

**INSTRUCTIONS FOR FORM CA 800 TRIBAL FOSTER CARE (FC) FED, SB 163,
EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC) AND EXTENDED FOSTER
CARE (EFC) FED
SUMMARY REPORT OF EXPENDITURES**

General Information

1. The tribe name and month and year are linked to the Cert page.
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

4. 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. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. 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.
7. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. 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.

Office Audit Corrections

9. Line 12: Enter the persons count and adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Please refer to All County Information Notice I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information

Total

10. Line 13: Total Aid Payments, current and prior period months (line 6+10+11+12). This amount will calculate automatically. For the Foster Care program aid code 42 and 49 the total payment amount must equal Line 12 of the CA 800 TRIBAL FC FED PIA.
11. Line 14: Amount not reimbursable from federal FMAP Rate from FC1, FC1 EFC, FC1 SB 163 and FC1 SB 163 EFC Column D6+E2 (FFAs) J4 (Group Homes).
12. Line 15: Net Total – amount reimbursable with Federal Funds (line 13 – line 14)

Transitional Housing Placement Program (THPP)

13. Line 16: For Foster Care enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)

14. Line 17: For Foster Care enter the SCA expenditures from the tribe payroll records or other automated payroll system. REMINDER: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

IV-E Child Care

15. Line 18: For Foster Care-enter the costs associated with providing child care services in accordance with Section 475(4) of the Social Security Act, Welfare and Institutions Code (W&I) 11460 (b) and Senate Bill 1612.

Funeral Costs

16. Line 19: Enter funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP Section 25-753).

Educational Travel Reimbursement (ETR)

17. Line 20: For Foster Care enter total ETR cost paid.

Total

18. Line 21: Total Aid Payments, current and prior months (lines 6+16+17+18+19). This amount will calculate automatically.

Person Count

19. Line 22: Enter the persons count for each program. For the Foster Care and EFC program aid code 42, 49 and the persons count on this line should equal line 6 on the CA 800 Tribal FC FED PIA.

Summary of Funding

20. Lines 23 through 47: The federal, state and tribe share will calculate automatically.
21. Line 48: Total Foster Care, EFC, SB 163 and EA-FC, federal, state and tribe share.