# INSTRUCTIONS FOR FORM CA 800 FC EFC NONFED SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL

## General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

## Current Month

1. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
2. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

## Prior Month Negatives

1. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
2. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

## Prior Month Positive Adjustment

1. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

## Total Payments, Current + Prior Month (Lines 6+10+11)

1. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically.

## Funeral Costs

1. Line 13: Enter funeral costs for EFC children in accordance with [Manual of Policies and Procedures (MPP) Section 11-420.2](http://www.dss.cahwnet.gov/getinfo/pdf/fcmand.pdf) (see also [MPP Section 25-753](http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/Chapter25-600.pdf)). Required detailed support: Aid payroll, contra-roll or equivalent form.

## Educational Travel Reimbursement (ETR)

1. Line 14: Enter ETR costs for EFC youth. Refer to [Education Code section 56040](http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=56001-57000&file=56040-56048) and [Title 34, Code of Federal Regulation, section 300.24](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title34/34cfr300_main_02.tpl).

## Supervised Independent Living Program (SILP) - Parenting Support Plan

## (Post-Realignment)

1. Line 15: Enter the SILP Parenting Support Plan increase expenditures. **REMINDER:** Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 15.

## Infant Supplement Rate (ISR) Supplement

1. Line 16: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465(c)(5)](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=11465.).  
   **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to County Fiscal Letter 16/17-07, dated August 2, 2016, for additional information.

## Total (Lines 12+13+14+15+16)

1. Line 17: This is the grand total of aid payments, Funeral Costs, ETR, SILP Parenting Support Plan and ISR Supplement expenditures. This amount will calculate automatically.

## Persons Count

1. Line 18: Enter persons count for non-federal Extended Foster Care.

## Summary by Funding/Program

1. Lines 19 through 24: The State, County 2011 and county shares will calculate automatically.