.

If you no longer choose to get CAAP payments or if you have any questions, call your worker.

INSTRUCTIONS for Late/Incomplete SCC 6 - NA 113

Use to notify CAAP participants of no receipt of the Monthly Child Care Eligibility Report (SCC 6) or receipt of an incomplete SCC 6, and the consequences of not submitting a timely or complete SCC 6.

Check the box that applies to the CAAP participant to show that either he/she has not submitted an SCC 6 or the SCC 6 was not complete.

If the SCC 6 has not been submitted, indicate the date you noticed it was not received and, therefore, you returned an SCC 6 with this NOA to the CAAP participant.

If the SCC 6 is not complete, circle any incomplete items and return the SCC 6 with this NOA to the CAAP participant.

The NOA must be sent timely.

The CAAP participant must then submit or complete the SCC 6 and return it to you.

The CAAP participant must let you know if he/she no longer chooses to receive CAAP payments.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, the County has restored your CAAP payment. Your CAAP payment amount is _____.

The County will only pay child care for days you were working and only up to a payment limit set by the State of California.

The CAAP payment is what you paid for your child care or the payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit for each of your children are figured on this notice.

You can call your worker if you think this notice is wrong.

Child's Name: _____

Provider's Name: _____

Your child care costs \$ _____

Your payment limit \$ _____

CAAP payment \$ _____

Child's Name: _____

Provider's Name: _____

Your child care costs \$ _____

Your payment limit \$ _____

CAAP payment \$ _____

Child's Name: _____

Provider's Name: _____

Your child care costs \$ _____

Your payment limit \$ _____

CAAP payment \$ _____

Child's Name: _____

Provider's Name: _____

Your child care costs \$ _____

Your payment limit \$ _____

CAAP payment \$ _____

Subtotal of CAAP Payments \$ _____

Adjustment to Collect

Overpayment (if applicable) - \$ _____

TOTAL MONTHLY CAAP PAYMENT = \$ _____

Rules: These rules apply. You may review them at your welfare office: MPP 89-715, 89-720, 89-730.33. and 89.730.34.

State of California
Department of Social Services

Manual Msg. NA 115
Action: CAAP Restoration
Reason: Break in Aid
Title: Restore Eligibility
Form No.:
Effective Date: 5/1/94
Revision Date:

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-715,
MPP 89-720,
MPP 89-730.33,
MPP 89-730.34.

MESSAGE:

As of _____, the County has restored your CAAP payment.
Your CAAP payment amount is _____.

The County will only pay child care for days you were working and
only up to a payment limit set by the State of California.

The CAAP payment is what you paid for your child care or the
payment limit, whichever is less.

Both your CAAP payment amount and your CAAP payment limit for
each of your children are figured on this notice.

Child's Name: _____

Provider's Name: _____

Your child care costs	\$ _____
Your payment limit	\$ _____
CAAP payment	\$ _____

Subtotal of CAAP Payments \$ _____

Adjustment to Collect Overpayment
(if applicable) -\$ _____

TOTAL MONTHLY CAAP PAYMENT = \$ _____

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for CAAP Restoration After a Break in Aid - NA 115

Use to restore a CAAP participant after a break in aid and to explain the basis for the payment.

Fill in the date that you restore the CAAP payment and the CAAP payment amount.

Enter the child's name and provider's name for each child and his/her provider.

Complete the applicable computation(s) showing the child care costs, the payment limit, and the CAAP payment amount.

Enter the subtotal of the CAAP payments for each child. Adjust the subtotal amount, if applicable, by subtracting any adjustments needed to collect overpayments. The difference is the total monthly CAAP payment.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone : _____
 Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____:

- The County has changed the payment limit for your CAAP payment from _____ per _____ to _____ per _____.
- Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

- You requested this change.
- Your child care rate changed.
- Your child care hours changed.
- The payment limit(s) set by the State of California has/have changed.
- Other:

The County will only pay child care for days you are working.

Your new child care payment limit is figured on this notice. Child care for children not listed here stays the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

The rates in the Regional Market Rate (RMR) change depending on the child's age. The rates change for children under 2 years, for children 2-5 years, and for children 6+ years.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY, OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can call your worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 89-715.1, .2, and .3.

Child's Name: _____

Provider's Name: _____

\$ _____ rate

x _____ hours days weeks month

= \$ _____ per _____.

Child's Name: _____

Provider's Name: _____

\$ _____ rate

x _____ hours days weeks month

= \$ _____ per _____.

Child's Name: _____

Provider's Name: _____

\$ _____ rate

x _____ hours days weeks month

= \$ _____ per _____.

State of California
Department of Social Services

Manual Msg. No: NA 116
Action: Change
Reason: CAAP Payment Change
Title: Change of Payment
Limit

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-715.1,
.2, and .3.

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

As of _____:

- The County has changed the payment limit for your CAAP payment from _____ per _____ to _____ per _____.
- Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

HERE'S WHY:

- You requested this change.
- Your child care rate changed.
- Your child care hours changed.
- The payment limit(s) set by the State of California has/have changed.
- Other:

The County will only pay child care for days you are working.

Your new child care payment limit is figured on this notice. Child care for children not listed here stays the same.

Child's Name: _____
Provider's Name: _____
\$ _____ rate
X _____ []hours []days []weeks [] month
= \$ _____ per _____.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

The rates in the Regional Market Rate (RMR) change depending on the child's age. The rates change for children under 2 years, for children 2-5 years, and for children 6+ years.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY, OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for a Change of Payment Limit in CAAP - NA 116

Use to change child care payment maximums and to approve child care payments when the participant requests a new provider and the new provider meets regulatory approved criteria.

Fill in the date when the change was approved.

Check the first box when there is a change in the child care payment maximum and include the payment and time period (per hour, day, week, or month).

Check the second box when there is a change in child care providers. Fill in the old provider's name and the last month that he/she has received a payment. Enter the name of the new provider on the third line.

Under "Here's Why", check the appropriate reason box. When you check the "other" box, specify the reason for the action.

Complete a separate computation for every child who had a change in child care. It is not necessary to complete a calculation for payments that are not changing. Fill in the child's name and the provider's name. Fill in the rate the provider charges per hour, day, week, or month and multiply that by the number of hours, days, weeks, or month. This will give the amount charged per child for the month.

Repeat the computation if different rates are being provided. The county will use an alternate calculation when the standard computation does not explain how the payment limit was figured.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE....".

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone : _____
 Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, the County will lower your California Alternative Assistance Program (CAAP) payment(s) by _____.

HERE'S WHY:

You were overpaid.

The amount of your overpayment is figured on this notice.

Your monthly CAAP payment(s) will be cut each month until the amount you owe is paid back. The most we can take is 10% of your total CAAP payment or \$21, whichever is greater.

If you stop getting CAAP payments before your overpayment is paid back, the County will take action to collect. If you go off aid before your overpayment is paid back, the County may take what you owe out of your state income tax refund.

If you pay by check or money order, send or bring it to:

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

You can call your worker if you think this notice is wrong.

**Total Overpayment (you owe)
From This Notice** \$ _____

Rules: These rules apply. You may review them at your welfare office: MPP 89-735.2.

