

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR. GOVERNOR

March 17, 2014

COUNTY FISCAL LETTER (CFL) NO. 13/14-39

- TO:
- ALL COUNTY WELFARE DIRECTORS ALL COUNTY FISCAL OFFICERS ALL COUNTY AUDITOR CONTROLLERS ALL COUNTY REFUGEE COORDINATORS ALL CALWORKS PROGRAM SPECIALISTS
- SUBJECT: REVISED COUNTY ASSISTANCE (CA) 800 CLAIMS FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) AID CODES PER ASSEMBLY BILL (AB) 85 (CHAPTER 24, STATUTES OF 2013)
- REFERENCES:
 ALL COUNTY LETTER (ACL) NO. 14-05, DATED JANUARY 13, 2014

 WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 15200(a); 17600.10; 17600.15; 17600.20; 17601.25; 17603; 17605; 17606.10 AB 85 (CHAPTER 24, STATUTES OF 2013)

This CFL describes changes made to the monthly CA 800 claims to ensure that the counties' share of CalWORKs assistance costs, as established in W&IC section 15200(a), does not include the amount of the annual CalWORKs Maximum Aid Payment (MAP) increase for aid codes affected by the implementation of AB 85. Therefore, this MAP increase will be funded with General Fund (GF) for Fiscal Year (FY) 2013-14. The initial CalWORKs MAP increase of five percent takes effect on March 1, 2014. For detailed implementation instructions for the MAP increase, please refer to ACL No. 14-05.

The CA 800 claims containing aid codes affected by AB 85 have been revised to show the updated sharing ratio formulas used for each aid code. The claims have also been revised to show summaries of the amounts attributable to the AB 85 increase by aid code and program, including Grant-Based On-the-Job Training. Furthermore, each claim spreadsheet has a new Sharing Ratio Formula box that shows the cumulative percentage increase in CalWORKs MAP to ensure the increase is funded only with GF. In each of the claims, the information below the Sharing Ratio Formula box is for tracking CFL 13/14-39 Page Two

purposes and will establish a historical record for each applicable FY increase within the claim.

Attachment I entitled SUMMARY OF AID CODES IMPACTED BY ASSEMBLY BILL (AB) 85 displays the aid codes eligible for the MAP increase as a result of AB 85. Together with their corresponding aid code title, the eligible aid codes are grouped by the revised CA 800 claim form in which they appear. Specific changes to each assistance claim for FY 2013-14 are described in Attachment II entitled SUMMARY OF CA 800 CLAIM CHANGES DUE TO ASSEMBLY BILL (AB) 85. For further information on how subsequent increases, if any, in CalWORKs MAP will be re-evaluated, please refer to ACL 14-05.

The Attachments III through X contain the revised CA 800 claims that counties are to begin using effective with the March 2014 claiming month. The revised CA 800 claims are located on the California Department of Social Services' (CDSS) <u>Automated</u> <u>Assistance Claim Extranet</u> web site.

If you have questions regarding this letter, please direct your questions to <u>assistance.claims@dss.ca.gov</u>.

Sincerely,

Original Document Signed By:

LILIA A. YOUNG, Chief Fiscal Forecasting and Policy Branch

Attachments

SUMMARY OF AID CODES IMPACTED BY ASSEMBLY BILL (AB) 85

CA 800 Claim Form	Aid Code	Aid Code Title
CA 800 FED	30/3P	All Families
	33/3R	Zero Parent
	35	Two Parent
	32	Temporary Assistance for Needy Families (TANF) Timed Out
	3J	Diversion, All Families
	3K	Diversion, Two Parent
	4F	Kinship Guardianship Assistance Payment (Kin-GAP)
CA 800 S	ЗA	Safety Net All Families
	3C	Safety Net Two Parent
	3X	Diversion All Families
	3Y	Diversion Two Parent
CA 800 M	3E	All Families
	ЗH	Zero Parent
	3U	Two Parent
	3W	TANF Timed Out
CA 800 M1	3E	All Families
	3U	Two Parent
CA 800 L	3L	All Families
	3G	Zero Parent
	3M	Two Parent
CA 800 A Non-Fed	1V*	Trafficking and Crime Victims Assistance Program (TCVAP)
	R1	TCVAP - CalWORKs
CA 800 A FED	01/08*	Refugee Cash Assistance (RCA)
CA 800 S 18+ NMD Non-Fed	4N	CalWORKs Non-Minor Dependents (NMD)
Safety Net, Drug and Fleeing Felon	K1	Safety Net Non-Two Parent
	3F	Safety Net Two Parent

