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THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Community Services Agency

BOARD AGENDA # *B-21

Urgent

Routine

AGENDA DATE May 19, 2009

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approve an Agreement between the California Department of Social Services (CDSS) and the County of Stanislaus for Reimbursement to California's Interim Assistance Agencies for Interim Assistance payments Pursuant to Section 1631(g) of the Social Security Act - Community Services Agency

STAFF RECOMMENDATIONS:

1. Approve the agreement with the California Department of Social Services (CDSS) for Reimbursement to California's Interim Assistance Agencies for Interim Assistance payments Pursuant to Section 1631(g) of the Social Security Act .
2. Authorize the Chairman of the Board of Supervisors to sign the Interim Assistance Agreement for term of July 1, 2008 through June 30, 2013. This agreement will automatically renew for successive periods of five (5) years thereafter, unless Stanislaus County or the State of California give written notice not to renew at least thirty (30) days before the end of the then current period.

FISCAL IMPACT:

This agreement will provide the General Assistance Basic Program with approximately \$1.6 million in Interim Assistance Reimbursement (IAR) revenue from the Social Security Administration during the initial term of the agreement. These funds will offset the costs of this 100% County funded mandated program that supports services to individuals who are not eligible for other aid programs. Estimated revenues of \$368,814 to be earned through this agreement are included in the Agency's Fiscal Year 2008-2009 Final Budget for CSA-General Assistance. (FISCAL IMPACT continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2009-340

On motion of Supervisor Grover , Seconded by Supervisor Monteith

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Grover, Monteith, and Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

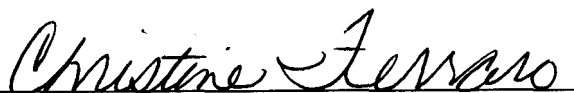
1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approve an Agreement between the California Department of Social Services (CDSS) and the County of Stanislaus for Reimbursement to California's Interim Assistance Agencies for Interim Assistance payments Pursuant to Section 1631(g) of the Social Security Act

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FISCAL IMPACT (Continued):

Estimated revenues of \$317,552 are included in the Agency's Fiscal Year 2009-2010 Proposed Budget submission. The ongoing revenues for the succeeding years will be included in the Agency's CSA-General Assistance future budget requests to the Board. There are no additional costs to the County General Fund associated with this agreement.

DISCUSSION:

The General Assistance (GA) Program is mandated by Welfare and Institutions Code 17000 and provides cash aid payments to indigent adults who are not supported by their own means, other public funds, or assistance programs. Program services are established by the Board of Supervisors and are 100% County funded.

The Interim Assistance Reimbursement (IAR) Program provides a method of reimbursement to counties for payments made to individuals, through the GA program; while they are in the process of applying for or appealing Social Security Income or State Supplementary Payment (SSI/SSP). The initial IAR program agreement has been in place in Stanislaus County since December of 1983.

The State, as the liaison with the federal Social Security Administration (SSA), renewed their existing Memorandum of Understanding (MOU) in August of 2006. At that time, the State signed the Federal agreement on behalf of all 58 counties, allowing their continued participation in the IAR program.

In compliance with the Federal agreement, the State is now replacing the County's original agreement. The new MOU ensures that the CSA is in compliance with the new Federal/State agreement and preserves our continued participation in the IAR program revenue. Annual revenue from IAR has averaged \$348,500 per year over the prior five (5) years.

The agreement between the CDSS and the County begins on July 1, 2008 and will be automatically renewed for successive periods of five (5) years thereafter, unless the County or the State gives written notice not to renew.

The Agency requests the Board of Supervisors to approve the IAR agreement which provides a continuing revenue source to support the General Assistance Program services and reduces the County General Fund need in this mandated program.

Approve an Agreement between the California Department of Social Services (CDSS) and the County of Stanislaus for Reimbursement to California's Interim Assistance Agencies for Interim Assistance payments Pursuant to Section 1631(g) of the Social Security Act

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POLICY ISSUES:

Approval of the agreement supports the Board's priority of *A healthy community* by agreeing to provide interim assistance to customers pending Social Security Income or State Supplementary Payments who would have alternatively been supported by the County funded General Assistance Program.

