

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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

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

May 24, 2002

LCSA LETTER: 02-12

ALL IV-D DIRECTORS

**SUBJECT: CS 34 MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS AND
CS 35 SUPPLEMENT TO MONTHLY REPORT OF COLLECTIONS AND
DISTRIBUTIONS**

This letter transmits the new State reports, CS 34 (01/02) Department of Child Support Services Monthly Report of Collections and Distributions and CS 35 (01/02) Department of Child Support Services Supplement to Monthly Report of Collections and Distributions and instructions for completion. These reports will replace the current CS 800, CS 803 and CS 820 and their supplemental reports. The intent is to ensure consistency between State reporting requirements and federal reporting requirements.

The Department of Child Support Services (DCSS) has been working with the lead consortia for the past few months to ensure program system changes are made prior to the date you are required to submit the new forms. Local child support agencies (LSCAs) are to electronically submit these forms by July 15, for the June report month. LCSAs are to continue to prepare and submit the CS 800, CS 803, and CS 820 and corresponding enclosures via their current process up to the end of the last quarter of Federal Fiscal Year (FFY) 2002; i.e., July-September 2002 report. If we are able to determine that electronic submission of the new forms is operating effectively and accurately prior to October 1, you will be notified that the CS 800, CS 803, and CS 820 are no longer required.

DCSS will create the required quarterly reports to the federal Office of Child Support Enforcement (OCSE) using the monthly CS 34 reports submitted by the LCSAs. The quarterly report will be prepared via the automated system, and therefore, will reflect the data compiled from the monthly reports. Specifically, on the CS 34, Section A, Line 1 (cell 5) and Line 9b (cell 43) will be reported from the data submitted on the last month of each quarter. All other lines will be totaled from the three months of each quarter. The LCSA may request a copy of their quarterly report from DCSS once it has been submitted to OCSE.

DCSS-PR-2002-CTY-0021



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

LCSA Letter: 02-12

Date: May 24, 2002

Page 2

Effective with the July reports, LCSAs must submit the federal and State share of recoupment based on data contained on the new State reports, CS 34 and CS 35. That is, the recoupment check submitted for July 2002, due August 31, should be equal to the amount reported on the CS 35, box 190. The recoupment check for the June report month will be the same as the current process (i.e., based on CS 800, CS 803 and CS 820 reporting.)

LCSAs should use the automated process for preparing these reports using the secured county website at <https://counties.dcss.ca.gov>. Instructions on how to prepare and submit an electronic CS 34 and CS 35 report will be available on the secured county website by June 5.

By using the electronic IV-D Director “approval code,” the IV-D Director certifies the CS 34 and CS 35 data is accurate and was compiled using the State’s standard data definitions and processing rules.

If you have any questions or issues related to the new reporting requirements, please contact Douglas Rose at (916) 464-5038 or email Douglas.Rose@dcss.ca.gov. For questions related to system changes, please contact Jackie Martin at (916) 464-5605 or email Jackie.Martin@dcss.ca.gov.

Sincerely,

JAN SHERWOOD
Deputy Director
Administrative Services Division

Enclosures

**DEPARTMENT OF CHILD SUPPORT SERVICES
 MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS**

County Name: 1)	County FIPS Code: 2)	Report Month/Year: 3)	4) Report Type: <input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report
--------------------	-------------------------	--------------------------	--

SECTION A AVAILABLE COLLECTIONS				
				(E) Total
1. Balance Remaining Undistributed from Previous Month (From line 9b Last Month).....				5)
2. Total Collections Received During the Month [Sum of Lines 2a through 2g].....				6)
2a. From Offset of Federal Tax Refund	7)	2e. From Income Withholding	11)	
2b. From Offset of State Tax Refund	8)	2f. From Other States	12)	
2c. From Offset of Unemployment	9)	2g. From Other Sources	13)	
2d. Through Administrative Enforcement	10)			
3. Net Amount of increasing and (Decreasing) Adjustments.....				
4. Collections Forwarded to Non IV-D Cases.....				15) N/A
	(A) Current IV-A Assistance	(B) Current IV-E Assistance	(C) Former Assistance	(D) Never Assistance
5. Collect. Forwarded to Other States.....	16)	17)	18)	19)
6. Collections Available for Distribution.....				21)

SECTION B. DISTRIBUTED / UNDISTRIBUTED COLLECTIONS					
7a. Distributed as Assist. Reimburse.....	22)	23)	24)		25)
7b. Distributed as Medical Support.....	26)	27)	28)	29)	30)
7c. Distributed To Family.....	31)	32)	33)	34)	35)
8 Total Collections Distributed.....	36)	37)	38)	39)	40)
9 Gross Undistributed Collections.....				41)	
9a. Undistributable Collections.....				42)	
9b. Net Undistributed Collections.....				43)	

SECTION C. FEDERAL SHARE / INCENTIVE PAYMENTS / FEES					
10. Federal Share of Collections.....	44)	45)	46)		47)
11. Estimated Incentive Payments.....					
12a. Net Federal Share of IV-A Collections.....					
12b. Net Federal Share of IV-E Collections...					
13. Fees Retained by Other States.....					48)

This certifies that the information on this form is accurate and true to the best of my knowledge and belief.

Signature, IV-D Director	Signature, Approving Official
Date:	Date:
Typed Name, Title	Typed Name, Title, Agency

CHILD SUPPORT SERVICES
MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS
DEFINITIONS and INSTRUCTIONS FOR COMPLETION OF FORM CS-34

The Child Support Services **Monthly Report of Collections and Distributions** (CS 34) is a report of the **local child support agencies** program financial information used for state and federal reporting purposes. The CS 34 is the primary reporting format to satisfy federal reporting requirements. The supplemental CS 35 captures state only requirements and to provide specific CS 34 line item detail. Specifically the CS 35 requires supporting detail for CS 34 line 3 (Net Amount of Increasing and Decreasing Adjustments) and CS 34 line 9b (Net Undistributed Collections). Supporting detail totals must equal to their respective boxes.

The following are detailed instructions for completing the CS 34 Report.

Report Period

The reporting period for this report is Monthly.

The CS 34 must reflect collections received and collections disbursed for the entire applicable reporting period. Complete each report as required for the month. The following definitions for collections and disbursements apply:

Collections Received. A child support payment is considered to be received on the date it arrives at a designated State-level or County-level collection point via mail, private courier, electronic transfer or hand delivery. Any amounts received and reasonably identifiable as a child support collection under Title IV-D must be reported on Line 2 of this form, even if an individual amount cannot be immediately associated with a specific Title IV-D case. Any amount paid in advance of its due date (a “prepaid” collection) must also be reported on Line 2 in the month received, even if it is known that distribution will not occur until a later month.

Collections Disbursed. A collection is considered disbursed on the date the funds are forwarded via check, electronic transfer or other means to the intended final recipient, including the custodial family, State or Federal Agency, including those agencies that administer programs under Titles IV-A, IV-E, and XIX of the Social Security Act.

General Requirements/Definitions

This report does not include non IV-D collections or disbursements. Specific case types to exclude are spousal only (non IV-D support order) and court trustee order (county acting as collection and disbursement only).

Fees and Other non-required dollars for reporting. Any distribution to fees, or county specific reimbursements, will be treated as a reduction of the collection in line 2 from which it was originally reported. If the monies were never reported then the reduction to line 2 is not performed.

Collections Returned to Payor(s). Amounts collected which are returned to a payor and have previously been reported to the State should reduce the collection source where the collection was originally reported. For example, the amount reported as federal tax offset on Line 2a, Box 7 would be reduced by the amount of a collection received by federal tax offset that is returned to a payor.