*Aid codes 1V and 01/08 are eligible for the MAP increase, but do not require changes to the claims because there is not a county share.

ATTACHMENT II

SUMMARY OF CA 800 CLAIM CHANGES DUE TO ASSEMBLY BILL (AB) 85

Claim Name	Attachment Number	Sharing Ratio Formula box by aid code added	AB 85 five percent MAP increase and cumulative MAP increase by FY added	Summary by Funding for AB 85 MAP Increase	AB 85 MAP Increase column added to the Summary by Program	Grant- Based On- the-Job Training (Wage Subsidy) for AB 85 MAP increase
CA 800 FED – Summary Report of Assistance Expenditures: CalWORKs Assistance, CalWORKs Diversion and KinGAP, Federal	Attachment III	~	✓	Line 24	Lines 30-34	Line 35
CA 800 S NONFED – Summary Report of Assistance Expenditures: CalWORKs Assistance, CalWORKs Diversion and KinGAP, Nonfederal	Attachment IV	~	✓	Line 17	Lines 21-24	
CA 800 M – Summary Report of Assistance Expenditures: CalWORKs Assistance, Recent Non-Citizens, Mixed Cases	Attachment V	~	~	Line 19	Lines 24-26	Line 27
CA 800 M1– CalWORKs Assistance, Recent Non-Citizens, Mixed Cases Case Count Information	Attachment VI	✓	✓			Line 21
CA 800 L NONFED– Summary Report of Assistance Expenditures: CalWORKs Assistance, Recent Non-Citizens, Nonfederal	Attachment VII	✓	✓	Line 16	Lines 20-21	Line 22
CA 800 A NONFED– Summary Report of Assistance Expenditures: Adoptions and Trafficking and Crime Victims Assistance Programs, Nonfederal	Attachment VIII	~	~		Lines 15-16	
CA 800 S (18+/NMD TEMP) NONFED– Summary Report of Assistance Expenditures: Kin-Gap 18+ and CalWORKs Non- Minor Dependent (NMD), Nonfederal	Attachment IX	✓	✓	Line 14	Lines 19-20	
CA 800 IMPLEMENTATION OF SAFETY NET, DRUG FELON AND FLEEING FELON – Summary Report of Assistance Expenditures: CalWORKs Implementation of Safety Net, Drug Felon and Fleeing Felon	Attachment X	✓	✓	Line 15	Lines 19-21	