STAFFING IMPACT:

There is no staffing impact associated with this request.



BOARD OF SUPERVISORS

2009 JUN 22 P 1:01

COMMUNITY SERVICES AGENCY

Christine C. Applegate
Director

251 E. Hackett Road
P.O. Box 42, Modesto, CA 95353-0042

Phone: 209.558.2500 Fax: 209.558.2558

MEMO

TO: BOARD OF SUPERVISORS
SUZI SEIBERT

FROM: COMMUNITY SERVICES AGENCY
RN RADHIKA NARAYAN - F3D

DATE: June 22, 2009

SUBJECT: EXECUTED CONTRACT

ENCLOSED FOR YOUR RECORDS IS A FULLY EXECUTED ORIGINAL OF A MEMORANDUM OF UNDERSTANDING (MOU) WITH STANISLAUS COUNTY COMMUNITY SERVICES AGENCY AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES TO PROVIDE INTERIM ASSISTANCE TO CUSTOMERS PENDING SSI/SSA BENEFITS EFFECTIVE JULY 1, 2008 THROUGH JUNE 30, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS CONTRACT PLEASE CONTACT TERRI FIDALGO, CONTRACTS MANAGER, AT 558-2937.

THANK YOU

ATTACHMENT



ACCREDITED
COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.

STRIVING TO BE THE BEST COUNTY IN AMERICA

**SUPPLEMENTAL SECURITY INCOME FOR THE
AGED, BLIND, AND DISABLED**

**Agreement for Reimbursement to California's Interim Assistance Agencies
for Interim Assistance Payments
Pursuant to Section 1631(g)
of the Social Security Act**

Between

The California Department of Social Services

and

**The County of
Stanislaus**

The California Department of Social Services, hereinafter referred to as "the State" and the County of Stanislaus, on behalf of a County agency, hereinafter referred to as the "IA (Interim Assistance) agency" which is providing interim assistance to individuals for the purpose of ensuring the availability of assistance to meet basic needs of applicants for benefits under the Supplemental Security Income (SSI) program, Title XVI of the Social Security Act, hereby agree to enter into this Agreement to replace Agreement #13169, dated 12/15/1983.

This Agreement is entered into in accordance with the Agreement between the State and the Commissioner of the Social Security Administration, hereinafter referred to as the "Commissioner", to implement the provisions of U.S. Public Law 93-368, and subsequent amendments, and Section 10553 of California Welfare and Institutions Code, for the purpose of assuring the availability of reimbursement by the Commissioner to the IA agency for interim assistance paid.

ARTICLE I

SCOPE

This Agreement covers reimbursement by the Commissioner to the Interim Assistance (IA) agency for assistance furnished by the IA agency to individuals during (a.) the months their Supplemental Security Income (SSI)/State Supplementary Payment (SSP) applications are pending and (b.) during the months their SSI/SSP benefits have been suspended or terminated, if said individuals are subsequently found to be eligible for SSI/SSP payment of benefits for those months. However, an IA agency may be reimbursed only for months in which the Commissioner determines an SSI/SSP benefit is due an individual pursuant to (United States Code) 42 USC 1383 (g) (2) and was paid an interim assistance (IA) dollar amount payment pursuant to 42 USC 1383 (g) (3) (A) and (B).

ARTICLE II

DEFINITIONS

For purposes of this Agreement:

- A. The term "Commissioner" means the Commissioner of the Social Security Administration (SSA) or his/her delegate.
- B. The term "State" means the California Department of Social Services.

For purposes *other* than this agreement, (example: IA authorizations, IA payment documents from SSA, notices from SSA) the term "State" means an entity that the Commissioner deems to be a political subdivision and that such political subdivision is administratively feasible to include for participation in the Interim Assistance Reimbursement (IAR) Program. In California, these political subdivisions are County IA agencies.