Forwarding Inter-County Collections. Amounts collected by your county which are subsequently forwarded to other California counties and have been previously reported to the State should reduce the collection source where the collection was originally reported. Record this entry in the month that the collection is forwarded (i.e., disbursed). Note: When a county forwards a collection to another California county, the forwarding county must identify to the receiving county the original collection source.

Receiving Inter-County Collections. Amounts received from other California counties should be posted in the appropriate collection source box.

Completing All Entries. All non-shaded line items on the form in Sections A through C are to be completed for each month. All data elements must be reported. Using “Not Available” (NA) or “Not Applicable” (NAP) are not allowed. **All non-shaded cells MUST have a numeric entry, even if that entry is zero (“0”).**

NOTE: Additionally, “summary” cells or cells with calculations will remain non-shaded cells with electronic upload cross checks that will not allow the file to be submitted unless the cell entry is correct. Applicable cells will be referenced in the instructions as “summary cell”.

Due Dates: This report must be submitted no later than the fifteenth calendar day of the month following the report month, e.g., the August report is sent no later than September 15.

The **CS 34 Monthly Report of Collections and Distributions** is a fiscal document. Counties may be considered out of compliance if the approved report is not received electronically by Department of Child Support Services (DCSS) by the close of business on the day it is due. **All data included on the CS 34 must be complete and accurate.** Delayed or late reports may result in the withholding of all **County Administrative Funding**.

NOTE: Counties are required to have case level detail documentation for an audit trail to support the amounts reported on the CS 34. The format for this documentation is at county discretion. However, it must be stored in a fashion that will accommodate electronic data requests. The case level detail documentation shall be kept at the local level

CS 34

and made available upon request for federal and state auditors, program reviewers and DCSS. The required retention period for the CS 34 and detail documentation is four years and four months, unless legal action is in progress requiring longer retention.

County representatives will use the County Secure Website for preparing the CS 34 and CS 35 monthly reports. This process will be the same as that used for the CS 157 annual report and the CS 457 quarterly report. A JetForm flat-file or a “regular” flat file format data structure will be used during the file upload process of the CS 34 and CS 35 data.

**CHILD SUPPORT SERVICES
MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS**

Local child support agencies administering the Child Support Services Program under Title IV-D of the Social Security Act are required to complete and submit this report **monthly** in accordance with instructions issued by the California Department of Child Support Services (DCSS).

- Box 1** **County Name** - Enter the reporting county name.
- Box 2** **County FIPS Code**- Enter the reporting county Federal Information Processing Standards (FIPS) code.
- Box 3** **Report Month/Year** - Enter the month/year of the effective date of the transaction.
- Box 4** **Report Type** - Check either Initial Report or Revised Report, as appropriate.

SECTION A: AVAILABLE COLLECTIONS

Line 1, Box 5 Balance Remaining Undistributed From Previous Month - The amount of collections that remained undistributed at the end of the previous month (**Line 9b, Box 43** prior month). Note: This line must equal **Line 36, Box 189**, on the CS 35.

Line 2, Box 6 Total Collections Received During the Month - All collections received by the county from various sources, including those amounts that will be forwarded on to other States (**sum of Lines 2a – 2g**). “Summary cell”

SPECIAL REPORTING INSTRUCTIONS for Line 2, Boxes 7 through 13

Amounts reported in boxes 7 through 13 should be “net” amounts of collections received by source during the report month, less collections returned to payor (s), less collections forwarded to other California counties, inclusive of adjustments to collections. An adjustment necessary to correct a previous report should be corrected on the original reporting line.

Line 2a, Box 7 From the Offset of Federal Tax Refunds - Amounts received as a result of the Financial Management Services (FMS) offset of federal income tax refunds and adjustments to previous months. Report the full amount of the collection, prior to the reduction of the IRS service fee. Do not include amounts received through the IRS “full collection” process nor the Federal Administrative offset process.

Line 2b, Box 8 From the Offset of State Tax Refunds - Amounts received as a result of the offset of state income tax (Franchise Tax Board) refunds and adjustments to previous months.

Line 2c, Box 9 From the Offset of Unemployment Compensation Payments - Amounts received as a result of the offset of unemployment compensation insurance payments (Unemployment Insurance Benefits – UIB) and adjustments to previous months.

Line 2d, Box 10 Through Administrative Enforcement - Administrative Enforcement Interstate (AEI). Currently California does not use. **Zero “0” should be entered.**

Line 2e, Box 11 From Income Withholding - Amounts received as a result of either voluntary or involuntary income withholding from IV-D cases and adjustments to previous months, including withholding actions initiated prior to the effective date of Section 466(a)(1) of the Social Security Act. Do not include amounts withheld from unemployment compensation, reported on Line 2c. Payment type of earnings withholding should be reported in this category, regardless of initiating (withholding) agency (including FTB and FMS Administrative Offsets). Earnings withholding from another state’s IV-D agency is not to be included.

Line 2f, Box 12 From Other States - Amounts received from another state and adjustments to previous months. Include any amounts received as the “initiating” state either in Interstate or AEI cases. Any fees or recovered costs retained by the other state are reported on Line 13 and are not included in this amount.

Line 2g, Box 13 From Other Sources - All other amounts and adjustments from previous months, **not reported above** – received through the county’s own collections procedures. Include, but not limited to: payments received directly from non-custodial parents; collections received through the IRS’ full collection process; collections received as a result of the administrative offset process; collections received through various state match systems, collections made as a result of the passport denial process, liens, workers’ compensation offset, disability insurance offset, FTB child support collections, and any other county collection processes. For “administrative offset” collections, report the full amount of the collection, prior to the reduction for the service fee. Any entry in this Box should be itemized on the **CS 35, Section A, Lines 1-5. (Boxes 5-9)**

Note: Box 13 amount must equal amount on CS 35, Line 6, Box 10.

Line 3, Box 14 Net Amount of Increasing and Decreasing Adjustments - Any entry necessary to correct a previous report that cannot be corrected with an entry on the original reporting line. This line should frequently be zero. An entry on this line may be a negative number. **Any entry on this line MUST be thoroughly**

explained on the CS 35, Section B. In addition, the contact person should be able to explain the necessity of any entry when contacted by State or federal auditors or program reviewers.

Note: Box 14 amount must equal amount on CS 35, Line 7, Box 11.

Line 4, Box 15 Collections Forwarded to Non-IV-D Cases - California does not currently provide services for non-IV-D cases. **Shaded**

General Definitions that apply to Lines 5 – 7C (Boxes 16 – 35) –

Column A: Current IV-A Assistance. Collections received and distributed on behalf of children who are recipients of Temporary Assistance for Needy Families (TANF) under title IV-A of the Act. In addition, the children's support rights have been assigned to a State by a caretaker relative and a referral to the State's IV-D agency has been made. Note: This should be the most recent status (last) known to the LCSA.

Column B: Current IV-E Assistance. Collections received and distributed on behalf of children who are entitled to Federal Foster Care maintenance assistance payments under title IV-E of the Social Security Act. In addition, the children's support rights have been assigned by a caretaker relative to a State and a referral to the State IV-D agency has been made.

Column C: Former Assistance. Collections received and distributed on behalf of children who *formerly* received assistance under either title IV-A (TANF or Aid to Families with Dependent Children [AFDC) or title IV-E (Federal Foster Care) of the Social Security Act.

Column D: Never Assistance. Collections received and distributed on behalf of children who are receiving Child Support Enforcement services under title IV-D of the Social Security Act, but who are not currently eligible and have not previously received assistance under either title IV-A (TANF or AFDC) or title IV-E (Federal Foster Care) of the Social Security Act. Also, include Medically Needy Only (MNO) and State only cases.