State of California
Department of Social Services

Manual Msg. No: NA 117
Action: Change
Reason: CAAP Payment Change
Title: Overpayment
Adjustment

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-735.2

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

As of _____, the County will lower your California
Alternative Assistance Program (CAAP) payment(s) by _____.

HERE'S WHY:

You were overpaid.

The amount of your overpayment is figured on this notice.

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid \$ _____

Less CAAP Amount You

Should Have Been Paid - _____

Overpayment Amount = _____

Total Overpayment (you owe)

From This Notice \$ _____

Your monthly CAAP payment(s) will be cut each month until the
amount you owe is paid back. The most we can take is 10% of your
total CAAP payment or \$21, whichever is greater.

If you stop getting CAAP payments before your overpayment is paid
back, the County will take action to collect. If you go off aid
before your overpayment is paid back, the County may take what
you owe out of your state income tax refund.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt
with the County's name on it.

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for CAAP Overpayment Adjustment - NA 117

Use to notify the CAAP participant of the overpayment, the subsequent CAAP payment adjustment, instructions for making payments, and action the County may take to collect the overpayment.

Fill in the effective date of the CAAP payment adjustment and fill in the amount the payment will be lowered (10% of payment or at least \$21).

Complete an overpayment computation for each child and indicate his/her child care provider and the month the overpayment occurred. Fill in the amount of the original CAAP payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date: _____
Case Name: _____
Number: _____
Worker Name: _____
Number: _____
Telephone: _____
Address: _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

While you were getting California Alternative Assistance Program (CAAP) payments, you were overpaid. Though you no longer get CAAP payments, you still owe us for your overpayment. The amount of your overpayment is _____ and is due now.

Since you no longer get CAAP payments, you must pay back the overpayment or show the County your plan for paying it back before _____. If you do not, the County will take action to collect.

The amount of your overpayment is figured on this notice.

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call your worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your State income tax refund.

Rules: These rules apply. You may review them at your welfare office: MPP 89-735.23.

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP Amount Paid	\$	_____
Less CAAP Amount You Should Have Been Paid	-	_____
Overpayment Amount	=	_____

**Total Overpayment (you owe)
From This Notice** \$ _____

State of California
Department of Social Services

Manual Msg. NA 118
Action: Demand
Reason: CAAP Overpayment
Title: Overpayment Demand
Notice

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-735.23

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

While you were getting California Alternative Assistance Program (CAAP) payments, you were overpaid. Though you no longer get CAAP payments, you still owe us for your overpayment. The amount of your overpayment is _____ and is due now.

Since you no longer get CAAP payments, you must pay back the overpayment or show the County your plan for paying it back before _____. If you do not, the County will take action to collect.

The amount of your overpayment is figured on this notice.

Month and Year: _____
Child's Name: _____
Provider's Name: _____
CAAP Amount Paid \$ _____
Less CAAP Amount You
Should Have Been Paid - _____
Overpayment Amount = _____

Total Overpayment (you owe)
From This Notice \$ _____

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call your worker.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS for CAAP Overpayment Demand Notice - NA 118

Use to notify CAAP participant of overpayment and subsequent demand for repayment. The NOA gives information to the CAAP participant on paying back the overpayment.

Fill in the amount of the overpayment and the due date.

Complete an overpayment computation for each month. Enter the month the overpayment occurred, the child's name, and the child's provider's name. Fill in the amount of the original CAAP payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

On _____, the County found that you were underpaid for your California Alternative Assistance Program (CAAP) payment(s) for the month(s) of _____.

You were underpaid in the amount of _____.

HERE'S WHY:

You should have received a CAAP payment in the amount of _____, but you got _____.

The amount you were underpaid is figured on this notice.

The County will use any underpayment to help pay for any child care overpayment amount that you may owe before you receive any underpayment balance.

The County will correct any underpayments and mail you a check within 30 calendar days from the date the County determined the underpayment existed. This corrected underpayment amount will be mailed to you no later than _____.

You can call your worker if you think this notice is wrong.

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP payment amount you should have been paid \$ _____

CAAP amount actually paid - \$ _____

Amount of CAAP underpayment = \$ _____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP payment amount you should have been paid \$ _____

CAAP amount actually paid - \$ _____

Amount of CAAP underpayment = \$ _____

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP payment amount you should have been paid \$ _____

CAAP amount actually paid - \$ _____

Amount of CAAP underpayment = \$ _____

Subtotal of CAAP Underpayments Owed \$ _____

Adjustment to Collect Child Care Overpayment (if applicable) - \$ _____

TOTAL UNDERPAYMENT (we owe you) FROM THIS NOTICE = \$ _____

Rules: These rules apply. You may review them at your welfare office: MPP 89-735.11.

State of California
Department of Social Services

Manual Msg. No: NA 119
Action: Change
Reason: CAAP Payment Change
Title: Underpayment
Adjustment

Auto ID No. :
Source : CAAP
Regulation Cite: MPP 89-735.11.

Form No.:
Effective Date: 5/1/94
Revision Date:

MESSAGE:

On _____, the County found that you were underpaid for your California Alternative Assistance Program (CAAP) payment(s) for the month(s) of _____.

You were underpaid in the amount of _____.

HERE'S WHY:

You should have received a CAAP payment in the amount of _____, but you got _____.

The amount you were underpaid is figured on this notice.

Month and Year: _____

Child's Name: _____

Provider's Name: _____

CAAP payment amount you should have been paid	\$ _____
CAAP amount actually paid	-\$ _____
Amount of CAAP underpayment	=\$ _____

Subtotal of CAAP Underpayments Owed \$ _____

Adjustment to Collect Child Care
Overpayment (if applicable) -\$ _____

TOTAL UNDERPAYMENT (we owe you)
FROM THIS NOTICE =\$ _____

The County will use any underpayment to help pay for any child care overpayment amount that you may owe before you receive any underpayment balance.

The County will correct any underpayments and mail you a check within 30 calendar days from the date the County determined the underpayment existed. This corrected underpayment amount will be mailed to you no later than _____.

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for CAAP Underpayment Adjustment - NA 119

Use to notify the CAAP participant of the underpayment, the subsequent CAAP payment adjustment, and action the County will take to correct the underpayment.

Fill in the date that the County determined the CAAP underpayment existed, the month(s) in which the underpayment occurred, and the amount of the underpayment.

Fill in the correct amount that the CAAP participant should have received and the amount they had received instead.

Fill in the final date for mailing the corrected underpayment to the CAAP participant.

Complete an underpayment computation for each child. Indicate the month the underpayment occurred for each child, each child's name, and the name of the child's child care provider. Fill in the amount the CAAP participant should have been paid and the CAAP amount actually paid. The difference is the underpayment amount. If there is more than one month, add the underpayments together to determine the total amount owed. Subtract any adjustments that are needed to collect child care overpayments, if applicable. The difference is the total underpayment that is owed to the CAAP participant.