- C. The term "interim assistance" (IA) means assistance furnished to an individual or on behalf of an individual, financed totally from the State of California's and/or local funds, for meeting basic needs and furnished (1) during the period beginning with the month following the month in which the individual filed an application for benefits, for which he/she was found eligible to receive benefits, and ending with (and including) the month the individual's benefits began, and (2) during the period beginning with the day the individual's benefits were reinstated after a period of suspense or termination, and ending with (and including) the month the individual's benefits were resumed.

- D.** The term "IA agency" means any county agency providing interim assistance, as defined in "C." above, to an individual or on behalf of an individual, to meet basic needs during the months the individual's application for benefits pursuant to the SSI/SSP program, Title XIV of the Social Security Act, is pending or during the period the individual's SSI benefits have been either suspended or terminated.
- E.** The term "Act" means the Social Security Act.
- F.** The terms "benefits", "SSI benefits", and "SSI/SSP benefits" mean Supplemental Security Income (SSI) benefits under Title XVI of the Act and any State Supplementary Payment (SSP) benefits under Section 1616 thereof, or mandatory minimum supplementary payments under section 212 of Public Law 93-66, which the Commissioner makes on behalf of the IA agency.
- G.** The terms "initial payment" and "initial posteligibility payment" mean the first payment with respect to the IA period discussed in C. above, but does not include any emergency advance payments authorized under section 1631(a)(4)(A) of the Act, any presumptive disability/blindness payment authorized under section 1631(a)(4)(B), or any immediate payments authorized under section 1631(a)(1).
- H.** The phrase "amount equal to the amount of initial payment or initial posteligibility payment available to the IA agency as IA reimbursement" means that portion of the initial (or initial posteligibility) payment that the IA agency can claim as reimbursement. In certain situations, the Commissioner is required by the Act to control the release of an individual's retroactive payment. In these situations, if SSA were to release the initial payment or initial posteligibility payment to the IA agency and the IA agency released a residual amount to the individual, the individual might be paid in a manner contrary to the Act. To prevent this, when SSA identifies such a situation, SSA will ask the IA agency to determine the amount it is entitled to be reimbursed, and SSA will then release that amount to the IA agency.
- I.** The term "Supplemental Security Income (SSI) Program" means the Federal assistance program authorized under title XVI of the Social Security Act.
- J.** The term "State Supplementary Payment (SSP) Program" means California's assistance program which is authorized under Title XVI of the Social Security Act and Welfare and Institutions Code Sections 12000 through 12205 and 13910 through 13922.
- K.** The term "authorization" means the form used by the IA agency to obtain an SSI/SSP applicant's written permission for the Commissioner to withhold the individual's initial payment or initial posteligibility payment and to send such payment to the IA agency. This form must be approved by the State and the Commissioner and must, at a minimum, provide language which advises the individual that:

1. For initial SSI/SSP claims, the period for the life of the authorization is twelve (12) months if the individual does not apply for SSI/SSP within the 12 month period. The 12 month period begins with the date SSA receives the signed authorization (in the case of a manual IA agency) or the date that the IA agency notifies SSA by an automated system that it has received a signed authorization (in the case of an automated IA agency) and ends twelve months later. In addition, if the IA agency does not notify the Commissioner within thirty (30) calendar days of the date the individual signed the authorization, the authorization is not binding on the applicant or the IA agency.

However, if the individual applies for SSI/SSP before the end of the 12 month life of the authorization period or has already applied for SSI/SSP before the period for the life of the authorization begins, the period for the life of the authorization will be extended beyond the 12 month period, until such time as:

- The Commissioner makes the first payment of retroactive SSI/SSP benefits on the individual's claim; or
- The Commissioner makes a final determination on the claim and no timely request for review is filed; or
- The IA agency and the individual agree to terminate the authorization.

If one of the events listed above occurs before the expiration of the 12 month period, the authorization will cease to be in force as of the date of the occurrence of such an event.