Line 5, Box 16 – 19 Collections Forwarded to Other States - Amounts received in response to a request for assistance from another state and forwarded during the month to that state for distribution, including interstate cases and AEI actions. (These amounts are included in the entries made on boxes 7 through 13.)

Line 5, Box 16: (A) Current IV-A Assistance - Enter the amounts disbursed to other state IV-D Agencies for cases that are currently receiving TANF (IV-A.)

Line 5, Box 17: (B) Current IV-E Assistance - Enter the amounts disbursed to other state IV-D Agencies for cases that are currently receiving Federal Foster Care assistance (IV-E).

Line 5, Box 18: (C) Former Assistance - Enter the amounts disbursed to other state IV-D Agencies for former assistance cases.

Line 5, Box 19: (D) Never Assistance - Enter the amounts disbursed to other state IV-D Agencies for never assistance cases.

Line 5, Box 20 Total Collections Forwarded to Other States - All collections forwarded to other States. **(Boxes 16+17+18+19). “Summary cell”**

Line 6, Box 21 Total Collections Available for Distribution - The total amount of collections eligible for distribution by the county during the month. **[(Boxes 5 + 6 + 14) minus (Boxes 15 + 20)]. “Summary cell”**

SECTION B: DISTRIBUTED/UNDISTRIBUTED COLLECTIONS

Line 7a, Boxes 22-25 Collections Distributed As Assistance Reimbursement - Collections that will be divided between the Local, State and Federal governments to reimburse their respective shares of either Title IV-A assistance payments or Title IV-E Federal Foster Care maintenance payments. *(Note: No entry is to be made for “Never Assistance” cases, Column D).*

Line 7a, Box 22: (A) Current IV-A Assistance - Enter the amounts of support distributed for current TANF (IV-A) assistance cases that was used to recoup in whole or in part the Unreimbursed Assistance Pools (UAPs). Includes disregard on federal aid categories.

Line 7a, Box 23: (B) Current IV-E Assistance - Enter the amounts of support distributed for current Federal Foster Care (IV-E) assistance cases that was used to recoup in whole or in part the UAPs.

Note: Box 23 amount must equal amount on CS 35, Line 13, Box 43.

Line 7a, Box 24: (C) Former Assistance - Enter the amounts of support that was distributed to all former TANF (IV-A) or Federal Foster Care (IV-E) assistance cases used to recoup in whole or in part the UAPs.

Line 7a, Box 25: (E) Total - The total amount of collections distributed as assistance reimbursement by the county during the month. **(Boxes 22+ 23 + 24) “Summary cell”**

Line 7b, Box 26-30. Collections Distributed As Medical Support Payments - Enter the amount of any collection that corresponds to any amount specifically designated in a support order for medical support. To the extent that medical support has been assigned to the state, medical support collections should be forwarded to the Medi-Cal agency for distribution in accordance with current regulations. Otherwise, the amount should be forwarded to the family.

Line 7b, Box 26: (A) Current IV-A Assistance - Enter the amounts disbursed to the Department of Health Services (DHS) for medical support in current TANF (IV-A) assistance cases.

Line 7b, Box 27: (B) Current IV-E Assistance - Enter the amounts disbursed to DHS for medical support in current Federal Foster Care (IV-E) assistance cases.

Line 7b, Box 28: (C) Former Assistance - Enter the amounts disbursed to DHS and to the family for assigned medical support in former TANF (IV-A), or Federal Foster Care (IV-E) assistance cases.

Line 7b, Box 29: (D) Never Assistance - Enter the amounts disbursed to the family and to DHS for medical support in never assistance cases. This line includes payments disbursed in current or former State CalWORKs/KinGAP, current or former Non-Federal Foster Care cases and current or former MNO cases (i.e., non-assistance cases which are currently or have in the past received Medi-Cal benefits only and there is an assignment of support rights to medical sum-certain obligations).

Line 7b, Box 30: (E) Total - The total amount of collections distributed as medical support by the county during the month (**Boxes 26+ 27 + 28 + 29**) “**Summary cell**”

Line 7c, Boxes 31-35 . Collections Distributed To The Family or Foster Care - Collections not included on either Lines 7a or 7b that are distributed either to the family or to the foster care agency to be used on the child’s behalf.

Line 7c, Box 31: (A) Current IV-A Assistance - Enter the amounts of excess disbursed to families where there is at least one member of the IV-D case currently receiving TANF (IV-A) assistance (Mixed Statuses). (NOTE: Excess is the amount of the collection remaining that is greater than the Total UAP balance).

Line 7c, Box 32: (B) Current IV-E Assistance - Enter the amounts of pass-on and excess paid to foster care agency to be used on a child’s behalf. (NOTE: Pass-on is the amount of current support remaining after recoupment of the current Federal Foster Care (IV-E) assistance payment. Excess is the amount of the collection remaining that is greater than the Total UAP balance.)

Line 7c, Box 33: (C) Former Assistance - Enter the amounts of support disbursed to families in former TANF (IV-A) or Federal Foster Care (IV-E) assistance cases. (NOTE: Excess is the amount of the collection remaining that is greater than the Total UAP balance).

Line 7c, Box 34: (D) Never Assistance - Enter the amounts of support disbursed to the family in never assistance cases.

Line 7c, Box 35: (E) Total - The total amount of collections disbursed to the family by the county during the month. **(Boxes 31 + 32 + 33 + 34) “Summary cell”**

“STALE”/UNCASHED DISTRIBUTIONS - On occasion, a check sent to a custodial parent as a disbursement of a child support payment is either not cashed in a timely manner and is considered “stale” and no longer negotiable, or is returned uncashed to the county as undeliverable. In these instances, the county must reverse the distribution transaction by including a negative adjustment on the appropriate line in the month in which the check becomes “non-negotiable” or is received back by the county.

Line 8, Boxes 36-39. Total Collections Distributed During the Month - Collections distributed by the county during the month, itemized by case designation.

Line 8, Box 36. (A) Current IV-A Assistance - The total amount of collections distributed to TANF (IV-A) assistance cases. **(Boxes 22+26+31) “Summary cell”**

Line 8, Box 37. (B) Current IV-E Assistance - The total amount of collections distributed to Federal Foster Care (IV-E) assistance cases. **(Boxes 23+27+32) “Summary cell”**

Line 8, Box 38. (C) Former Assistance - The total amount of collections distributed in former TANF (IV-A) or Federal Foster Care (IV-E) assistance cases. **(Boxes 24+28+33) “Summary cell”**

Line 8, Box 39. (D) Never Assistance - The total amount of collections distributed in never assistance cases. **(Boxes 29+34) “Summary cell”**

Line 8, Box 40. (E) Total - The total amount of collections distributed by the county during the month. **(Boxes 36 + 37 + 38 + 39) “Summary cell”**

Note: The sum of 3 “quarter” months (January through March, April through June, etc..) Line 8, Boxes 36 – 39 PLUS Line 5, boxes 16 – 19 must equal the sum of lines 25 & 27, CS 457, “Total distributed collections”.

Line 9, Box 41. Gross Undistributed Collections - The amount of collections that the county has not yet distributed during the month. **(Box 21 minus Box 40.) “Summary cell”**

Line 9a, Box 42. Undistributable Collections - The portion of collections reported on Box 41 that, despite numerous attempts, the county has determined it will be unable to distribute in accordance with the provisions of Section 457 of the Social Security Act and unable to return to the non-custodial parent. (*Enter amount only in Column E, Box 42*).

NOTE: The local child support agency must attempt to locate the non-custodial party for a period of six months. Undistributable collections are to be held in stewardship for two years after the six month period to allow the payee a period of time to seek payment. At the end of two years, if no payment has been claimed, the funds revert to the county general fund. Put here any monies that the county has escheated during the reporting period.