TITLE IV-A CHILD CARE MONTHLY STATISTICAL REPORT

		COUNTY	COUNTY CODE	MONTH ENDING					
				/ /					
PART A. FAMILIES RECEIVING TITLE IV-A CHILD CARE		TOTAL (#)				Comments:			
1. Total number of families receiving services during month.....		1							
a. On AFDC-FG with disregard.....		2							
1. with SCC (This is a subset of 1.a. - Do not include in totals)		3							
b. AFDC-FG California Alternative Assistance (CAAP).....		4							
c. AFDC-FG NET families.....		5							
d. AFDC-FG TRIBAL JOBS families.....		6							
e. On AFDC-U with disregard.....		7							
1. with SCC (This is a subset of 1.e. - Do not include in totals).....		8							
f. AFDC-U California Alternative Assistance (CAAP).....		9							
g. AFDC-U NET families.....		10							
h. AFDC-U TRIBAL JOBS families.....		11							
PART B. TITLE IV-A CHILD CARE - BY TYPE AND EXPENDITURES		TOTAL (a)				LICENSE-EXEMPT PROVIDER CARE		LICENSED PROVIDER CARE	
		RELATIVE		NON-RELATIVE		FAMILY DAY CARE (f)		CENTER CARE (g)	
		IN CHILD'S HOME (b)	OUTSIDE CHILD'S HOME (c)	IN CHILD'S HOME (d)	OUTSIDE CHILD'S HOME (e)				
2. Total number of children receiving services.....		12	13	14	15	16	17	18	
a. On AFDC-FG with disregard.....		19	20	21	22	23	24	25	
1. with SCC (This is a subset of 2.a. - Do not include in totals).....		26	27	28	29	30	31	32	
b. AFDC-FG California Alternative Assistance (CAAP).....		33	34	35	36	37	38	39	
c. AFDC-FG NET children.....		40	41	42	43	44	45	46	
d. AFDC-FG TRIBAL JOBS children.....		47	48	49	50	51	52	53	
e. On AFDC-U with disregard.....		54	55	56	57	58	59	60	
1. with SCC (This is a subset of 2.e. - Do not include in totals).....		61	62	63	64	65	66	67	
f. AFDC-U California Alternative Assistance (CAAP).....		68	69	70	71	72	73	74	
g. AFDC-U NET children.....		75	76	77	78	79	80	81	
h. AFDC-U TRIBAL JOBS children.....		82	83	84	85	86	87	88	
3. Total expenditures for children receiving services.....		89	90	91	92	93	94	95	
a. On AFDC-FG with disregard.....		96	97	98	99	100	101	102	
1. with SCC (Include SCC expenditures in totals).....		103	104	105	106	107	108	109	
b. AFDC-FG California Alternative Assistance (CAAP).....		110	111	112	113	114	115	116	
c. AFDC-FG NET children.....		117	118	119	120	121	122	123	
d. AFDC-FG TRIBAL JOBS children.....		124	125	126	127	128	129	130	
e. On AFDC-U with disregard.....		131	132	133	134	135	136	137	
1. with SCC (Include SCC expenditures in totals).....		138	139	140	141	142	143	144	
f. AFDC-U California Alternative Assistance (CAAP).....		145	146	147	148	149	150	151	
g. AFDC-U NET children.....		152	153	154	155	156	157	158	
h. AFDC-U TRIBAL JOBS children.....		159	160	161	162	163	164	165	
CONTACT PERSON		TITLE			TELEPHONE NUMBER				
					()				

TITLE IV-A CHILD CARE
MONTHLY STATISTICAL REPORT INSTRUCTIONS
FORM ACF 115 (STATE) (Rev. 10-93)

CONTENT

This monthly report form is designed to collect child care data for children receiving Title IV-A child care services while their parents/caretakers work or participate in non-GAIN education or training or Tribal Job Opportunities and Basic Skills Training (JOBS) Transitional Child Care (TCC) and the GAIN programs. This includes GAIN and Non-GAIN Education or Training (NET) and Tribal JOBS participants as well as those Aid to Families with Dependent Children (AFDC) recipients claiming the income disregard for child care, receiving Supplemental Child Care (SCC) payments, Transitional Child Care and the California Alternative Assistance Program (CAAP).

PURPOSE

The purpose of this report is to collect all child care information to meet the Federal uniform Title IV-A reporting requirements mandated by the Department of Health and Human Services.

DISTRIBUTION

Data from the At Risk Child Care Program will be compiled with data from this report and transmitted as California's quarterly report to the Social Security Administration, U.S. Department of Health and Human Services. It also will be compiled into summaries for use by departmental managers and other interested agencies and individuals.

DUE DATE

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services
Statistical Services Section
744 P Street, Mail Station 12-81
Sacramento, CA 95814

When data is unavailable, transmit a report by the due date containing all available information. In a footnote, indicate when the Department can expect to receive the missing data. Please forward missing figures as soon as possible.

DEFINITIONS

Tribal JOBS - In California, children reported as receiving Tribal JOBS child care are children of American Indian recipients receiving JOBS services from the California Indian Manpower Consortium (CIMC). Currently, councils of tribes in 22 counties have provided CIMC authority to serve their members. Counties involved with CIMC's Indian Tribal JOBS Program (ITJP) are Butte, Colusa, Del Norte, El Dorado, Fresno, Glenn, Inyo, Humboldt, Kings, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Plumas, Riverside, San Bernardino, Shasta, San Diego, Siskiyou, and Tuolumne.

Supplemental Child Care (SCC) - Recipients of AFDC, who are working and have child care costs in excess of the dependent care income disregard, shall be eligible for child care assistance from the SCC Program. The SCC Program shall be implemented statewide on November 1, 1993.

California Alternative Assistance Program (CAAP) - Recipients of, and applicants eligible for AFDC, who have earned income shall be eligible for CAAP if they decline or refuse a cash grant. CAAP participants are eligible to receive child care assistance and Medi-Cal benefits. The CAAP Program shall be implemented statewide on May 1, 1994.

INSTRUCTIONS

Fill in the information requested on the report form and show the figures required for each item. If for any item there is nothing to report, enter "0". Do not leave any items blank. If needed, when completing this form, please use the following abbreviation: NA - Not Available. (When NA is used, please provide a footnote indicating when the missing data will be available.)

Important Note: Information on Title IV-A Child Care cases reported on the ACF-115 (State) must be retrievable for future use (i.e. surveys).

PART A. FAMILIES RECEIVING CHILD CARE

Part A summarizes the number of families receiving Title IV-A child care services. (Report the actual number of families receiving services in a given report period, regardless of when actual payments are made.)

1. **Total number of families receiving services during month** - Enter the total number of families receiving Title IV-A child care services for this reporting month. This section includes families who receive a child care income disregard, SCC, CAAP, NET, Tribal JOBS, TCC and GAIN participants. (Item 1 column (a) equals the sum of cells 2,4,5,6,7,9, 10, 11, 12 & 13.) Do not include SCC numbers in item 1. This would result in a duplicate count of families receiving services.