2. For initial posteligibility cases, the period for the life of the authorization is twelve (12) months. The 12 month period begins with the date SSA receives the signed authorization (in the case of a manual IA agency) or the date that the IA agency notifies SSA by an automated system that it has received a signed authorization (in the case of an automated IA agency) and ends twelve months later. In addition, if the IA agency does not notify the Commissioner within thirty (30) calendar days of the date the individual signed the authorization, the authorization is not binding on the applicant or the IA agency. The life of the authorization will remain in effect for that 12 month period, or until the end of the maximum period permitted under regulations at Subpart N of 20 CFR 416 (Code of Federal Regulations) within which to request administrative or judicial review of the Commissioner's determination to suspend or terminate the individual's SSI/SSP benefits, whichever period of time is longer, unless the individual files a request within the time for such review, or one of the following events occurs earlier, in which case the authorization will cease to have effect as of the date of such event:

- The Commissioner makes the first posteligibility payment of retroactive SSI/SSP benefits following the suspension or termination of the individual's benefits; or
- The Commissioner makes a final determination on the claim and no timely request for review is filed; or
- The IA agency and the individual agree to terminate the authorization.

If one of the events listed above occurs before the expiration of the 12 month period, the authorization will cease to be in force as of the date of the occurrence of such event.

3. After deducting from the individual's initial payment or initial posteligibility payment received from the Commissioner an amount sufficient to reimburse the IA agency for IA paid the individual or after receiving from the Commissioner an amount sufficient to reimburse the IA agency for IA paid the individual, the IA agency shall promptly provide to the individual a written notice (copies attached hereto at Appendices B or C) explaining the amount of the initial payment or initial posteligibility payment it received from the Commissioner and the excess amount (if any) due the individual and shall pay the excess amount (if any) to such individual within **ten (10) working days** of the date of the receipt of said payment from the Commissioner.
 4. Such individual shall have the right to a State Hearing from the State respecting any matter for which the individual believes he or she has been aggrieved by action taken by the IA agency under section 1631(g) of the Act.
- L. The term "protective filing" means a written Statement by an individual indicating his/her intent to claim SSI/SSP benefits received at an SSA office or another Federal office designated by the Commissioner to receive applications on behalf of the Commissioner, or by a person so authorized. For purposes of this Agreement, the term "protective filing" is limited to and means the written authorization defined in Article II, Paragraph K.

ARTICLE III

FUNCTIONS TO BE PERFORMED BY THE COMMISSIONER

In accordance with the Memorandum of Understanding between SSA and the State (MOU#06-6002, effective August 10, 2006), the Commissioner shall:

- A. Send to the IA agency or the IA agency's designated financial institution (when feasible for both parties) the initial payment or initial posteligibility payment (or "an amount equal to the amount of initial payment or initial posteligibility payment

available to the IA agency as IA reimbursement" as defined in Article II), in situations where the Commissioner is required to control the release of the individual's retroactive payment) for any such individual for whom a signed copy of an authorization, as defined in Article II, Paragraph K., has been received by the Commissioner, or by a Federal office designated by the Commissioner to receive applications, prior to the date of payment.

- B. Provide information to the State or the IA agency in order to assist the IA agency in complying with the terms of MOU# 06-6002.
- C. Perform such other functions as may be required by the terms of MOU# 06-6002.

ARTICLE IV

FUNCTIONS TO BE PERFORMED BY THE STATE

The State shall:

- A. Designate a staff member to have primary responsibility for the liaison and coordination of activities to carry out this Agreement.
- B. Maintain responsibility for conducting any negotiations with SSA pursuant to this Agreement.
- C. Provide the IA agency, in a timely manner, with access to all current IA regulations and to any subsequently amended regulations.
- D. Provide the IA agency with those administrative and supervisory actions necessary to insure that the IA agency carries out the provisions of this Agreement.
- E. Provide the individual with the opportunity for a State Hearing regarding the amount deducted from the retroactive payment or the payment of any excess within the 10 day period.
- F. When requested by an automated IA agency, provide the IA agency with an extract of pending SSI/SSP records for each month, or,
- G. For automated IA agencies, maintain an automated data processing method whereby the information required by Article V, Paragraph A. will be forwarded to the Commissioner within thirty (30) working days of an IA agency's match or the State's match on behalf of the IA agency of an individual's interim assistance record with the pending SSI/SSP record.