Line 9b, Box 43. Net Undistributed Collections - The amount of collections that remains available for distribution in a future month. Any entry on this line should be itemized using the CS 35, Section C (**Box 41 minus Box 42.**) “Summary cell”

SECTION C. FEDERAL SHARE/INCENTIVE PAYMENTS/FEES

Line 10. Federal Share of Collections - Collections that will be divided between the State and Federal governments to reimburse their respective shares of either Title IV-A assistance payments, Title IV-E Federal Foster Care maintenance payments, or Former Assistance.

Line 10 a, Box 44 Federal Share of Collections (Box 22 multiplied by the federal sharing ratio.) Must equal (**Box 15 + Box 22**) of the CS 35. “Summary cell”

Line 10 b, Box 45 Federal Share of Collections (Box 23 multiplied by the federal sharing ratio.) Must equal (**Box 44**) of the CS 35. “Summary cell”

Note: Box 45 amount must equal amount on CS 35, Line 13, Box 44.

Line 10 c, Box 46 Federal Share of Collections (Box 24 multiplied by the federal sharing ratio.) Must equal **Box 103** of the CS 35. “Summary cell”

Line 10 e, Box 47 Federal Share of Collections (Boxes 44 +45+46) Must equal (**Box 56 + Box 103**) of the CS 35. “Summary cell”

Line 11. Estimated Incentive Payments Retained by the State - County need not complete.

Line 12a. Net Federal Share of IV-A Collections - County need not complete.

Line 12b. Net Federal Share of IV-E Collections - County need not complete.

Line 13, Box 48. Fees Retained by Other States - The amount of fees or costs recovered by other states from collections forwarded to the reporting state. The net amount of the collection forwarded is reported on **Line 2f, Box 12**.

Reporting Guidelines

Certification and Submission Requirements - Counties will use the automated process for preparing this report using the secured county Website at <https://counties.dcss.ca.gov>. For instructions on how to prepare and submit an electronic CS 34 report, click on the respective CS 34 Instructions within the secured county Website. By using the electronic IV-D Director “approval code”, the IV-D Director certifies the CS 34 data is accurate and was compiled using the State’s standard data definitions and processing rules. The CS 34 must be electronically transmitted through the County Secure Website to the California DCSS no later than the 15th calendar day of the month following the report month.

Inquiries can be mailed to:

**Department of Child Support Services
Accounting and Fiscal Services Section
P.O. Box 419064, MS 20
Rancho Cordova, CA 95741-9064
Telephone: (916) 464-5150**

Revisions: Counties may request approval to revise previously submitted reports until the last day of the month following the report month. Requests should be directed to the address or phone number listed above.

Substitutes - The CS 34 is a required report and **NO SUBSTITUTES ARE PERMITTED**. However, this report may be automated as long as it is identical to the required report.

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES
ASSISTANCE RELATED DISTRIBUTION/DISBURSEMENT SUMMARY**

SEND TO:
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. Box 419064, MS 20
Rancho Cordova, CA 95741-9064

County Name 1)	County FIPS Code 2)	Report Month/Year 3)	4) Report Type: <input type="checkbox"/> Initial <input type="checkbox"/> Revised
-------------------	------------------------	-------------------------	--

Section A Collections by Other Reporting Sources (from CS 34, Section A, Line 2, Item 2g)

1	Collections made by the reporting county from liens	5)
2	Collections made by the reporting county from workers' compensation	6)
3	Collections made by the reporting county through the DIB offset	7)
4	Collections made by the reporting county from FTB non-tax	8)
5	Collections made by the reporting county from other sources not listed above	9)
6	TOTAL	10)

Section B Net Increasing or Decreasing Adjustments (from CS 34, Section A, Line 3)

CS 34, Section A, Line 3 should only be used on an **EXCEPTION** basis where the adjustment could not be identified. A detailed explanation is required in the "text box" should there be an entry on this line. Adjustments necessary to correct the reporting of collections are made directly to CS 34, Section A, Line 2, Boxes 2a - 2g in the applicable box.

Detailed Explanation		Adjustment Amount
7		11)

Section C Distribution to Current Assistance Cases

Assistance Program	Amount of Distributed Collections	Excess		Total Recoupment	Federal Share	County Share	State Share
8 Federal CalWorks	12)	13)		14)	15)	16)	18)
9 Federal KinGap	19)	20)		21)	22)	23)	24)
10 State (35) CalWorks	25)	26)		27)		28)	29)
11 State (other) CalWorks	30)	31)		32)		33)	34)
12 State KinGap	35)	36)		37)		38)	39)
13 Federal Foster Care	40)	41)	42)	43)	44)	45)	46)
14 Non-Federal Foster Care	47)	48)		49)		50)	51)
15 TOTAL	52)	53)	54)	55)	56)	57)	58)

16	Disregard Paid This Month	59)	State Share of Recoupment (Box 58)	60)	Adjusted State Share	61)
----	---------------------------	-----	------------------------------------	-----	----------------------	-----

Section D Distribution to Former Assistance Cases							
Assistance Program	Amount of Distributed Collections	Excess		Total Recoupment	Federal Share	County Share	State Share
17	Federal CalWorks	62)	63)	64)	65)	66)	67)
18	Federal KinGap	68)	69)	70)	71)	72)	73)
19	State (35) CalWorks	74)	75)	76)		77)	78)
20	State (other) CalWorks	79)	80)	81)		82)	83)
21	State KinGap	84)	85)	86)		87)	88)
		Excess					
22	Federal Foster Care	89)	90)	91)	92)	93)	94)
23	Non-Federal Foster Care	95)	96)	97)		98)	99)
24	TOTAL	100)	101)	102)	103)	104)	105)

Section E UNDISTRIBUTED COLLECTIONS (total MUST match CS 34 Line 9b)								
CATEGORY		1 to 30 Days	31 to 60 Days	61 to 90 Days	91 to 180 Days	181 days - 2 years	2 years +	Total
25	Child support payments processed and not yet certified for check issuance	106)	107)	108)	109)	110)	111)	112)
26	Child support payments processed but not yet transferred to TANF or Foster Care agency	113)	114)	115)	116)	117)	118)	119)
27	Collections for custodial parents which are unable to be dispersed	120)	121)	122)	123)	124)	125)	126)
28	Funds held due to legal and/or fiscal disputes	127)	128)	129)	130)	131)	132)	133)
29	Payments to be returned to non-custodial parents	134)	135)	136)	137)	138)	139)	140)
30	Unidentified payments	141)	142)	143)	144)	145)	146)	147)
31	Future child support payments	148)	149)	150)	151)	152)	153)	154)
32	Stale dated checks being held (CP)	155)	156)	157)	158)	159)	160)	161)
33	Stale dated checks being held (NCP)	162)	163)	164)	165)	166)	167)	168)
34	Intercounty transfers processed and not yet certified for check issuance	169)	170)	171)	172)	173)	174)	175)
35	Other (Provide Explanation):	176)	177)	178)	179)	180)	181)	182)
36	TOTAL	183)	184)	185)	186)	187)	188)	189)

Line 35 (Other) Detailed Explanation

37	
----	--

38	Total Revenue Transfer Due to State	190)
----	--	------

This certifies that the information on this form is accurate and true to the best of my knowledge and belief.

Signature, IV-D Agency Director	Date:	Signature, Approving County Official	Date:
Typed Name, Title, Agency	Date:	Typed Name, Title, Agency	Date:

**CHILD SUPPORT SERVICES
SUPPLEMENT TO MONTHLY REPORT OF COLLECTIONS AND
DISTRIBUTIONS (CS 34)
DEFINITIONS and INSTRUCTIONS FOR COMPLETION OF FORM CS-35**

The Child Support Services **Supplement to Monthly Report of Collections and Distributions (CS 34)** is a report of the **local child support agencies** program financial information. This information is used for state and federal reporting purposes. The supplemental CS 35 was designed to capture state only requirements and to provide specific CS 34 line item detail. Specifically, the CS 35 requires supporting detail for CS 34 line 3 (Net Amount of Increasing and Decreasing Adjustments) and CS 34 line 9b (Net Undistributed Collections). Supporting detail totals must equal to their respective boxes.