AFDC FAMILY GROUP (FG) PROGRAM SEGMENT

- a. **On AFDC-FG with Disregard** - Enter the total number of AFDC-FG families which claim and receive a child care income disregard.
 1. **Supplemental Child Care** - Enter the total number of AFDC-FG families receiving Title IV-A SCC payments.
- b. **AFDC-FG CAAP Families** - Enter the total number of eligible AFDC-FG families participating in CAAP whose children receive Title IV-A child care services.
- c. ~~**NET Families** - Enter the number of AFDC-FG families participating in the NET program whose children receive Title IV-A child care services.~~
- d. **Tribal JOBS Families** - Enter the number of AFDC-FG families participating in Tribal JOBS whose children receive Title IV-A child care services.

AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT

- e. **On AFDC-U** - Enter the number of AFDC-U families which claim and receive a child care income disregard.

1. **Supplemental Child Care** - Enter the total number of AFDC-U families receiving Title IV-A SCC payments.
- f. **AFDC-U CAAP Families** - Enter the total number of eligible AFDC-U families participating in CAAP whose children receive Title IV-A child care services.
- g. **NET Families** - Enter the number of AFDC-U families participating in the NET program whose children receive Title IV-A child care services.
- h. **Tribal JOBS Families** - Enter the number of AFDC-U families participating in Tribal JOBS whose children receive Title IV-A child care services.
- i. **Transitional Child Care** - Enter the number of families participating in the

Note: Under the AFDC program segment, a family should be counted only in the segment for its latest program status for the report month.

PART B. CHILD CARE - BY TYPE OF CARE AND EXPENDITURES

Part B summarizes the number of children receiving care and the expenditures by the type of child care.

INFORMATION FOR COLUMNS (b) THROUGH (g)

License-Exempt Provider Care is divided into two categories; Relative and Non-Relative Provider Care. This care is exempt from licensure if the caregiver cares for the children of only one family in addition to his/her own children, cares for the child in the caregiver's home, the child's own home, or in a facility exempt from licensure.

Relative - Relative care is provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., the guardian.

Column b. **In Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the child's own home.

Column c. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the caregiver's own home.

Non-Relative - Non-relative care is provided by a person not related to the child.

Column d. **In Child's Home** - Enter the number of children who were provided child care by an exempt non-relative/caregiver in the child's own home.

Column e. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt non-relative caregiver in the caregiver's home.

Licensed Provider Care - This care is provided by providers licensed by the California Department of Social Services or in a facility exempt from licensure.

Column f. **Family Day Care** - Enter the number of children who were provided child care in a licensed Family Day Care setting. Small family day care homes care for up to six children in a private residence other than the child's own home. Large family day care homes care for twelve or fewer children in a private residence other than the child's own home, have a fire clearance, and an assistant who is at least 18 years of age.

Column g. **Center Care** - Enter the number of children who were provided child care in a licensed child day care center. A licensed child day care center is licensed to care for groups of more than twelve children in non-residential facilities. Staff must meet educational requirements and maintain specified adult/child ratios. The facility must meet building, fire and zoning codes. Child care provided by a facility exempt from licensure that is operated on school grounds and operated by public employees, such as a before and after school program, should also be included in this section.

2. **Total Number of Children Receiving Services** - Enter the total number of children receiving Title IV-A child care services. This section includes children of those families who receive a child care income disregard, SCC payments, CAAP, NET, or Tribal JOBS participants. (Item 2, column (a) equals the sum of cells 19, 33, 40, 47, 54, 68, 75 and 82.) Do not include SCC numbers in item 2. This would result in a duplicate count of children receiving services.

Note: Children who have multiple providers should be reported under all appropriate columns. For example, if a child spends 30 hours a month in Family Day Care and 20 hours a month in the child's home, by a non-relative, the count would be reported in **both** the Family Day Care (column f.) and in the Child's Home (column d.). The sum of column (b) through (g) should be equal to or **greater** than column (a).

AFDC FAMILY GROUP (FG) PROGRAM SEGMENT

- a. **On AFDC-FG with Disregard** - Enter the total number of children of AFDC-FG families which claim and receive a child care income disregard.
1. **Supplemental Child Care Children** - Enter the total number of children of AFDC-FG families receiving SCC payments. (This number should not be included in item 2a.)
- b. **CAAP Children** - Enter the total number of children of eligible AFDC-FG families participating in CAAP and receive Title IV-A child care services.
- c. **NET Children** - Enter the total number of children of AFDC-FG families participating in the NET program and receiving Title IV-A child care services.
- d. **Tribal JOBS Children** - Enter the total number of children of AFDC-FG families participating in Tribal JOBS and receiving Title IV-A child care services.

AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT

- e. **On AFDC-U with Disregard** - Enter the total number of children of AFDC-U families which claim and receive a child care income disregard.
1. **Supplemental Child Care Children** - Enter the total number of children of AFDC-U families receiving SCC payments. (This number should not be included in 2e.)
- f. **CAAP Children** - Enter the total number of children of eligible AFDC-U families participating in CAAP and receiving Title IV-A child care services.

- g. **NET Children** - Enter the total number of children of AFDC-U families participating in the NET program and receiving Title IV-A child care services.
- h. **Tribal JOBS Children** - Enter the total number of children of AFDC-U families participating in Tribal JOBS and receiving Title IV-A child care services.
- 3. Total Expenditures for Children Receiving Services** - Enter the total expenditures, excluding administrative costs, for children receiving Title IV-A child care services. This includes all Title IV-A child care expenditures for children of those families which are eligible for and receive child care income disregard, SCC payments, or CAAP, NET or Tribal JOBS participants. (Item 3 column (a) equals the sum of cells 96, 103, 110, 117, 124, 131, 138, 145, 152, 159.) Unlike Item 1 and 2, include SCC expenditures in Item 3. This will not result in a duplicate count because the SCC expenditures are separate from disregard expenditures.

 - a. **On AFDC-FG with Disregard** - Enter the total child care expenditures for children of AFDC-FG families which are eligible for Title IV-A child care income disregard. Enter the actual amount disregarded from the AFDC-FG grant. (Item 3a. column (a) equals the sum of cells 97 through 102.)

 - 1. **Supplemental Child Care** - Enter the total expenditures for AFDC-FG children receiving SCC payments. (Item 3a.1. column (a) equals the sum of cells 104 through 109.)
 - b. **CAAP Children** - Enter the total expenditures for children of eligible AFDC-FG families participating in CAAP. (Item 3b. column (a) equals the sum of cells 111 through 116.)
 - c. **NET Children** - Enter the total child care expenditures for children of AFDC-FG families participating in the NET program receiving Title IV-A child care services. (Item 3c. column (a) equals the sum of cells 118 through 123.)
 - d. **Tribal JOBS Children** - Enter the total expenditures for children of AFDC-FG families participating in Tribal JOBS and receiving Title IV-A child care services. (Item 3d. column (a) equals the sum of cells 125 through 130.)
 - e. **On AFDC (U) with Disregard** - Enter the total expenditures for children of AFDC-U families which are eligible for Title IV-A child care income disregard. (Item 3e. column (a) equals the sum of cells 132 through 137.)

 - 1. **Supplemental Child Care** - Enter the total expenditures for AFDC-U children receiving SCC payments. (Item 3e.1. column (a) equals the sum of cells 139 through 144)
 - f. **CAAP Children** - Enter the total expenditures for children of the eligible AFDC-U families participating in CAAP. (Item 3f. column (a) equals the sum of cells 146 through 151.)

