

# Quarterly Report of Overpayments and Collections for the Cash Assistance Program for Immigrants (CAPI)

SEND ONE COPY OF THIS REPORT TO:  
California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

COUNTY NAME	CONSORTIUM	REPORT QUARTER AND YEAR	
<b>PART A. CASELOAD MOVEMENT - ADDITIONS</b>		<b>CLAIMS (A)</b>	<b>AMOUNTS (B)</b>
1. Overpayments carried forward from the end of last quarter (Item 1a plus Item 1b).....		1	2 \$
a. Item 12 Claims/Item 17 Amounts from last quarter.....		3	4 \$
b. Adjustment to Item 1a (positive or negative number).....		5	6 \$
2. New overpayment notices sent during the quarter.....		7	8 \$
3. Overpayments transferred from other counties during the quarter.....		9	10 \$
4. Other overpayment additions during the quarter (explain in Comments).....		11	12 \$
5. Total overpayments (Items 1 through 4).....		13	14 \$
<b>PART B. CASELOAD MOVEMENT - SUBTRACTIONS</b>		<b>CLAIMS (A)</b>	<b>AMOUNTS (B)</b>
6. Overpayments transferred to other counties during the quarter.....		15	16 \$
7. Overpayments not pursued during the quarter.....		17	18 \$
8. Overpayments waived during the quarter.....		19	20 \$
9. Overpayments fully recovered during the quarter.....		21	
10. Other overpayment subtractions during the quarter (explain in Comments)....		22	23 \$
11. Total overpayments subtracted during the quarter (Items 6 through 10).....		24	25 \$
12. Balance of overpayment claims at the end of the quarter (Item 5 minus 11)..		26	27 \$
<b>PART C. OVERPAYMENT RECOVERY</b>		<b>CLAIMS (A)</b>	<b>AMOUNTS (B)</b>
13. Cash collections during the quarter.....		28	29 \$
14. Grant reductions during the quarter.....		30	31 \$
15. Underpayments offset during the quarter.....		32	33 \$
16. Total overpayment recoveries during the quarter (Items 13 through 15).....		34	35 \$
17. Net unrecovered balance at the end of the quarter (outstanding) (Item 12 minus Item 16).....			36 \$
COMMENTS			
CONTACT PERSON (Print)		TELEPHONE (     )	DATE COMPLETED
TITLE/CLASSIFICATION		FAX (     )	

**QUARTERLY REPORT OF OVERPAYMENTS AND COLLECTIONS  
FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)  
SOC 808 (7/02)**

**INSTRUCTIONS**

**CONTENT**

The Quarterly Report of Overpayments and Collections for the Cash Assistance Program for Immigrants (CAPI), SOC 808, contains statistical information on overpayment notices sent, overpayment cases transferred to and from other counties as well as overpayments waived, not pursued, and fully recovered for CAPI.

**PURPOSE**

The SOC 808 report provides county, state and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

**DUE DATE AND CONTACT**

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. The CWD contact person submits the completed report to the California Department of Social Services (CDSS) at the address or fax number below, on or before the 15<sup>th</sup> calendar day of the month following the report quarter. For example, January – March is due on April 15<sup>th</sup>. Fax or mail reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

Report data and the report's form and instructions are available on the CDSS, Research and Development Division (RADD) web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

**GENERAL INSTRUCTIONS**

Enter in the boxes provided near the top of the form the county name, consortium, and the report quarter and year. Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.** Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

**DEFINITIONS**

Claim: An individual claim equals an overpayment notice. If more than one overpayment notice exists on a CAPI recipient, each notice is counted as a separate claim.

Amounts: These are the overpayment dollar amounts for each corresponding claim.

Net unrecovered balance: Outstanding balance not yet recovered or otherwise disposed of, waived, or not pursued.

**ITEM INSTRUCTIONS****PART A. CASELOAD MOVEMENT - ADDITIONS**1. Overpayments carried forward from the end of last quarter (Item 1a plus Item 1b)

Claims Column: Enter the balance of overpayment claims from the previous quarter's report (**Item 12**). If this figure differs from last quarter's ending balance, explain in Comments. *[Cell 1]*

Amounts Column: Enter the net unrecovered balance at the end of the quarter from the previous quarter's report (**Item 17**). If this figure differs from last quarter's ending balance, explain in Comments. *[Cell 2]*

a. Item 12 Claims/Item 17 Amounts from last quarter

Claims Column: Enter **Item 12 Claims Column**, Balance of overpayment claims at the end of the quarter, from last report quarter. *[Cell 3]*