The following are detailed instructions for completing the CS 35 Report.

Report Period

The reporting period for this report is Monthly.

The CS 35 must reflect collections received and collections disbursed for the entire applicable reporting period. Complete each report as required for the month. The following definitions for collections and disbursements apply:

Collections Received. A child support payment is considered to be received on the date it arrives at a designated State-level or County-level collection point via mail, private courier, electronic transfer or hand delivery. Any amounts received and reasonably identifiable as a child support collection under Title IV-D must be reported on Line 2 of this form, even if an individual amount cannot be immediately associated with a specific Title IV-D case. Any amount paid in advance of its due date (a “prepaid” collection) must also be reported in the month received, even if it is known that distribution will not occur until a later month.

Collections Disbursed. A collection is considered disbursed on the date the funds are forwarded via check, electronic transfer or other means to the intended final recipient, including the custodial family, State or Federal Agency, including those agencies that administer programs under Titles IV-A, IV-E, and XIX of the Social Security Act.

General Requirements

This report does not include non IV-D collections or disbursements. Specific case types to exclude are spousal only (non IV-D support order) and court trustee order (county acting as collection and disbursement only).

Fees and Other non required dollars for reporting. Any distribution to fees, or county specific reimbursements will be treated as a reduction of the collection in CS 34, line 2

from which it was originally reported. If the monies were never reported then the reduction to CS 34, line 2 is not performed.

Collections Returned to Payor(s). Amounts collected which are returned to a payor and have previously been reported to the State should reduce the collection source where the collection was originally reported. For example, the amount reported as federal tax offset on CS 34, Line 2a, Box 7 would be reduced by the amount of a collection received by federal tax offset that is returned to a payor.

Forwarding Inter-County Collections. Amounts collected by your county which are subsequently forwarded to other California counties and have been previously reported to the State should reduce the collection source where the collection was originally reported. Record this entry in the month that the collection is forwarded (i.e., disbursed). Note: When a county forwards a collection to another California county, the forwarding county must identify to the receiving county the original collection source.

Receiving Inter-County Collections. Amounts received from other California counties should be posted in the appropriate collection source box.

Completing All Entries. All non-shaded line items on the form in Sections A through E are to be completed for each month. All data elements must be reported. Using “Not Available” (NA) or “Not Applicable” (NAP) are not allowed. **All non-shaded cells MUST have a numeric entry, even if that entry is zero (“0”).**

NOTE: Additionally, “summary” cells or cells with calculations will remain non-shaded cells with electronic upload cross checks that will not allow the file to be submitted unless the cell entry is correct. Applicable cells will be referenced in the instructions as “summary cell”.

Due Dates: This report must be submitted no later than the fifteenth calendar day of the month following the report month, e.g., the August report is sent no later than September 15.

The CS 35 **Supplement to Monthly Report of Collections and Distributions (CS 34)** is a fiscal document. Counties may be considered out of compliance if the approved report is not received electronically by **Department of Child Support Services (DCSS)** by the close of business on the day it is due. **All data included on the CS 35 must be complete and accurate.** Delayed or late reports may result in the withholding of County Administrative Funding.

Note: Counties are required to have case level detail documentation for an audit trail to support the amounts reported on the CS 35. The format for this documentation is contained in the Functional Requirements Document (FRD). The case level detail documentation shall be kept at the local level and made available upon request for federal and state auditors, program reviewers and DCSS. The required retention period for the CS 35 and detail documentation is four years and four months, unless legal action is in progress requiring longer retention.

General Definitions

A **current assistance case** is a Title IV-D case that is currently receiving CalWORKS/KinGAP, federal foster care (Title IV-E) or non-federal foster care assistance. For distribution purposes on the CS 35 report, all state only cases (including non-federal foster care cases) currently receiving assistance are also included as current assistance cases.

A **former assistance case** is a Title IV-D case which is not currently but has in the past received assistance under CalWORKS/KinGAP, federal foster care (Title IV-E) or non-federal foster care assistance programs. For distribution purposes on the CS 35 report, all state only cases (including Non-Federal Foster Care cases) that have formerly received assistance are also included as former assistance cases.

Excess: In all assistance cases except Federal Foster Care will result only in the situation where the amount of the collection remaining is greater than the total un-reimbursed assistance pool (UAP) balance. If the UAP remaining is a zero balance, then excess is determined by subtracting the current assistance payment from the support payment in all cases except Federal Foster Care.

Excess: In Federal Foster Care cases, excess is the remaining arrears collection amount in excess of the total UAP. It is determined by subtracting the UAP from the arrears collection.

PASS-ON - A Pass-on payment is the amount of the current support that is in excess of the current Federal Foster Care payment made in the month. This amount must be paid to the county welfare department (i.e., the agency responsible for the placement and care of the child). A Pass-on payment is determined by subtracting the current foster care (IV-E) maintenance assistance payment from the current support. If a balance of current support remains, that amount is Pass-on.

Disregard is an amount up to \$50.00 per month of the current support payment (child/family/spousal) either court ordered or voluntary payment which is to be paid to each current assistance CalWORKs/KinGAP assistance unit. If less than \$50.00 of current support is collected, the entire amount is disregard. One disregard is paid per assistance unit per month and only when a current support collection is received in a current CalWORKs/KinGAP assistance case. Disregard is not authorized for a collection designated as an arrears collection or for a federal or non federal foster care case

Total recoupment is the amount of the support that will be used to recoup in whole or in part the total UAPs for each current assistance program.

All transactions will be reported in the month in which they took place according to the welfare status of the case on the legal date of collection. Examples: Collections received on a former assistance case that relate back to a legal date of collection when the case was currently assisted should be reported in the current assistance cases (Section C). Also, adjustment and cancellations of disregards issued while the case was currently assisted should be reported in the current assistance cases (Section C).

For purposes of this report “distributed” means “disbursed”.

For Aging (Section E) – All dates are relative to the date of receipt, i.e. when the payment came into possession of the LCSA.

County representatives will use the County Secure Website for preparing the CS 35 monthly reports. This process will be the same as that used for the CS 157 annual report and the CS 457 quarterly report. A JetForm flat-file or a “regular” flat file format data structure will be used during the file upload process of the CS 34 and CS 35 data.

**CHILD SUPPORT SERVICES
SUPPLEMENT TO MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS
(CS 34)**

The CS 35 report is the claiming form for reporting the distribution and disbursement of child/family/spousal support collections made on behalf of current or former assistance cases and those collections that are not distributed during the month.

All amounts reported must be actual collection amounts and not rounded to the nearest whole dollar.

Box 1. COUNTY NAME - Enter the reporting county name.

Box 2. COUNTY FIPS CODE – Enter the county Federal Information Processing Standards (FIPS) Code.

Box 3. REPORT MONTH/YEAR - Enter the month and year of the effective date of the transaction.

Box 4. REPORT TYPE – Check the appropriate box.

SECTION A. COLLECTIONS BY OTHER REPORTING SOURCES

Section A provides detailed itemization of the collections reported on the **CS 34, Section A, Line 2, Item 2g, Box 13.**

Line 1, Box 5. Enter the amount received as a result of liens against personal and real property and adjustments to previous months.

Line 2, Box 6. Enter the amount received as a result of workers' compensation settlements and adjustments to previous months.