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY					CALIFORNIA	DEPARTMENT OF	SOCIAL SERVICES	
SUMMARY REPORT OF ASSISTANCE EXPENDITURES CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (0			County			Date (Month/Y	ear)	
ASSISTANCE, CALWORKS DIVERSION, AND KINGAP FEDERAL	Junionitaj		Claim Contact			Telephone		
FEDERAL								
						Diversion	1	
	All Families	Zero Parent	2 Parent	TANF Timed Out	Diversion AF	2Pr	KinGAP	i l
Aid Code	30/3P	33/3R	35	32	3J	3K	4F	Total
Current Month								
1 Main Payroll								-
2 Current Month Supplemental Payroll								-
3 Current Month Cancellation Contra Roll								-
4 Prior Month Supplemental Payroll								-
5 Current Month Adjustment								-
6 Subtotal (Lines 1 - 5)			-		-	-	-	-
7 Amount payable with State/County Funds Only				-				-
8 Federal/State/County 2011 Share	-			-				-
Prior Month								
9 Prior Month Cancellation Contra Roll								-
10 Recoveries of Aid								-
11 Prior Month Negative Adjustment								-
12 Subtotal (Lines 9 - 11)	•		-	•			-	-
Amount payable with State/County funds only Federal/State/County 2011 Share				-				-
Federal/State/County 2011 Share Frior Month Positive Adjustment								-
15 Prior Month Positive Adjustment 16 Grant-Based On-the-Job Training (OJT) (Wage Subsidy)								-
16 Grant-Based On-the-Job Training (OJT) (Wage Subsidy) 17 Amount payable with State/County Funds Only								-
18 Supplemental Clothing Allowance				-				
19 Federal/State/County 2011 Share								
20 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+12+15+16+18)								
21 Number of Federal Assistance Units								
22 Amount Payable by State/County 2011 Funds - Multiplied by \$1.00								
23 Persons Count		-						
SUMMARY BY FUNDING				1/	-	y	3/	
24 AB85 MAP Increase (State)	-		-	-		-	-	-
25 Federal								
26 State/County 2011	-		-				-	-
27 Fed/State/County 2011 (Line 8 + Line 14 + Line 19)	-	-	-		-	-		-
28 County (Line 20 - Line 24 - Line 25 - Line 26)	-	-	-					-
29 Total			-			-	-	-
SUMMARY BY PROGRAM	State/County 2011	Fed/State/Co 2011	County	AB85 MAP Increase (State)	Total			
30 All Families/Zero Parent/2 Parent (30, 3P, 33, 3R, 35)						1		
31 TANF Timed-Out (32)	-		-			1		
32 Diversion (3J, 3K)		-			-	1		
33 KinGAP (4F)	-				-	1		
34 Total	-	-	-		-]		
35 Grant-Based OJT (Wage Subsidy) Information Only		-	-	-]		

Sharing Ratio								
Aid Code	30/3P, 33/3R, 35	32	3J, 3K	4F				
Fed/State/County 2011	0.92857		0.92857					
State/County 2011	0.90476	0.929		0.7524				
County	0.04762	0.02381	0.02381	0.2000				
Asst Units	\$1	\$1						
AB 85 MAP Increase	0.04762	0.04762	0.04762	0.04762				

Sharing Ratio Formula								
Aid Code	30/3P, 33/3R, 35	32	3J, 3K	4F				
Fed/State/County 2011	0.975/105%=92.857		0.975/105%=92.85%					
State/County 2011	0.95/105%=90.476%	0.975/105%=92.857%		0.79/105%=75.238%				
County	0.05/105%=4.762%	0.025/105%=2.381%	0.025/105%=2.381%	0.21/105%=20.%				
Asst Units	\$1	\$1						
AB 85 MAP Increase	0.05/105%=.04762%	0.05/105%=.04762%	0.05/105%=.04762%	0.05/105%=.04762%				

		5.00%
	AB85 MAP Increase	Cumulative Total
FY 2013-14	5%	5%

Last Modified: 03/01/14

Amount Payable with State/County 2011 Funds Only 14 Total Number of Assistance Units

15Multipled by \$2.0016Persons Count County Use Only

18 State/County 2011

19 County 20 Total

Summary by Funding 17 AB85 MAP Increase (State)

County Date (Month/Year)

Claim Contact	Telephone

-

•

-

-

-

	Safety Net AF	Safety Net 2Pr	Diversion AF	Diversion 2Pr	KinGAP	
Aid Code	3A	3C	3X	3Y	4G	Total
Current Month						
1 Main Payroll						-
2 Current Month Supplemental Payroll						-
3 Current Month Cancellation Contra Roll						-
4 Prior Month Supplemental Payroll						-
5 Current Month Adjustment						-
6 Subtotal (Lines 1 - 5)	-	-	-	-	-	-
Prior Month						
7 Prior month cancellation Contra Roll						-
8 Recoveries of aid						-
9 Prior month Negative Adjustment						-
10 Subtotal (Lines 7 - 9)	-	-	-	-	-	-
11 Prior Month Positive Adjustment						-
12 Supplemental Clothing Allowance						-
13 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-	-