- g. **NET Children** - Enter the total expenditures for children of AFDC-U families participating in the NET program and receiving Title IV-A child care services (Item 3g. column (a) equals the sum of cells 153 through 158.)
- h. **Tribal JOBS Children** - Enter the total expenditures for children of AFDC-U families participating in Tribal JOBS and receiving Title IV-A child care services. (Item 3h. column (a) equals the sum of cells 160 through 165.)

Note: Round expenditures to the nearest dollar. All expenditures reported should reflect the actual payments made during the report period, regardless of when the child care services were rendered.

Adopt Section 40-020 to read:

40-020 IMPLEMENTATION OF CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP) 40-020

- .1 The adoption of Chapter 89-700 and the amendment of Sections 40-131.3, 40-181.2, 44-111.3, 44-207.322, and 89-102, which implement the California Alternative Assistance Program (CAAP) shall be effective May 1, 1994. Counties are required to meet the CAAP informing requirements at application and redetermination of eligibility for applicants and recipients subject to the California Work Pays Demonstration Project (CWPDP) beginning May 1, 1994.
- .2 Chapter 89-700, for applicants and recipients subject to the CWPDP, is adopted to implement the CAAP to comply with the provisions of Welfare and Institutions Code Section 11280 (Chapter 69, Statutes of 1993).
- .3 Section 40-131 is amended to require that AFDC applicants be informed about CAAP at the time of AFDC application.
- .4 Section 40-181 is amended to require that AFDC recipients be informed about CAAP at the time of AFDC redetermination.
- .5 Section 44-111 is amended to exempt CAAP payments from consideration as income for AFDC.
- .6 Section 44-207 is amended to require that an individual be considered to have received an AFDC payment when the assistance unit (AU) has received benefits under the CAAP.
- .7 Section 89-102 is amended to require that CAAP be included in the CWPDP provisions of Section 89-700 et seq. The county shall apply these provisions to those applicants and recipients who are designated as members of the Project's control and experimental groups.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Amend Section 40-131.3 to read:

40-131 INTERVIEW REQUIREMENT (Continued)

40-131

.3 Content of Application Interview

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- v. See Section 89-730 for the additional informing requirements for applicants subject to the California Work Pays Demonstration Project as specified in Division 89.

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Authority Cited: Sections 10553, 10554, 10604, and 18904, Welfare and Institutions Code.

Reference: Section 10613, 11209, 11280, 11324.8(a), AB 312, Chapter 1568, Statutes of 1990, 11500(b), and 11511(a), Welfare and Institutions Code; 7 USC 2020(i), 7 CFR 273.2(j), 42 USC 616(f), 682(c)(2), (3) and (4), 45 CFR 250.20, 45 CFR 250.40(a) and (b); 45 CFR 255.1; 45 CFR 256.1(b).

Amend Section 40-181.2 to read:

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY (Continued) 40-181

.2 Periodic Determination of Eligibility

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See Section 89-730 for the additional informing requirement at eligibility redetermination for recipients subject to the California Work Pays Demonstration Project as specified in Division 89.

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Authority Cited: Sections 10553, 10554, 10604, 11265.1, and 18904, Welfare and Institutions Code.

Reference: 45 U.S.C. 616(b) and (f); 45 CFR 233.28 and 235.112(b); and Sections 10553, 10554, 10604, 11280, and 11486, Welfare and Institutions Code.

Amend Section 44-111.3 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME
(Continued)

44-111

.3 Exemption of Payments from Public Sources (Continued)

h. Payments made for child care costs under the California Alternative Assistance Program are exempt from consideration as income.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, ~~and~~ 11255, and 11280, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 202(a), Public Law 100-485; 45 CFR 244.0(c); 45 CFR 233.20(a)(4)(ii); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Amend Section 44-207.322 et seq. to read:

44-207 INCOME ELIGIBILITY (Continued)

44-207

.3 Financial Eligibility (Continued)

.32 Net Nonexempt Income (Continued)

.322 For purposes of determining financial eligibility, the earned income exemption (\$30 and 1/3) shall be applied subject to the limitations of Section 44-111.23* and only if the person who earned the income was eligible for and received an AFDC payment from any state during at least one of the immediately preceding four months and is currently included in the ~~FYW~~ AU.

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*Pursuant to Section 89-301.1, the 4- and 8-month time limitations for the \$30 and 1/3 earned income disregards have been eliminated for recipients of aid. The only recipients still subject to the time limitations are those in the control groups in the counties of Alameda, Los Angeles, San Bernardino, and San Joaquin (see Section 89-102.2).

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- (a) A person is considered to have received an AFDC payment when:
1. The grant for the ~~FYW~~ AU is reduced to zero to adjust or offset a prior overpayment/; or
 2. The AU has received benefits under the California Alternative Assistance Program as specified in Chapter 89-700.

Authority Cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, ~~and~~ 11255, and 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(2)(xiii) and (3)(vi)(B) and (xiv); and Darces v. Woods, 35 Cal. 3d 871; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgement; ~~and~~ Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Amend Section 89-102 to read:

89-102 FEDERAL DEMONSTRATION PROJECTS - INTRODUCTION

89-102

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.1 Background Pursuant to state law, the California Department of Social Services has requested and received federal approval for two California Demonstration Projects entitled the Assistance Payments Demonstration Project and the California Work Pays Demonstration Project. These Projects enable California, in accordance with their federally mandated Terms and Conditions, to implement certain new AFDC provisions.

The Assistance Payments Demonstration Project provisions are contained in Division 89. They include work incentive provisions, MAP reductions and a relocation grant restriction. The California Work Pays Demonstration Project provisions contained in Division 89 include increased property limits, and restricted accounts/, and the California Alternative Assistance Program. (For "Cal Learn" see Division 42.)

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.2 Control Group Except for the provisions found in Chapter 89-700, related to the California Alternative Assistance Program, The county shall not apply the Division 89 Assistance Payments Demonstration Project and the California Work Pays Demonstration Project provisions to those applicants and recipients who are designated as members of the Projects' control groups. CAAP applies to both the experimental and control groups in all APDP/CWPDP counties. The designation and treatment of the control groups shall be accomplished pursuant to the Projects' mandated parameters outlined in the Federal Terms and Conditions as approved by the Secretary of the Department of Health and Human Services.

~~Authority Cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and Institutions Code.~~

Reference: Sections 11155.1, 11155.2, 11201.5, 11450.01, ~~and~~ 11450.03, and 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(3)(i)(B); Federal Terms and Conditions for the Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Adopt Chapter 89-700 and Section 89-701 to read:

89-700 CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

89-701 THE CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

89-701

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.1 The California Alternative Assistance Program (CAAP) is mandated by Welfare and Institutions Code Section 11280 (Chapter 69, Statutes of 1993). It provides funding for child care to applicants eligible for or recipients of aid with earned income who voluntarily decline or refuse an AFDC grant. The objective of the CAAP is to provide an incentive to AFDC families with children to seek and/or maintain employment by removing the barrier of high child care costs. In assisting these families with their child care costs, it is hoped that employment will be obtained and maintained which will result in self-sufficiency from the welfare system.