Line 3, Box 7. Enter the amount received as a result of Disability Insurance Benefits (DIB) and adjustments to previous months.

Line 4, Box 8. Enter the amount received as a result of Franchise Tax Board (FTB) full collection (non tax) other than earnings withholdings and adjustments to previous months.

Line 5, Box 9. Enter the amount received as a result of other sources not listed above and adjustments to previous months.

Line 6, Box 10. Total. **Sum (Box 5 +6+7+8+9)** “Summary cell”

Note: Line 6, Box 10, must equal the total on the CS 34, Section A, Line 2 , Item 2g, Box 13.

SECTION B. NET AMOUNT OF INCREASING AND DECREASING ADJUSTMENTS

Line 7, Box 11. This Adjustment Amount must equal the **CS 34, Section A, Line 3 , Box 14.**

Any entry necessary to correct a previous report that cannot be corrected with an entry on the original reporting line. **This line should frequently be zero.** An entry on this line may be a negative number. If there is an amount other than zero (0), the explanation will be required on line 7 of the form on the website. The Director or designee will provide the explanation on-line.

Note: Any entry on this line MUST be thoroughly explained on the CS 35, Section B, Line 7 (Detailed Explanation). In addition, the contact person should be able to explain the necessity of any entry when contacted by State or federal auditors or program reviewers.

SECTION C. DISTRIBUTION TO CURRENT ASSISTANCE CASES

Section C is used to record the distributions made to current assistance cases. A **current assistance case** is a Title IV-D case that is currently receiving CalWORKS/KinGAP, Federal Foster Care (Title IV-E) or non-Federal Foster Care assistance. For distribution purposes on the CS 35 report, all state only cases (including non-federal foster care cases) currently receiving assistance are also included as current assistance cases.

Federal CalWORKS.

Line 8, Box 12. Amount of Distributed Collections: Enter the total amount of distributed collections for Federal CalWORKS. Includes: excess and all recoupment (which includes disregard).

Line 8, Box 13. Excess. Enter the total amount of excess for each current assistance program.

Line 8, Box 14. Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system (includes disregard). **Must equal Box 12 minus(-) Box 13. “Summary cell”**

Line 8, Box 15. Federal Share. The federal share of recoupment is calculated by multiplying the Total Recoupment (**box 14**) for each current assistance program by the Federal Medical Assistance Percentage (FMAP). **“Summary cell”**

Line 8, Box 16. County Share. The county share of recoupment is calculated by multiplying the Total Recoupment (**box 14**) for each current assistance program by the County Sharing Ratio. **“Summary cell”**

Line 8, Box 17. OMITTED

Line 8, Box 18. State Share. The state share of recoupment is calculated by multiplying the Total Recoupment (**box 14**) for each current assistance program by the State Sharing Ratio. **“Summary cell”**

Federal KinGAP

Line 9, Box 19. Amount of Distributed Collections. Enter the total amount of distributed collections for each current assistance program. Includes: excess, and all recoupment (which includes disregard).

Line 9, Box 20. Excess. Enter the total amount of Excess for each current assistance program.

Line 9, Box 21. Amount of Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system (includes disregard). **Must equal Box 19 minus (–) Box 20. “Summary cell”**

Line 9, Box 22. Federal Share. The federal share of recoupment is calculated by multiplying the Total Recoupment (**box 21**) for each current assistance program by the FMAP. **“Summary cell”**

Line 9, Box 23. County Share. The county share of recoupment is calculated by multiplying the Total Recoupment (**box 21**) for each current assistance program by the County Sharing Ratio. **“Summary cell”**

Line 9, Box 24. State Share. The state share of recoupment is calculated by multiplying the Total Recoupment (**box 21**) for each current assistance program by the State Sharing Ratio. **“Summary cell”**

CalWORKS, State (Aid Code 35)

Line 10, Box 25. Amount of Distributed Collections. Enter the total amount of distributed collections for each current assistance program. Includes: excess, and all recoupment (which includes disregard).

Line 10, Box 26. Excess. Enter the total amount of Excess for each current assistance program.

Line 10, Box 27. Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system (includes disregard). **Must equal Box 25 minus (–) Box 26. “Summary cell”**

Line 10, Box 28. County Share. The county share of recoupment is calculated by multiplying the Total Recoupment (**box 27**) for each current assistance program by the County Sharing Ratio. **“Summary cell”**

Line 10, Box 29. State Share. The state share of recoupment is calculated by multiplying the Total Recoupment (**box 27**) for each current assistance program by the State Sharing Ratio. **“Summary cell”**

State CalWORKS (Other Aid Codes)

Line 11, Box 30. Amount of Distributed Collections. Enter the total amount of distributed collections for each current assistance program. Includes: excess and all recoupment (which includes disregard).

Line 11, Box 31. Excess. Enter the total amount of Excess for each current assistance program.

Line 11, Box 32. Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system (includes disregard). **Must equal Box 30 minus (-) Box 31. “Summary cell”**

Line 11, Box 33. County Share. Enter the amount of the county share of recoupment. The county share of recoupment is calculated by multiplying the Total Recoupment (**box 32**) for each current assistance program by the County Sharing Ratio. **“Summary cell”**

Line 11, Box 34. State Share. Enter the amount of the state share of recoupment. The state share of recoupment is calculated by multiplying the Total Recoupment (**box 32**) for each current assistance program by the State Sharing Ratio. **“Summary cell”**

State KinGAP

Line 12, Box 35. Amount of Distributed Collections. Enter the total amount of distributed collections for current assistance program. Includes: excess and all recoupment (which includes disregard).

Line 12, Box 36. Excess. Enter the total amount of Excess for each current assistance program.

Line 12, Box 37. Total Recoupment Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system (includes disregard). **Must equal Box 35 minus(-) Box 36. “Summary cell”**

Line 12, Box 38. County Share. Enter the amount of the county share of recoupment. The county share of recoupment is calculated by multiplying the Total Recoupment (**box 32**) for each current assistance program by the County Sharing Ratio. “**Summary cell**”

Line 12, Box 39. State Share. Enter the amount of the state share of recoupment. The state share of recoupment is calculated by multiplying the Total Recoupment (**box 32**) for each current assistance program by the State Sharing Ratio. “**Summary cell**”

Federal Foster Care

Line 13, Box 40. Amount of Distributed Collections. Enter the total amount of distributed collections for each current assistance program. Includes: excess, pass on and all recoupment.

Line 13, Box 41. Excess. Enter the total amount of Excess for Federal Foster Care.

Line 13, Box 42. Pass On. Enter the amount of Pass-on for Federal Foster Care. A Pass-on payment is the amount of the current support that is in excess of the current assistance payment made in the month. This amount must be paid to the county welfare department (i.e., the agency responsible for the placement and care of the child). A Pass-on payment is determined by subtracting the current foster care (IV-E) maintenance assistance payment from the current support. If a balance of current support remains, that amount is entered here as Pass-on.

Line 13, Box 43. Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal [(Box 40 minus (-) sum (Box 41 plus (+) Box 42)]** “**Summary cell**”

Note: Box 43 amount must equal the amount on CS 34, Line 7a, Box 23.

Line 13, Box 44. Federal Share. Enter the amount of the federal share of recoupment. The federal share of recoupment is calculated by multiplying the Total Recoupment (**Box 43**) for each current assistance program by the FMAP. “**Summary cell**”

Note: Box 44 amount must equal the amount on CS 34, Line 10b, Box 45.

Line 13, Box 45. County Share. Enter the amount of the county share of recoupment. The county share of recoupment is calculated by multiplying the Total Recoupment (Box 43) for each current assistance program by the County Sharing Ratio. “**Summary cell**”

Line 13, Box 46. State Share. Enter the amount of the state share of recoupment. The state share of recoupment is calculated by multiplying the Total Recoupment (Box 43) for each current assistance program by the State Sharing Ratio. “Summary cell”

Non Federal Foster Care

Line 14, Box 47. Amount of Distributed Collections. Enter the total amount of distributed collections for each current assistance program. Includes: excess and all recoupment.