Sharing Ratio						
Aid Code	3A, 3C	3X, 3Y	4G			
State/County 2011	0.92857	0.90476	0.79			
County	0.02381	0.04762	0.21			
Asst Units	\$2					
AB85 MAP Increase	0.04762	0.04762				

Sharing Ratio Formula							
Aid Code	3A, 3C	3X, 3Y					
State/County 2011	0.975/105%=92.857%	0.95/105%=90.476%					
County	0.025/105%=2.381%	0.05/105%=4.762%					
Asst Units	\$2						
AB85 MAP Increase	0.05/105%=.04762%	0.05/105%=.04762%					

		5.00%
	AB85 MAP Increase	Cumulative Total
FY 2013-14	5%	5%

SU	SUMMARY BY PROGRAM/REPORTING CATEGORY								
				AB85 MAP Increase					
		State/County 2011	County	(State)	Total				
21	Safety Net All Families/Two-Parent (3A/3C)	-	-	-	-				
22	Diversion (3X, 3Y)	-	-		-				
23	KinGAP (4G)	-	-		-				
24	Total	-	-	•	-				

Last Modified: 03/01/14

(79/21)

-

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

ATTACHMENT IV

SUMMARY REPORT OF ASSISTANCE EXPENDITURES	County	Date (Mor
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKS) ASSISTANCE, RECENT NON-CITIZENS MIXED CASES	Claim Contact	Telephone

	All Families	Zero Parent	2 Parent	TANF Timed Out	
Aid Code	3E	3H	3U	3W	Total
Current Month					
1 Main Payroll					-
2 Current Month Supplemental Payroll					-
3 Current Month Cancellation Contra Roll					-
4 Prior Month Supplemental Payroll					-
5 Current Month Adjustment					-
6 Subtotal (Lines 1 - 5)	-		-		-
Prior Month					
7 Prior Month Cancellation Contra Roll					-
8 Recoveries of Aid					-
9 Prior Month Negative Adjustment					-
10 Subtotal (Lines 7 - 9)	-	-	-		-
11 Prior Month Positive Adjustment					-
12 Grant-Based On-the-Job Training (OJT) Wage Subsidy (CA800M1 Line 17)	-		-		-
13 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-
14 Amount Payable with State/County 2011 and County Funds Only (CA800M1 Line 16)	-	-	-	-	-
15 Net Total of Amounts Subject to FFP (Lines 13 - 14)	-	-	-	-	-
16 Federal/State /County 2011 Share (Line 15 x 97.5%)	-	-	-	-	-
Amount with State/County 2011 Funds Only					
17 Number of Federal Assistance Units (CA 800M1 Line 14)	-	-	-	-	-
18 Multiplied by \$1.00 = Amount Payable with State/County 2011 Funds	-	-	-	-	-
Summary by Funding					
19 AB85 MAP Increase (State)	-	-	-	-	-
20 State/County 2011 (Line 14 x 95% + Line 18)-(Line 18 x 95%)	-	-	-	-	-
21 Fed/State/County 2011 (Line 16)	-	-	-	-	-
22 County (Line 13-19-20)	-	-	-	-	•
23 Total	-	-	-	-	-
County Use Only					-

	SUMMARY BY PROGRAM/REPORTING CATEGORY	Fed/State/Co 2011	State/County 2011	County	AB85 MAP Increase (State)	Total
24	All Families/Zero Parent/Two-Parent (3E/3H/3U)	-	-	-	-	-
25	TANF Timed-Out Families (3W)		-	-	-	-
26	Total	-	-	-	-	-
27	Grant-Based OJT Information Only	-	-	-	-	-

