

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



December 4, 2001

CSS LETTER: 01-32

ALL IV-D DIRECTORS
 ALL DISTRICT ATTORNEYS
 ALL COUNTY ADMINISTRATIVE OFFICERS
 ALL BOARDS OF SUPERVISORS

SUBJECT: REVISED CHILD/FAMILY AND SPOUSAL SUPPORT PAYMENTS –
 ASSISTANCE RELATED DISTRIBUTION/DISBURSEMENT SUMMARY
 (CS800) FORM

REF: CSS LETTER NO. 01-29, ERRATA FOR CSS LETTER NO. 01-29

This letter is to notify counties of the issuance of a revised Child/Family and Spousal Support Payments – Assistance Related Distribution/Disbursement Summary (CS800) form.

Effective October 1, 2001, as specified in CSS Letter No. 01-29, the repayment sharing ratios for Aid Code 35, CalWORKs Two Parent Case, are different from repayment sharing ratios for all other Non-Federal CalWORKs aid codes. In the past, all Non-Federal CalWORKs aid codes had the same sharing ratio, and distribution and recoupment could be reported on a single line on the CS800 form. Since sharing ratios for all Non-Federal CalWORKs aid codes are no longer the same, a revised CS800 is being issued to allow for reporting and calculating Non-Federal CalWORKs (Aid Code 35) and Non-Federal CalWORKs (all other aid codes) separately. Attached is a copy of the revised CS800. JetForm templates are available for all forms. Questions regarding JetForm templates should be directed to Kristy Johnson, Customer and Community Services Branch, at (916) 464-5219 or email at Kristy.Johnson@dcss.ca.gov. Question regarding PDF files or forms distribution should be directed to Jesse Saenz, Business Services, at (916) 464-5104. As in the past, the cost associated with system ratio changes should be expensed as Maintenance and Operation.

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS



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The revised CS800 (revised 11/01) must be used to report for the month of October 2001 and subsequent months. In order to allow for time to make changes to county systems and procedures, counties will have until December 28 to submit October CS800 reports on the revised form. Counties should also forward any federal and State share of recoupment owed. If CS800s for October 2001 have already been submitted on the old form, the data must be resubmitted on the new form by December 28 with a recoupment check for additional federal and State recoupment (if any).

Please mail the reports and recoupment check (if necessary) to the following address:

Department of Child Support Services
Accounting and Fiscal Services Section
P.O. Box 419064
Sacramento, California 95741-9064

If you have any questions, please call Ed Lynch of the Accounting and Fiscal Services Section at (916) 464-5020.

Sincerely,

A handwritten signature in cursive script that reads "Jan Sherwood".

JAN SHERWOOD
Deputy Director
Administrative Services Division

ATTACHMENT

CHILD/FAMILY AND SPOUSAL SUPPORT PAYMENTS- ASSISTANCE RELATED DISTRIBUTION/DISBURSEMENT SUMMARY

CURRENT ASSISTANCE
 FORMER ASSISTANCE

TOTAL INTRACOUNTY COLLECTIONS DISTRIBUTED a) TOTAL INTERCOUNTY COLLECTIONS DISTRIBUTED b) TOTAL INTERSTATE COLLECTIONS DISTRIBUTED c)

COUNTY NAME
 REPORT MONTH/YEAR
 CONTACT NAME
 TELEPHONE NO.

ASSISTANCE PROGRAMS	TOTAL AMOUNT DISTRIBUTED		DISREGARD		PASS-ON		EXCESS		TOTAL RECOUPMENT		FEDERAL SHARE		COUNTY SHARE		STATE SHARE	
	AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
	COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4		COLUMN 5		COLUMN 6		COLUMN 7		COLUMN 8	
Federal:																
CalWORKs	1		2		2a		3		4		5		6		7	
KinGAP	8		9		9a		10		11		12		13		14	
Federal Foster Care	15				16		17		18		19		20		21	
Non-Federal:																
CalWORKs (Aid Code 35)	22x		23x		23ax		24x		25x				26x		27x	
CaWORKs (All other aid codes)	22		23		23a		24		25				26		27	
KinGAP	28		29		29a		30		31				32		33	
NON-Federal Foster Care	34						35		36				37		38	
GRAND TOTAL	39		40		41		42		43		44		45		46	

Incentives due to Reporting County

Column 1 grand total amount distributed (from box 39) minus total intercounty collections distributed (from box b) above times the applicable Federal incentive rate

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the distribution of assistance related support payments under the Title IV-D Program in and for aforesaid county; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the distribution of support collections reflected herein have been made in accordance with all provisions of the Family Code and the rules and regulations of the California Department of Child Support Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer of the 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 reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county; and that said amounts correctly reflect proper distribution and that warrants therefore have been issued according to law and the rules and regulations of the California Department of Child Support Services.

SIGNATURE OF LCSA DIRECTOR (OR DISTRICT ATTORNEY) DATE SIGNATURE OF COUNTY AUDITOR OR CONTROLLER DATE