ARTICLE V

FUNCTIONS TO BE PERFORMED BY THE IA AGENCY

- A.** The IA agency shall obtain a written, signed, and dated authorization for the reimbursement of IA (see Appendix A and Article II, Paragraph K.), for each individual who has received or will receive IA, and whose initial payment or initial posteligibility payment or "amount equal to the amount of the initial payment [and/or initial posteligibility payment] available to the IA agency as IA reimbursement" is to be sent to the IA agency or the IA agency's designated financial institution pursuant to Article III, Paragraph A.
1. Manual IA agencies will furnish a hard copy of the authorization to the Commissioner.
 2. Automated IA agencies will notify the Commissioner of the receipt and date of receipt of the authorization via the IA agency's approved electronic data transfer process.
- B.** The IA agency may receive on the Commissioner's behalf, the authorization as intent by the individual to claim SSI/SSP benefits (a protective filing).
- C.** Manual IA agencies will forward the authorizations to the Commissioner within **thirty (30) calendar days** of obtaining the authorizations and shall retain copies of such authorizations in accordance with the provisions of Article IX.
- D.** Automated IA agencies will forward to the State via an automated data processing method acceptable both to the Commissioner and the State information: (1) that the IA agency has received such authorization and (2) the date that the IA agency and the claimant signed the authorization. (For automated IA agencies that receive an extract pursuant to Article IV, Paragraph F, transmit the IAR information within five (5) days of receiving the extract. These IA agencies shall retain copies of such authorizations in accordance with the provisions of Article IX.
- E.** For situations in which the Commissioner is not required by law to restrict the manner in which the residual amount of retroactive SSI/SSP payments may be paid to the individual, the IA agency shall:
1. Deduct from the initial payment or initial posteligibility payment received from the Commissioner, with respect to an individual, an amount sufficient as reimbursement for IA furnished on behalf of such individual in months during which the individual was found eligible for SSI/SSP, from the first month in which such individual was found eligible for SSI/SSP benefits, and ending with and including the month payment of such individual's SSI/SSP benefits

began and/or from the day of the month such individual's payment of SSI/SSP benefits were subsequently reinstated after a period of suspense or termination, and ending with and including the month such individual's SSI/SSP benefits were resumed.

2. Pay any residual amount of the initial payment or initial posteligibility payment received from the Commissioner to the individual within **ten (10) working days** from the date the IA agency receives the initial payment or initial posteligibility payment.
- F. For situations in which the Commissioner is required by law to restrict the manner in which the residual amount of retroactive SSI/SSP payments may be paid to the individual, the IA agency shall:
1. Inform the Commissioner, according to Article VI, Paragraph B, of the amount of reimbursement claimed for IA the IA agency furnished on behalf of such individual in months during which the individual was found eligible for SSI/SSP, from the first month in which such individual was found eligible for SSI/SSP benefits, and ending with and including the month payment of such individual's SSI/SSP benefits began, and/or from the day of the month such individual's payment of SSI/SSP benefits were subsequently reinstated after a period of suspense or termination, and ending with and including the month such individual's SSI/SSP benefits were resumed.
- G. Provide to the individual within **ten (10) working days** from the date the IA agency receives the initial payment or the initial posteligibility payment, a written notice (Appendixes B or C) explaining:
- a. The amount of the initial payment or initial posteligibility payment received from the Commissioner for IA;
 - b. The excess amount (if any) due the individual; and
 - c. The opportunity for a State Hearing with respect to any action taken by the IA agency pursuant to the implementation of this Agreement by which the individual believes he or she has been aggrieved.

If an individual dies after executing an authorization, but before receiving the written notice and payment of the excess amount required by E.1., above, the IA agency shall, within the prescribed time limit, provide such explanation and pay such balance to the Commissioner rather than to anyone else on behalf of the individual.

- H. The IA agency shall submit a report on Form SSA-L8125/SSA-8125 or other SSA approved accounting form to a designated SSA office for each initial payment and initial posteligibility payment received from the Commissioner **within thirty (30) calendar days** from the date the IA agency received such payment.