Last Modified: 03/01/14

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

County	Date (Month/Year)
Claim Contact	Telephone

unty	Date (Month/Year)
im Contact	Telephone

Sharing Ratio							
Aid Code	3E, 3H, 3U, 3W						
Fed/State/County 2011	0.92857						
State/County 2011	0.90476						
County	0.04762						
Asst Units	\$1						
AB85 MAP Increase	0.04762						

Sharing Ratio Formula							
Aid Code	3E, 3H, 3U, 3W						
Fed/State/County 2011	0.975/105%=92.857%						
State/County 2011	0.95/105%=90.476%						
County	0.05/105%=4.762%						
Asst Units	\$1						
AB85 MAP Increase	0.05/105%						

5.00% AB85 MAP Increase Cumulative Total 5% 5% FY 2013-14

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

ASSISTANCE, RECENT NON-CITIZENS MIXED CASES CASE COUNT INFORMATION

y	Date (Month/Year)
Contact Person	Telephone

County

OJT Sharing Ratio									
Aid Code	3E, 3H, 3U, 3W (Fed/St/Co 2011)	3E, 3H, 3U, 3W (St/Co 2011)							
Federal	0.92857								
State/County 2011		0.90476							
County	0.02381	0.04762							
AB85 MAP Increase	0.04762	0.04762							

Sharing Ratio Formula									
Aid Code	3E, 3H, 3U, 3W								
Fed/State/County 20	0.1975/105%=92.857								
State/County 2011	0.95/105%=90.4769								
County	0.05/105%=4.762%								
AB85 MAP Increase	0.05/105%								

	AB85 MAP Increase	5.00% Cumulative Total
FY 2013-14	5%	5%

	-n																			
	A	В	С	D	E	F	G	н	1	J	К	L	м	N	0	Р	Q	R	S	
		All	Families			Zero Pa	arent Famili	es		Two Parent Families			TANF Timed Out				TOTALS 3E, 3H, 3U, and 3W			
Aid Code	_		3E				3H		3U		3W			3E, 3H, 3U Federal Person Count						
	_	Person Count		Person Count		erson Count		Person Count		erson Count		Person Count		Person Count		Person Count				erson Count
	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children
Current Month																				<u> </u>
1 Main Payroll																	-	-		<u> </u>
2 Current Month Supplemental Payroll																	-	-		
3 Current Month Cancellation Conrtra Roll																	-	-		
4 Prio Month Supplemental Payroll																	-	-		
5 Current Month Adjustment																	-	-	-	-
6 Subtotal (Lines 1-5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prior Month																				
7 Prior month cancellation Contra Roll																	-	-		<u> </u>
8 Recoveries of aid																	-	-		<u> </u>
9 Prior Month Negative Adjustment																	-	-		<u> </u>
10 Subtotal (Lines 7 - 9)	-	-		-		-	-	-	-	-	-	-	-	-	-	-		-		-
11 Prior Month Positive Adjustment																		-		-
12 Grant-Based On-the Job Training (OJT) (Wage Subsidy)																		-		-
TOTAL PERSONS COUNT, Current + Prior Months (Lines 6+10+11+12)	-	-	-			-		-		-	-	-		-		-	-	-	-	-
14 Total Number of Federal Assistance Units																				-
Aid Code		3E		3E		3H		3H		3U		3U		3W		3W		Total		Total
DISTRIBUTION OF GRANT PAYMENTS		FFP		NonFederal		FFP		NonFederal		FFP		NonFederal		FFP		NonFederal		FFP		NonFederal
15 Subject to FFP		-				-								-				-		
16 NonFederal																				<u> </u>
			-																-	
r - r		ıl (97.5/2.5)		unty 2011 (95/5)		(97.5/2.5)		ounty 2011 (95/5)		(97.5/2.5)		unty 2011 (95/5)		I (97.5/2.5)		unty 2011 (95/5)		deral		ounty 2011
Grant-Based OJT (Wage Subsidy)	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount	PC	Amount
17 Distribution of Grant Payment																		-	-	
18 Federal																				
19 State/County 2011												-								<u> </u>
20 County		-										-								<u> </u>
21 AB85 MAP Increase		-								-		-						-		