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.2 A CAAP participant is:

.21 Considered an AFDC recipient.

.22 Subject to all requirements of the AFDC program.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; and the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994.

Adopt Section 89-705 to read:

89-705 DEFINITIONS

89-705

.1 The following definitions pertain only to Chapter 89-700.

- (a) (1) "AU" means the AFDC assistance unit which consists of a group of related persons living in the same home who have been determined eligible for AFDC.
- (b) (1) "Budget Month" means the month preceding the report month and is used to determine the amount of the CAAP payment.
- (c) (1) "CAAP Participant" means an AFDC eligible person who has signed a CAAP agreement.
- (d) (1) "Date of Receipt" means the date that a document is received by the county, either through the mail or delivered in person.
- (e) (1) "Exempt from Licensing" means a child care provider who is not required to obtain a family day care license.

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(A) Examples of when a day care license is not required pursuant to Title 22, Section 101158, include:

- 1. The nonrelative child care provider cares for the children of only one family in addition to his/her own children;
- 2. The child care provider is related to the children for whom care is given;
- 3. The child care provider is a public or private school or recreation program; or
- 4. The child care is provided by a public or private school which operates a program before and/or after school for school-age children, providing the program offered by the school is operated by the school and run by qualified teachers employed by the school or the school district.

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(f) (1) "Full-Time Child Care" means child care provided by a child care provider for more than 147 hours per calendar month.

(g) through (o) Reserved

- (p) (1) "Part-Time Child Care" means child care provided by a child care provider for 147 hours or less per calendar month.
- (2) "Payment Month" means the month following the report month.
- (q) Reserved
- (r) (1) "Rate Ceiling" means the 75th percentile of the regional market rate or the 100th percentile of the regional market rate when the region has no more than two providers serving that age and category of care.
- (2) "Regional Market Rate" means the costs of child care in each county differentiated by age of child, type of care, and whether the care is provided full- or part-time as established in the Regional Market Rate Ceilings for California Child Care Providers.
- (3) "Report Month" means the month in which a CAAP participant is required to submit the monthly eligibility report which contains information from the previous month, also known as the budget month.
- (s) through (z) Reserved

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, and 11280, Welfare and Institutions Code.

Adopt Section 89-710 to read:

89-710 PROGRAM ELIGIBILITY

89-710

- .1 An AU shall be eligible to participate in CAAP if otherwise eligible for AFDC and all of the following conditions are met:
- .11 A member of the AFDC AU is working and requires child care to remain employed.
- .12 The CAAP participant signs a statement stating that it is clearly understood that to receive CAAP he/she must decline a cash grant.
- .13 The child care costs are paid for a child who meets the following conditions:
- .131 The child:
- (a) Is in the AU; or
- (b) Would be AFDC-FG/U eligible but for the receipt of federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP).
- .132 The child is:
- (a) Under the age of 13; or
- (b) Over age 13 and is physically or mentally incapable of caring for himself/herself based on a written statement of a physician or a licensed or certified psychologist, and meets the age requirements under the AFDC program, as specified in Section 42-101; or
- (c) Over age 13 and under court supervision as specified in Welfare and Institutions Code Sections 601 and 602 and meets the age requirements under the AFDC program, as specified in Section 42-101.
- .14 The child care provider meets all the following conditions:
- .141 Is 18 years old or older.
- .142 Is not a parent or legal guardian of the child.
- .143 Is not a member of the AU.
- .144 Has a day care license or is exempt from licensing.

.15 The AU has provided the necessary information to determine CAAP eligibility and the CAAP payment, as specified in Section 89-725.1.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11280(b), and 11320.3(j)(5), Welfare and Institutions Code; 45 CFR 255.2(a) and (a)(1); 45 CFR 255.4(c)(2) and (f)(2); and 45 CFR 255.5(a).

Adopt Section 89-715 to read:

89-715 PAYMENT ELIGIBILITY

89-715

.1 CAAP payments shall be used to pay for child care costs at the actual cost of care up to the federal maximum reimbursement rate (75th percentile) based on the monthly Regional Market Rate (RMR) ceilings.

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.11 The RMR ceilings are determined based on a statistically valid survey of the rates established by child care providers for private clients in accordance with Welfare and Institutions Code Section 11508(b).

.111 The rate ceilings are determined based on:

- (a) The age of the child,
- (b) The type of care provided,
- (c) The number of hours of care, either full-time or part-time as defined in Section 89-705, and
- (d) The care provider's geographic location in California.

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.2 The county shall only issue a CAAP payment when the child care hours claimed are for the following:

.21 Work hours.

.22 Transportation time between the worksite and the child care provider.

.23 When necessary, hours based on the provider's standard billing practice.

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.24 Examples of eligible hours.

.241 Example: A provider charges all families based on an hourly rate. The parent works from 4 p.m. to 12 a.m. The provider charges for nine hours of child care, because the parent leaves the child in care a half hour before starting work and a half hour after ending the work shift. The county would compare the hours worked including transportation time to the hours of care. A request for payment for nine hours of care would meet the payment eligibility requirements under this section.

.242 Example: A day care provider charges all families based on a weekly rate. The provider charges for any days the CAAP child is absent, regardless of the reason (i.e., holidays, sick days and vacation). Since this is the provider's billing practice for nonsubsidized families, a request for payment which includes these days would meet the payment eligibility requirements under this section.

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.3 The county shall not approve a CAAP payment to a new child care provider if a payment was made for the same period of time to the prior-authorized provider unless care by the prior-authorized provider cannot be provided or the provision of care places the child at risk of harm.

.4 When the beginning date of CAAP eligibility is after the first of the month, the CAAP payment as defined in Section 89-720.1 shall be prorated from the beginning date of aid in accordance with procedures specified in Section 44-315.7.

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.41 Example: The CAAP participant became eligible for AFDC on the 17th of the month. The submitted child care receipt shows child care costs of \$150 for the whole month. The Reciprocal Table in Section 44-315.73 shows a figure of .4839 for the 17th day of a 31-day month. The total monthly CAAP payment amount x the reciprocal = the prorated CAAP amount (\$150 x .4839 = \$72.585). The \$72.585 is rounded down to \$72 which is the amount of the CAAP payment.

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.5 The county shall not pay aid paid pending the state hearing decision for CAAP.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280 and 11508(b), Welfare and Institutions Code; 45 CFR 255.1, (c), and (e)(4); 45 CFR 255.2, (a), (a)(1), and (h)(2); and 45 CFR 255.4(a), (a)(2)(ii), (c)(2), and (i)(1).

Adopt Section 89-720 to read:

89-720 CHILD CARE PAYMENT COMPUTATION

89-720

.1 The county shall pay the lesser of the actual child care costs paid or the applicable monthly 75th percentile rate ceiling.

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.11 Example: Child care costs are within the RMR.

An employed mother has two children, ages 5 and 1, in a child care center in Alameda County. The mother works 120 hours per month and child care is for 130 hours per month per child, which includes transportation time to and from work. The child care provider charges a weekly rate of \$75 for the 5-year-old and \$95 for the 1-year-old. The total child care cost the child care provider charges for the month is \$735, \$324 for the 5-year-old and \$411 for the 1-year-old.