For situations in which the Commissioner is required by law to restrict the manner in which the residual amount of retroactive SSI/SSP payments may be paid to the individual, the IA agency shall complete and return the SSA accounting form to a designated SSA office within **10 working days** from the date the IA agency received the accounting form. If an IA agency does not forward the accounting form to SSA within **10 working days** of the date it was forwarded or transmitted to the IA agency, SSA will forward the IA agency a follow-up request for the completion and return of that form. If an IA agency fails to return the form to the designated SSA office within **15 working days** of the follow-up request, SSA will release the retroactive amount to the individual through its applicable processing procedures to protect the individual from hardship that may arise from the IA agency's failure to comply with SSA's IAR processing requirements. In these situations, the IA agency may choose to ask the individual for any IAR the IA agency may be due. However, the Commissioner will not be a party to or be responsible for participating in the IA agency's efforts to recover any IAR due the IA agency under these circumstances.

- I. The IA agency shall comply with such other rules as the Commissioner finds necessary to carry out the purposes of the SSI/SSP program and to achieve efficient and effective administration of IAR procedures.
- J. The IA agency shall perform such other functions as may be required by the terms of this Agreement.
- K. The IA agency shall designate a staff member to have primary responsibility for the liaison and coordination of activities to carry out this Agreement.
- L. The IA agency shall agree to hold harmless the State, its officers, agents, and employees from any direct losses incurred by the IA agency occurring or resulting from the State's failure to take appropriate action.
- M. The IA agency shall abide by the State regulations set forth in Chapter 46-300, Section 46-337, of the Eligibility and Assistance Standards of the State's Manual of Policies and Procedures, pursuant to the IAR Program. If said regulations are amended and the IA agency continues its participation in the IAR Program, after receipt of such amended regulations, such continuation shall be considered unqualified acceptance of the amended regulations and agreement to abide by such regulations.
- N. The IA agency shall agree to accept responsibility for receiving federal and state audit agencies directly related to provisions of this Agreement.
- O. The IA agency shall maintain responsibility for drafting and implementing procedures to operate the IAR Program at the IA agency level.

ARTICLE VI

ACCOUNTING REPORTS

- A.** For situations in which the Commissioner is not required by law to restrict the manner in which the residual amount of retroactive SSI/SSP payments may be paid to the individual:
1. The IA agency shall submit a report on Form SSA-L8125/SSA-8125 or other SSA approved accounting form for each initial payment and initial posteligibility payment received from the Commissioner **within thirty (30) calendar days** from the date the IA agency received such payment.
 2. The report shall account to the Commissioner (on an individual case basis) for the total IA paid, the total amount of the initial payment or initial posteligibility payment received by the IA agency (for such individual), the amount retained by the IA agency as reimbursement, the amount (if any) due the individual, and the date said amount (if any) was sent to the individual.
- B.** For situations in which the Commissioner is required by law to restrict the manner in which the residual amount of retroactive SSI/SSP payments may be paid to the individual:
1. The IA agency shall submit a claim on Form SSA-L8125/SSA-L8125-F6 or other SSA approved accounting form for each report of a pending initial payment and initial posteligibility payment received from the Commissioner within **ten (10) working days** from the date the IA agency receives such report.
 2. The report shall account to the Commissioner (on an individual case basis) for the total IA paid to the individual and the amount of reimbursement claimed by the IA agency for IA furnished on behalf of such individual in months for which the individual was found eligible to receive SSI/SSP or SSI/SSP benefits were subsequently reinstated after a period of suspense or termination.
- C.** The aggregate of all reports referred to in Paragraphs A. and B. above received by the Commissioner in each fiscal year shall constitute the IA agency's report for such fiscal year.
- D.** The IA agency shall submit a written report each month to the State (Appendix D) by the twentieth (20) day of the month accounting for the preceding month's assistance paid, the amount of retroactive payments received, and the apportionment thereof.