Line 14, Box 48. Excess. Enter the total amount of Excess for each current assistance program.

Line 14, Box 49. Total Recoupment. Enter the amount of total recoupment. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal Box 47 minus (-) Box 48. “Summary cell”**

Line 14, Box 50. County Share. The county share of recoupment is calculated by multiplying the Total Recoupment (**Box 49**) for each current assistance program by the County Sharing Ratio. “Summary cell”

Line 14, Box 51. State Share. The state share of recoupment is calculated by multiplying the Total Recoupment (**Box 49**) for each current assistance program by the State Sharing Ratio. “Summary cell”

TOTALS

Line 15, Box 52. Total Amount Distributed: Enter the total amount of Amount of Distributed Collections. **Sum (Boxes 12+19+25+30+35+40+47). “Summary cell”**

Line 15, Box 53. Total Excess: Enter the total amount of Excess. **Sum (Boxes 13+20+26+31+36+41+48). “Summary cell”**

Line 15, Box 54. Total Pass on: Enter the total amount of Federal Foster Care Pass on. **Box 42. “Summary cell”**

Line 15, Box 55. Total Recoupment: Enter the total amount of Total Recoupment. **Sum (Boxes 14+21+27+32+37+43+ 49) “Summary cell”**

Line 15, Box 56. Total Federal Share: Enter the total amount of the Federal Share **Sum (Boxes 15+22+44). “Summary cell”**

Line 15, Box 57. Total County Share: Enter the total amount of the County Share. **Sum (Boxes 16+ 23+28+33+38+45+50). “Summary cell”**

Line 15, Box 58. Total State Share: Enter the total amount of the State Share. **Sum** (Boxes 18+ 24+29+34+39+46+51). **“Summary cell”**

Line 16, Box 59. Disregard Paid This Month. Enter the total amount paid as disregard for this reporting month.

Line 16, Box 60. State Share of Recoupment. Enter total from **Box 58**. **“Summary cell”**

Line 16, Box 61. Adjusted State Share. Enter the amount of the adjusted state share. Total recoupment is calculated by subtracting the Disregard Paid this Month from the State Share of Recoupment. **Box 60 minus (-) Box 59**. **“Summary cell”**

SECTION D. DISTRIBUTION TO FORMER ASSISTANCE CASES

Section D is used to record distributions to former assistance cases. A former assistance case is a Title IV-D case which is not currently but has in the past received assistance under CalWORKS/KinGAP, Federal Foster Care (Title IV-E) or non-federal foster care assistance programs. For distribution purposes on the CS 35 report, non-federal foster care cases that are former assistance cases are also included as former assistance cases.

Federal CalWORKS

Line 17, Box 62. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program in former assistance cases. Includes: excess and all recoupment.

Line 17, Box 63. Excess. Enter the amount of excess for each former assistance program.

Line 17, Box 64. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal Box 62 minus (-) Box 63.**
“Summary cell”

Line 17, Box 65. Federal Share. The federal share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 64**) by the FMAP. **“Summary cell”**

Line 17, Box 66. County Share. The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 64**) by the County Sharing Ratio. **“Summary cell”**

Line 17, Box 67. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 64**) by the State Sharing Ratio. **“Summary cell”**

Federal KinGAP

Line 18, Box 68. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 18, Box 69. Excess. Enter the amount of excess for each former assistance program.

Line 18, Box 70. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal Box 68 minus (-) Box 69.**
“Summary cell”

Line 18, Box 71. Federal Share. The federal share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 70**) by the FMAP. **“Summary cell”**

Line 18, Box 72. County Share. The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 70**) by the County Sharing Ratio. **“Summary cell”**

Line 18, Box 73. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 70**) by the State Sharing Ratio. **“Summary cell”**

CalWORKS - State (Aid Code 35)

Line 19, Box 74. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 19, Box 75. Excess. Enter the amount of excess for each former assistance program.

Line 19, Box 76. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal Box 74 minus (-) Box 75.**
“Summary cell”

Line 19, Box 77. County Share . The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**box 76**) by the County Sharing Ratio. **“Summary cell”**

Line 19, Box 78. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**box 76**) by the State Sharing Ratio. **“Summary cell”**

CalWORKS - State (Other Aide Codes)

Line 20, Box 79. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 20, Box 80. Excess. Enter the amount of arrears excess for each former assistance program.

Line 20, Box 81. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. **Must equal Box 79 minus (-) Box 80.**
“Summary cell”

Line 20, Box 82. County Share. The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**box 81**) by the County Sharing Ratio. “Summary cell”

Line 20, Box 83. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**box 81**) by the State Sharing Ratio. “Summary cell”

State KinGAP

Line 21, Box 84. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 21, Box 85. Excess. Enter the amount of excess for each former assistance program.

Line 21, Box 86. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. Must equal Box 84 minus (-) Box 85.
“Summary cell”

Line 21, Box 87. County Share. The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 86**) by the County Sharing Ratio. “Summary cell”

Line 21, Box 88. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 86**) by the State Sharing Ratio. “Summary cell”

Federal Foster Care

Line 22, Box 89. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 22, Box 90. Excess. Enter the amount of excess for each former assistance program.

Line 22, Box 91. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. Must equal Box 89 minus (-) Box 90. “Summary cell”

Line 22, Box 92. Federal Share. The federal share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 91**) by the FMAP.

Line 22, Box 93. County Share. The county share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 91**) by the County Sharing Ratio. “Summary cell”

Line 22, Box 94. State Share. The state share of recoupment for each former assistance program is calculated by multiplying the Total Recoupment (**Box 91**) by the State Sharing Ratio. “Summary cell”

Non-Federal Foster Care

Line 23, Box 95. Amount of Distributed Collections. Enter the total amount of distributed collections for each former assistance program. Includes: excess and all recoupment.

Line 23, Box 96. Excess. Enter the amount of arrears excess for each former assistance program..

Line 23, Box 97. Total Recoupment. Enter the amount of total recoupment for each former assistance program. Total recoupment will be derived from transaction detail in the Consortium system. Must equal Box 95 minus (-) Box 96. “Summary cell”

Line 23, Box 98. County Share. The county share of recoupment for each former assistance program. is calculated by multiplying the Total Recoupment (box 97) by the County Sharing Ratio.

Line 23, Box 99. State Share. The county share of recoupment for each former assistance program. is calculated by multiplying the Total Recoupment (box 97) by the State Sharing Ratio.

TOTALS

Line 24, Box 100. Total: Enter the total amount of Amount of Distributed Collections. Sum (Boxes 62+68+74+79+84+89+95). “Summary cell”

Line 24, Box 101. Total: Enter the total amount of Excess. **Sum (Boxes 63+69+75+80+85+90+96).** “Summary cell”

Line 24, Box 102. Total: Enter the total amount of Total Recoupment. **Sum (Boxes 64+70+76+81+86+91+97).** “Summary cell”

Line 24, Box 103. Total: Enter the total amount of the Federal Share. **Sum (Boxes 65+71+92).** “Summary cell”

Line 24, Box 104. Total: Enter the total amount of County Share. **Sum (Boxes 66+72+77+82+87+93+98).** “Summary cell”

Line 24, Box 105. Total: Enter the total amount of State Share. **Sum (Boxes 67+73+78+83+88+94+99).** “Summary cell”

SECTION E. UNDISTRIBUTED COLLECTIONS

This section includes all collections in the possession of the local child support agency on the last day of the month. All categories are time sensitive and detailed aging of categories is required. CS 34, Section B, Line 9b, Box 43 must equal the CS 35, Section E, Line 36. Box 189. All figures must be actual and not rounded.