CAAP COMPUTATION:

<u>(1) 5-year-old child:</u>	
<u>75th percentile mo. rate</u>	<u>\$328</u>
<u>Actual child care costs/mo.</u>	<u>\$324</u>

<u>(2) 1-year-old child:</u>	
<u>75th percentile mo. rate</u>	<u>\$442</u>
<u>Actual child care costs/mo.</u>	<u>\$411</u>

<u>CAAP Payment for 5-year-old child:</u>	<u>\$324</u>	
<u>CAAP Payment for 1-year-old child:</u>	<u>\$411</u>	<u>+</u>
<u>TOTAL CAAP PAYMENT:</u>	<u>\$735</u>	

.12 Example: Child care costs exceed the RMR.

The AU of four includes a working father, an incapacitated mother on SSI, and two children ages 6 and 8. The father is employed 160 hours per month and child care is for 180 hours per month per child, which includes transportation time to and from work. The children are placed in a family day care home in Colusa County, where the monthly child care cost is \$365 per child.

CAAP COMPUTATION:

<u>(1) 6-year-old child:</u>	
<u>75th percentile</u>	<u>\$324.75</u>
<u>Actual child care costs</u>	<u>\$365.00</u>

<u>(2) 8-year-old child:</u>	
<u>75th percentile</u>	<u>\$324.75</u>
<u>Actual child care costs</u>	<u>\$365.00</u>

<u>CAAP Payment for 6-year-old child:</u>	<u>\$324.75</u>
<u>CAAP Payment for 8-year-old child:</u>	+ <u>\$324.75</u>
<u>TOTAL CAAP PAYMENT:</u>	<u>\$649.00</u> <u>(rounded down)</u>

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.2 Counties shall round payments to the nearest lower whole dollar.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280 and 11508(b), Welfare and Institutions Code; 45 CFR 255.4(a) and (a)(2)(iii); and the Preamble (Federal Register Volume 54, No. 197, page 42233).

Adopt Section 89-725 to read:

89-725 CAAP PARTICIPANT'S RESPONSIBILITIES

89-725

- .1 The CAAP participant shall provide the following information to determine CAAP program and payment eligibility along with the monthly eligibility report in accordance with the time frames specified in Section 40-181.22.
- .11 Verification of employment and the number of hours of employment;
- .12 The name and birthdate of each child for whom care is to be provided;
- .13 Total child care hours provided during the month including the scheduled hours of care;
- .14 Total child care costs for the month;
- .15 The care provider's name and address;
- .16 Whether the provider is a licensed day care center, licensed family day care home, or an exempt day care provider; and
- .161 The social security number (SSN) of an exempt provider, or
- .162 The tax ID number for a licensed provider.
- .17 A certification from the exempt day care provider that he/she is:
- .171 At least 18 years of age;
- .172 Whether he/she is a relative of the CAAP participant;
- .173 When not related, that he/she provided the CAAP participant the name, address and telephone numbers of two character references;
- .174 A statement as to his/her:
- (a) Health,
- (b) Education or experience; and
- (c) Criminal record; and
- .175 Names and ages of other persons in the home providing care.
- .18 A declaration, signed under penalty of perjury, by the child care provider that the information submitted under Sections 89-725.13 through .17 is true and correct to the best of his/her knowledge.
- .19 A declaration, signed under penalty of perjury, by the CAAP participant that the information submitted under Sections 89-725.11 through .15 is true and correct to the best of his/her knowledge.

- .2 The CAAP participant must notify the county of:
- .21 Any changes in child care arrangements.
 - .22 Any changes in work status.
- .3 The CAAP participant must indicate to the county if he/she no longer chooses to participate in CAAP and now chooses to return to AFDC grant status.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; 45 CFR 255.1(e) and (e)(1); 45 CFR 255.2, (a), and (a)(1); and 45 CFR 255.4(c)(2).

Adopt Section 89-730 to read:

89-730 COUNTY RESPONSIBILITIES

89-730

.1 Informing and Participation

.11 The county shall inform AFDC/CAAP applicants and recipients in writing about the availability of the CAAP program at the following intervals:

.111 At the time of application as specified in Section 40-131.3.

.112 At the time of redetermination as specified in Section 40-181.2.

.12 The AFDC eligible person shall only be permitted to choose to participate in CAAP at the intervals specified in Sections 89-730.11.

.2 Signed CAAP Agreement

.21 Within 30 days of the completion of the eligibility determinations made at the intervals specified in Section 89-730.11, the county shall obtain a signed statement from the individual choosing CAAP which shall contain the following information:

.211 The choice for CAAP means refusing an AFDC grant in order to receive child care assistance.

.212 The failure to provide the monthly eligibility report and child care information to the county in a timely manner may result in delay of issuance or discontinuance of CAAP payments.

.213 The CAAP participant has the right to request a state hearing regarding CAAP benefits, but aid paid pending the state hearing decision is not available.

.214 The CAAP participant's rights will be waived for any other AFDC assistance programs such as the Reduced Income Supplemental Payments (RISP), Homeless Assistance, and/or special needs.

.3 General

.31 The county shall determine a CAAP participant's AFDC eligibility on a monthly basis by utilizing all AFDC eligibility criteria pursuant to Sections 44-207.2 and .3.

.32 The county shall issue the CAAP payment to eligible CAAP participants in accordance with the standard delivery dates of aid payments in Sections 44-304.5 or 44-305.2.

.33 The county shall discontinue CAAP eligibility on the last day of the month in the following situations:

.331 When the CAAP participant did not meet the eligibility criteria specified in Sections 89-710 (Program Eligibility) and 89-715 (Payment Eligibility).

.332 When the required information is not submitted by the first day of the payment month.

.34 The county shall rescind the discontinuance of the CAAP payment and restore the CAAP payment if the CAAP participant meets the good cause criteria, specified in Section 40-181.233, and meets the reporting requirements as specified in Section 40-181.222.

.35 In addition to the AFDC case documentation, the county shall include the following in the CAAP participant's file:

.351 The information reported by the CAAP participant in Sections 89-725.1, .2, and .3; and

.352 All notices of action (NOAs) sent to the CAAP participant; and

.353 Documentation of the need for child care for a child age 13 or over. (See Section 89-710.132(b) or (c).)

.36 Counties shall verify the child care provider's SSN with the Social Security Administration according to provisions in Manual of Policies and Procedures Division 20.

.361 Counties shall deny the CAAP payment when the SSN is determined not to be authentic.

.37 Counties shall compare the child care provider's SSN with the Medi-Cal Eligibility Data System (MEDS) to determine whether the provider is on aid and is reporting the earned income in accordance with Section 40-181.241(e).

.4 Prospective and Retrospective Payments

.41 Prospective Payment Procedures

.411 The county shall prospectively budget the CAAP payment when the applicant or recipient is subject to prospective budgeting pursuant to Section 44-313.1.

.412 The county shall make a reasonable estimate of the child care costs using the procedures for calculating a payment specified in Section 89-720.1.

.42 Retrospective Payment Procedures

.421 AFDC recipients who choose CAAP shall continue in retrospective budgeting pursuant to Section 44-313.2.