Last Modified: 03/01/14

SUMMARY REPORT OF ASSISTANCE EXPENDITURES CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS ASSISTANCE, RECENT NON-CITIZENS, NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

-

-

-

-

-

-

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Sharin	ig Ratio
Aid Code	3L, 3G, 3M
State/County 2011	0.90476
County	0.04762
Asst Units	\$2
AB85 MAP Increase	0.04762

Shar	ring Ratio
Aid Code	3L, 3G, 3M
State/County 2011	0.90476
Country	0.04700

Sharing Ratio Formula

Aid Code

State/County 2011

		All Families	Zero Parent	2-Parent	
Aid	Code	3L	3G	3M	Total
	Current Month				
1	Main Payroll				-
2	Current Month Supplemental Payroll				-
3	Current Month Cancellation Contra Roll				-
4	Prior Month Supplemental Payroll				-
5	Current Month Adjustment				-
6	Subtotal (Lines 1 - 5)	-	-	-	-
	Prior Month				
7	Prior Month Cancellation Contra Roll				-
8	Recoveries of aid				-
9	Prior Month Negative Adjustment				-
10	Subtotal (Lines 7 - 9)	-	-	-	-
11	Prior Month Positve Adjustment				-
12	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)				-
13	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-
	· · · · · · · · · · · · · · · · · · ·				
Amo	ount Payable with State/County 2011 Funds Only				
14	Total Number of Assistance Units				-

-

.

-

3L, 3G, 3M

0.95/105%=90.476%

	AB85 MAP Increase	Cumulative Total
FY 2013-14	5%	5%

SUN	IMARY BY PROGRAM/REPORTING CATEGORY				
		State/County 2011	County	AB85 MAP Increase (State)	Total
		State/County 2011	County	(otate)	Total
20	All Families/Zero Parent/Two-Parent (3L/3G/3M)	-	-	-	-
21	Total	-	-	-	-
22	Grant-Based OJT Wage Subsidy (Information Only)	-	-	-	-

Last Modified: 03/01/14

15

Multipled by \$2.00

County Use Only Summary by Funding 16 AB85 MAP Increase (State)

17 State/County 2011

18 County

19 Total

SUMMARY REPORT OF ASSISTANCE EXPENDITURES ADOPTION AND TRAFFICKING & CRIME VICTIMS ASSISTANCE PROGRAMS, NONFEDERAL

	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
County	Date (Month/Year)	
Claim Contact	Telephone	

		Persons Count	Amount	Persons Count	Amount	Persons Count	Amount
Aie	d Code	04	04	1V	1V	R1	R1
1	Main Payroll						
2	2 Current Month Supplemental Payroll						
3	3 Current Month Cancellation Contra Roll						
4	Prior Months Supplemental Payroll						
5	5 Current Month Adjustment						
e	Subtotal (Lines 1 - 5)	-	-	-	-	-	-
7	Prior Months Cancellation Contra Roll						
8	Recoveries of Aid						
g	Prior Month Negative Adjustment						
10	Subtotals (Lines 7 - 9)	-	-	-	-	-	-
11	Prior Month Positive Adjustment						
12	2 TOTAL AID PAYMENTS, CURRENT + PRIOR MONTH (Lines 6+10+11)	-	-	-	-	-	-

County 2011	0.75	1.0	0.9286
County	0.25		0.02381
AB85 MAP Increase			0.04762

04

Aid Code

Sharing Ratio

1V

Sharing Ra	tio Formula
Aid Code	R1
County 2011	.975/105%=92.86%
County	0.025/105%=2.381%
AB85 MAP Increase	0.05/105%