***NOTE:** The local child support agency must attempt to locate the non-custodial party for a period of six months. Undistributable collections are to be held in stewardship for two years after the six month period to allow the payee a period of time to seek payment. At the end of two years, if no payment has been claimed, the funds revert to the county general fund. Put here any monies that the county has escheated during the reporting period.*

Line 25, Boxes 106 through 111 – Child Support Payments Processed and not yet Certified for Check Issuance – Funds in this item are those that are being processed for disbursement to custodial parties within 2 business days after the date of receipt. This includes disbursements that are processed manually (‘Manual Disbursements’). LCSA must not hold these disbursements for more than 2 business days after the date of receipt.

Line 25, Box 112 – Total of Child Support Payments Processed and not yet Certified for Check Issuance. **Sum (Boxes 106+107+108+109+110+111).** “Summary cell”

Line 26, Boxes 113 through 118 – Child Support Payments Processed but not yet Transferred to TANF or Foster Care Agency – Funds on this line are those that will be dispersed for welfare recoupment.

Line 26, Box 119 – Total of Child Support Payments Processed but not yet Transferred to TANF or Foster Care Agency. **Sum (Boxes 113+114+115+116+117+118).** “Summary cell”

Line 27, Boxes 120 through 125 – Collections for Custodial Parents that are Unable to be Disbursed – Funds on this line are those which cannot be dispersed to the custodial party within 2 business days after the date of receipt, cannot be dispersed to the custodial party due to incorrect contact information (e.g., posting errors, bad address checks, incorrect address, no forwarding address, etc.) After 6 months of unsuccessful locate services, the funds are moved to Item 29.

Line 27, Box 126 – Total of Collections for Custodial Parents that are Unable to be Disbursed. Sum (Boxes 120+121+122+123+124+125). “Summary cell”

Line 28, Boxes 127 through 132 – Funds Held Due to Legal and/or Fiscal Disputes – Funds on this line are being held because a dispute between parents and/or the LCSA (e.g., paternity establishment, tax return offset due to joint return, one party files for bankruptcy, etc.) and will be held for the duration of the dispute at which time funds will be moved to Line 25 or Line 32. (45 CFR 303.72(h)(5))

Line 28, Box 133 – Total of Funds Held Due to Legal and/or Fiscal Disputes. Sum (Boxes 127+128+129+130+131+132). “Summary cell”

Line 29, Boxes 134 through 139 – Payments to be Returned to Non-Custodial Parents – Funds on this line are those that were collected from the non-custodial parent, by any means, beyond the legal obligation owed (‘overpayment threshold’ or ‘Gross Overpayment’). Refunds should be made to the NCP within 15 days. Refunds of overpayments which cannot be disbursed should also be included in this category. In addition, funds on this line are those that are to be returned to the non-custodial parent after 6 months of unsuccessful attempts to disburse the funds to the custodial party.

Line 29, Box 140 – Total of Payments to be Returned to Non-Custodial Parents. Sum (Boxes 134+135+136+137+138+139). “Summary cell”

Line 30, Boxes 141 through 146 – Unidentified Payments – Funds on this line are those that cannot be associated with any case.

Line 30, Box 147 – Total of Unidentified Payments. Sum (Boxes 141+142+143+144+145+146). “Summary cell”

Line 31, Boxes 148 through 153– Future Child Support Payments – Funds on this line are those that are collected in excess of the current and arrearage obligation and on behalf of a current assistance case, which are held for future payments.

NOTE: Non-assistance cases futures are to be paid to the family within 2 business days after the date of receipt and are reported in Line 25 while pending disbursement.

Line 31, Box 154 – Total of Future Child Support Payments. Sum (Boxes 148+149+150+151+152+153). “Summary cell”

Line 32, Boxes 155 through 160 – Stale Dated / Uncashed Checks Being Held (CP) – Funds on this line are checks sent to a custodial parent as a distribution of a child support payment that are either not cashed in a timely manner and are considered “stale” and no longer negotiable, or are returned uncashed to the county as undeliverable. Additionally, funds on this line are to be returned to the NCP after 6 months of unsuccessful attempts to disburse the funds to the CP, at which time the funds revert to Line 29, Box 134.

Line 32, Box 161 – Total of Stale Dated / Uncashed Checks Being Held (CP). Sum (Boxes 155+156+157+158+159+160). “Summary cell”

Line 33, Boxes 162 through 167 – Stale Dated / Uncashed Checks Being Held (NCP) – Funds on this line are checks sent to a non custodial parent as a NCP refund that are either not cashed in a timely manner and are considered “stale” and no longer negotiable, or are returned uncashed to the county as undeliverable. If the local child support agency is unable to locate the NCP, the undistributable collections are held in stewardship for 2 years after 6 month locate attempt to allow the payee time to seek payment. At the end of two years, if no payment has not been claimed, the funds revert to the county general fund. Enter the reverted funds on the CS 34, Line 9a, Box 42, Undistributable Collections.

Line 33, Box 168 – Total of Stale Dated / Uncashed Checks Being Held (NCP). Sum (Boxes 162+163+164+165+166+167). “Summary cell”

Line 34, Boxes 169 through 174 – Intercounty Transfers Processed but not yet Certified for Check Issuance – Funds on this line are those intercounty collections that are being processed for check issuance to another California county.

Line 34, Box 175 – Intercounty Transfers Processed but not yet Certified for Check Issuance. Sum (Boxes 169+170+171+172+173+174). “Summary cell”

Line 35, Boxes 176 through 181 - Other – This is for collections that are not appropriate in other categories. **Any entry in this item must be accompanied by an explanation of what types of collections remain undisbursed.**

Line 35, Box 182 – Total of Other. Sum (Boxes 176+177+178+179+180+181). “Summary cell”

Line 36, Boxes 183-188 - Total – This is the sum of the columns for Lines 25 through 35.

Line 36, Box 189 – Total This total must equal the amount reported on CS 34, Section B, Line 9b, Box 43. **Sum (Boxes 183+184+185+186+187+188) = Sum (Boxes 112+119+126+133+140+147+154+161+168+175+182). “Summary cell”**

Line 37, Text box for detailed explanation of entries to Line 35 (Other).

Line 38, Box 190 - Total Revenue Transfer to State. Sum (Box 105 + Box 103 + Box 61 + Box 56). “Summary cell”

Note: Revenue transfers are due to the State by the last calendar day of the month following the report month.

Reporting Guidelines

Certification and Submission Requirements - Counties will use the automated process for preparing this report using the secured county Website at <https://counties.dcss.ca.gov>. For instructions on how to prepare and submit an electronic CS 35 report, click on the respective CS 35 Instructions within the secured county Website. By using the electronic IV-D Director “approval code”, the IV-D Director certifies the CS 35 data is accurate and was compiled using the State’s standard data definitions and processing rules.

The CS 35 must be electronically transmitted through the County Secure Website to the California DCSS no later than the 15th calendar day of the month following the report month. In addition, a copy of the approved report and payment for Federal and State Shares of recoupment are due to the department no later than the last calendar day of the month following the report month.

Please send copies of the approved reports, payments or inquiries to:

**Department of Child Support Services
Accounting and Fiscal Services Section
P.O. Box 419064, MS 20
Rancho Cordova, CA 95741-9064
Telephone: (916) 464-5150**

Revisions: Counties may request to revise previously submitted reports until the last day of the month following the report month. Requests should be directed to the address or phone number listed above.

Substitutes - The CS 35 is a required report and **NO SUBSTITUTES ARE PERMITTED**. However, this report may be automated as long as it is identical to the required report.