HANDBOOK BEGINS HERE

(a) Example:

<u>May</u>	<u>June</u>	<u>July</u>
<u>AFDC Recipient indicates choice on monthly eligibility report.</u>	<u>AFDC Recipient signs CAAP agreement and continues to receive the AFDC grant based on costs reported on the April monthly eligibility report.</u>	<u>CAAP participant receives CAAP payment based on costs reported on the May monthly eligibility report.</u>

HANDBOOK ENDS HERE

.422 CAAP participants who choose to return to AFDC grant status shall continue in retrospective budgeting.

HANDBOOK BEGINS HERE

(a) Example:

<u>July</u>	<u>August</u>	<u>September</u>
<u>CAAP participant reports income. He/she decides to no longer participate in CAAP.</u>	<u>County receives the July monthly eligibility report on which the CAAP participant indicated his/her decision. The CAAP agreement is rescinded and a final CAAP payment is issued.</u>	<u>Former CAAP participant receives the AFDC check based on his/her July income.</u>

HANDBOOK ENDS HERE

.5 CAAP Notice Requirements

.51 The county shall notice CAAP participants in accordance with the definitions of timely and adequate notice requirements, as specified in Manual of Policies and Procedures Section 22-001, for the following:

.511 Initial approval of CAAP eligibility and amount of payment.

.512 Denial or discontinuance of a CAAP payment.

- .513 Change in the rate ceiling described in Handbook Section 89-715.11.
- .514 CAAP overpayment/underpayment adjustments, as specified in Section 89-735.
- .515 Return to AFDC grant status.
- .516 Nonreceipt of the monthly child care eligibility report or an incomplete monthly child care eligibility report.
- .52 The county shall follow the contact procedures for late and incomplete monthly eligibility reports as specified in Section 40-181.221.

.6 Inter-County Transfers

- .61 The inter-county transfers shall occur in the same manner for a CAAP participant as for an AFDC recipient. A new CAAP agreement shall be signed in the new county and provide all pertinent provider information.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280(b) and (c), Welfare and Institutions Code; 45 CFR 233.22, .24, .25, .29(b) and (c), .34(b) and (c)(3), .35, and .36; 45 CFR 255.1(c), (e), and (e)(4); 45 CFR 255.2(a), (g)(1), (g)(2), (h), (h)(1), and (h)(2); 45 CFR 255.3(b), (c), and (h); and 45 CFR 255.4(a) and (a)(2)(iii), (c)(2), (f)(2), and (h).

Adopt Section 89-735 to read:

89-735 UNDERPAYMENTS AND OVERPAYMENTS

89-735

.1 General Criteria

- .11 Underpayments occur when a CAAP payment made to the CAAP participant is less than what he/she is entitled to receive.
 - .111 Action to correct underpayments shall be taken within 30 calendar days from the date the county determines that an underpayment exists.
- .12 Overpayments occur when a CAAP payment to the CAAP participant exceeds what he/she is entitled to receive.
- .13 The county shall take all reasonable steps necessary to promptly collect any overpayment that is known to the county.
 - .131 The county shall refer cases of suspected fraud to the county Special Investigative Unit (SIU) under Manual of Policies and Procedures Section 20-005.
 - .132 The county shall attempt recovery efforts in all cases of current and former CAAP participants.
- .14 The county shall recover CAAP overpayments from any person who was a member of the AU at the time the AU was overpaid.

.2 Recovery of Overpayments

- .21 When the county determines that an overpayment exists, the county shall calculate the amount of the overpayment and determine the appropriate method of recovery.
 - .211 Recovery methods may be used concurrently.
 - .212 The county shall take steps to initiate the recovery promptly by notifying the individual in writing that he/she has an overpayment and how recovery will occur as specified in Sections 89-735.22 and .23.
- .22 Overpayment Recovery from Current CAAP Participants
 - .221 Balancing
 - (a) When an individual has both an overpayment and an underpayment, the county may offset one against the other.

.222 CAAP Payment Adjustment

(a) The overpayment is to be adjusted from the current CAAP payment subject to Section 89-735.222(b).

(1) When the current CAAP payment amount is not enough to recover the entire overpayment, the remaining amount of the overpayment shall be applied to succeeding month(s) and the adjustment process shall be repeated.

(b) Recovery from the current CAAP payment(s) shall be ten percent of the total payment or \$21, whichever is greater, but the recovery shall not exceed the current CAAP payment.

.223 Voluntary Cash Recovery

(a) The county shall accept any voluntary cash payment from an individual to pay any portion of an existing overpayment.

.23 Overpayment Recovery from Former CAAP Participants Who Presently Receive an AFDC Grant and from Former CAAP Participants No Longer Receiving AFDC/CAAP

.231 The county shall demand in writing, the repayment of any outstanding overpayment amount from any individual who is no longer eligible to receive CAAP payments or AFDC.

.232 A former CAAP participant receiving an AFDC grant shall be permitted to have CAAP overpayments adjusted from his/her grant when:

(a) The CAAP participant and the county voluntarily agree with the amount of the AFDC grant adjustment.

(b) The individual signs a written agreement with the county.

.233 Once the demand letter for repayment has been sent, the county shall continue recovery efforts of CAAP overpayments in:

(a) All cases of fraud;

(b) All cases of current CAAP participants; or

(c) All cases of former CAAP participants when the overpayment amount would equal or exceed the cost of recovery.

.234 The county shall recoup CAAP overpayments from families receiving:

(a) TCC payments by following TCC overpayment collection procedures specified in Section 47-190.

(b) SCC payments by following SCC overpayment collection procedures specified in Section 44-508.

.3 Overpayment Record Maintenance

.31 The county shall maintain a record of the overpayment including all notices and agreements, the repayment dates and amounts recovered.

.32 Once collection of the overpayment is completed, the overpayment records shall be retained in accordance with requirements for records retention of public assistance cases, as specified in Manual of Policies and Procedures Section 23-350.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code; 45 CFR 233.20(a)(13)(i); 45 CFR 255.4(j)(1), (4), (5), (6), (7), and (8); and the Preamble (Federal Register Volume 54, No. 197, page 42234).

Adopt Section 89-740 to read:

89-740 DATA COLLECTION

89-740

- .1 The county shall collect and report data as required by CDSS.
- .11 Information shall include, but is not limited to, the following:
- .111 Total number of AFDC families receiving CAAP payments each month, including the
- (a) Number of CAAP-FG families receiving CAAP payments each month, and
- (b) Number of CAAP-U families receiving CAAP payments each month.
- .112 Total number of children receiving CAAP payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);
- (a) Number of CAAP-FG children receiving CAAP payments each month by the type of care, and
- (b) Number of CAAP-U children receiving CAAP payments each month by the type of care.
- .113 Expenditures for children receiving CAAP payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);
- (a) Amount of expenditures for CAAP-FG children each month by type of care, and
- (b) Amount of expenditures for CAAP-U children each month by type of care.
- .114 Number of months that each family has received child care services.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11280, Welfare and Institutions Code and Federal Action Transmittal JOBS-ACF-AT-92-1.