Amounts Column: Enter **Item 17 Amounts Column**, Net unrecovered balance at the end of the quarter, from last report quarter. *[Cell 4]*

b. Adjustment to Item 1a (positive or negative number)

Claims Column: If **Item 12 Claims Column from last quarter** is equal to **Item 1 Claims Column this quarter**, enter zero (0), to indicate no adjustment was needed. If Item 12 Claims Column from last quarter is not equal to Item 1 Claims Column this quarter, enter a positive or negative adjustment. If an adjustment was necessary, indicate the reason in Comments. *[Cell 5]*

Amounts Column: If **Item 17 Amounts Column from last quarter** is equal to **Item 1 Amounts Column this quarter**, enter zero (0), to indicate no adjustment was needed. If Item 17 Amounts Column from last quarter is not equal to Item 1 Amounts Column this quarter, enter a positive or negative adjustment. If an adjustment was necessary, indicate the reason in Comments. *[Cell 6]*

2. New overpayment notices sent during the quarter: Enter the number of overpayment notices (NA 1217) sent during the quarter. Enter the corresponding overpayment amounts for notices sent. *[Cells 7-8]*

**ITEM INSTRUCTIONS CONTINUED****PART A. CASELOAD MOVEMENT - ADDITIONS CONTINUED**

3. Overpayments transferred from other counties during the quarter: Enter the number of claims and the corresponding overpayment amounts that were transferred from other counties during the quarter. *[Cells 9-10]*
4. Other overpayment additions during the quarter (explain in Comments): Enter any other overpayment additions during the quarter. These additions must be explained in Comments. *[Cells 11-12]*
5. Total overpayments (Items 1 through 4): Enter the sum of Items 1 through 4. *[Cells 13-14]*

**PART B. CASELOAD MOVEMENT - SUBTRACTIONS**

6. Overpayments transferred to other counties during the quarter: Enter the number of cases and the corresponding overpayment amounts that were transferred to other counties during the quarter. *[Cells 15-16]*
7. Overpayments not pursued during the quarter: Enter the number of claims and the corresponding overpayment amounts for closed claims determined during the quarter to be uncollectable according to state and county policy. *[Cells 17-18]*
8. Overpayments waived during the quarter: Enter the number of claims and the corresponding overpayment amounts for which the overpayment recovery has been waived during the quarter. *[Cells 19-20]*
9. Overpayments fully recovered during the quarter: Enter the number of claims that have been fully recovered during the quarter. *[Cell 21]*
10. Other overpayment subtractions during the quarter (explain in Comments): Enter any other overpayment subtractions during the quarter. These subtractions must be explained in Comments. *[Cells 22-23]*
11. Total overpayments subtracted during the quarter (Items 6 through 10): Enter the sum of Items 6 through 10. *[Cells 24-25]*
12. Balance of overpayment claims (Item 5 minus Item 11): Enter the result of Item 5 minus Item 11. This claim figure will be used for Part A, Item 1, Claims Column, on the next quarter's report. *[Cells 26-27]*

**PART C. OVERPAYMENT RECOVERY**

13. Cash collections during the quarter: Enter the number of claims and the corresponding overpayment amounts for which recovery was obtained through cash collections during the quarter. If records show a cash collection on a CAPI claim for more than one month in the quarter, count this as one claim. *[Cells 28-29]*
14. Grant reductions during the quarter: Enter the number of claims and the corresponding amounts collected by reduction of the CAPI grant during the quarter. If records show a grant reduction on a CAPI claim for more than one month in the quarter, count this as one claim. *[Cells 30-31]*

**ITEM INSTRUCTIONS CONTINUED****PART C. OVERPAYMENT RECOVERY CONTINUED**

15. Underpayments offset during the quarter: Enter the number of claims and the corresponding overpayment amounts collected by balancing underpayments against the existing overpayments during the quarter. The full amount of the underpayment that is applied against the overpayment balance is reported as a collection in the Amounts Column. *[Cells 32-33]*
16. Total overpayment recoveries during the quarter (Items 13 through 15): Enter the number of claims and the corresponding amounts of overpayments recovered during the quarter. It is the sum of Item 13 through 15. *[Cells 34-35]*
17. Net unrecovered balance at the end of the quarter (outstanding) (Item 12 minus Item 16): Enter the net balance for the quarter. This amounts figure will be used for Part A, Item 1, Amounts Column, on the next quarter's report. It is the result of Item 12 minus Item 16. *[Cell 36]*

**COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.