5.00% AB85 MAP Increase Cumulative Total FY 2013-14 5% 5%

|--|

	Summary by Funding	State	County 2011	County	AB85 MAP Increase (State)	Total
13	Adoption Assistance Program (County 2011/County 75/25)		-	-		-
14	Trafficking and Crime Victims Assist Program (State)	-				-
15	CalWORKs TCVAP R1 (State/County/State)	-		-	-	-
16	Total	-	-	-		-

Last Modified: 03/01/14

R1

ATTACHMENT IX

SUMMARY REPORT OF ASSISTANCE EXPENDITURES KIN-GAP 18+ AND CALWORKS NON-MINOR DEPENDENT (NMD) NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Sharing Ratio				
Aid Code	4W	4N		
State	0.79	0.9524		
County	0.21			
B85 MAP Increase		0.04762		

Sharing Ra	tio Formula
Aid Code	4N
State	100/105%=95.24%
County	
AB85 MAP Increase	0.05/105%=04762%

5.00% AB85 Increase Cumulative Total FY 2013-14 5% 5%

		Kin-GAP 18+	CalWORKS NMD		
Aid C	ode	4W	4N	Total	
	Current Month				
1	Main Payroll			-	
2	Current Month Supplemental Payroll			-	
3	Current Month Cancellation Contra Roll			-	
4	Prior Month Supplemental Payroll			-	
5	Current Month Adjustment			-	
6	Subtotal (Lines 1 - 5)	-	-	-	
7	Prior month cancellation Contra Roll			-	
8	Recoveries of aid			-	
9	Prior month Negative Adjustment			-	
10	Subtotal (Lines 7 - 9)	-	-	-	
11	Prior Month Positive Adjustment			-	
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	
		-	-	-	
13	Persons Count				ļ
	County Use Only			-	
		-		-	
Sum	nary by Funding	(79/21/0)			
14	AB85 MAP Increase (State)		-	-	
15	State	-	-	-	
	County	-		-	
17	Total	-	-	-	
SUM	MARY BY PROGRAM/REPORTING CATEGORY	1	1		
		State	County	AB85 MAP Increase (State)	
18	Kin-GAP (4W)	State	County	morease (State)	
	CalWORKs (4N)	-			
	Total	-	-	-	

Last Modified: 03/01/14

SUMMARY REPORT OF ASSISTANCE EXPENDITURES

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBLILITY TO KIDS (CalWORKs) IMPLEMENTATION OF SAFETY NET, DRUG FELON AND FLEEING FELON

		Single-Parent	Two Parent	1	
Aid	Code	K1	3F		
1	Main Payroll				
2	Current Month Supplemental Payroll				
3	Current Month Cancellation Contra Roll				
4	Prior Month Supplemental Payroll				
5	Current Month Adjustment				
6	Subtotal (Lines 1 - 5)				
7	Prior Month Cancellation Contra Roll				
8	Recoveries of Aid				
9	Prior Month Negative Adjustment				
10	Subtotal (Lines 7 - 9)				
11	Prior Month Positive Adjustment				
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)				
13	Total Number of Assistance Units				
14	Multipled by \$2.00				
	SUMMARY BY FUNDING				
15	AB85 MAP Increase (State)				
16	State/County 2011		-		
17	County		-		
18	Total		-		
	SUMMARY BY PROGRAM	State/County 2011	County	AB85 MAP Increase (State)	Total
19	Safety Net Single-Parent				
20	Safety Net Two-Parent				
21	Total				

Sharing Ratio			
Aid Code	KL/3F		
County 2011	0.9286		
County	0.0238		
Asst Units	\$2.00		
AB85 MAP Increase	0.04762		

Sharing Ratio Formula		
Aid Code	KL/3F	
County 2011	0.975/105%=9286%	
County	0.025/105%=0238	
	\$2	
AB85 MAP Increase	0.05/105%	

5.00% AB85 Increase Cumulative Total FY 2013-14 5% 5%

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments refleted herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date

COUNTY AUDITOR'S CERTIFICATION

County

Claim Contact

I hereby certify under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date

Updated 03/01/14

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Date (Month/Year)

Telephone