ARTICLE VII

RESOLUTION OF DISPUTES

- A.** If SSA and the IA agency are unable to agree on any item in dispute arising under this Agreement, the IA agency may request the Commissioner to make a determination. Within 90 days from the receipt of such request, the Commissioner, or his/her designee, shall make a determination in writing with a full explanation thereof, or provide written notification of the reason such determination cannot be made, what further information or action by the parties may be required, and within what time period a determination is expected to be made. This determination shall be final and conclusive. Pending the decision of the Commissioner, the IA agency and the Commissioner shall proceed diligently with performance of this Agreement.
- B.** Nothing in this Agreement shall be construed to waive the IA agency's right to seek judicial review by a court of competent jurisdiction of both findings of fact and conclusion of law contained in the Commissioner's decision or to enforce its rights under this Agreement by any available remedy. Nothing in this Agreement shall be construed as waiving the Commissioner's rights to assert lack of jurisdiction with respect to any suit brought under this Agreement or to enforce the Commissioner's rights under this Agreement by available remedies.

ARTICLE VIII

ADMINISTRATIVE COSTS

- A.** Neither the IA agency, the State, nor the Commissioner, in performing their functions and duties under this Agreement or under MOU#06-6002, shall pay to the other, any costs of administration incurred by the other.
- B.** The IA agency shall agree that there are no State-mandated local costs in this Agreement that require reimbursement under Sections 17500 et. seq. of the California Government Code since participation by the IA agency is voluntary.
- C.** The IA agency shall agree to reimburse the State for any and all costs incurred by the State as a result of Federal audit exceptions or claims made pertaining to the IA agency arising from the IAR Program. The responsibility set forth in this clause shall remain in effect even if the IAR Program is cancelled by State or Federal action.

ARTICLE IX

EXAMINATION AND RETENTION OF RECORDS

- A.** The IA agency agrees that the State, the Commissioner, and the Comptroller General of the United States (including their duly authorized representatives) have access to and the right to examine any pertinent books, documents, papers, and records of the IA agency for purposes of verifying transactions with respect to matters covered by this Agreement.
- B.** The IA agency shall retain each authorization it receives (or a copy thereof) for a total of three (3) years from the date said authorization is signed and for such longer period as is required for completion or resolution of the audits, litigation, or other actions involving such records of which the IA agency has actual notice and which are commenced before the end of the three (3) year period.
- C.** The IA agency shall retain a copy of each Form SSA-L8125, SSA-8125, SSA-8125-F6, or other SSA approved accounting form it completes for three (3) years from the end of the Federal fiscal year for which the form pertains and for such longer period as is required for completion or resolution of the audits, litigation, or other actions involving such records of which the IA agency has actual notice and which are commenced before the end of the three (3) year period.
- D.** The IA agency shall retain a copy of each written notice furnished to an individual as set forth in Article V, Paragraph G. for three (3) years from the end of the Federal fiscal year for which the notice pertains and for such longer period as is required for completion or resolution of the audits, litigation, or other actions involving such records of which the IA agency has actual notice and which are commenced before the end of the three (3) year period.

ARTICLE X

CONFIDENTIAL NATURE AND LIMITATION ON USE OF INFORMATION AND RECORDS

- A.** The purpose of this Article is to set forth the procedures for safeguarding the confidentiality of IAR data exchanged between the Commissioner, State, and the IA agency, and imposing limitations on the use of that data. IAR data includes the authorization form as defined in Article II, Paragraph J.; the data that the IA agency transmits or sends to the Commissioner pursuant to Article V, Paragraphs C. and D.; the notice provided to individuals pursuant to Article V, Paragraph G.; the Forms SSA-L8125, SSA-8125, SSA-8125-F6, or other SSA approved accounting form completed by the IA agency pursuant to Article VI, the extract of pending SSI/SSP records transmitted from the State to the IA agency,

as described in Article IV, Paragraph F, and any other information provided to the State or IA agency by the Commissioner pursuant to Article III, Paragraph B.

- B.** In accordance with MOU# 06-6002, the Commissioner will adopt policies and procedures to ensure that it will use the IAR data obtained from the IA agency under this Agreement only for purposes of carrying out this Agreement and will disclose such data only as permitted by Federal law (e.g., 42 U.S.C. subsection 1306(a), 5 U.S.C. subsections 552 and 552a, and implementing regulations 20 CFR Part 401).
- C.** The IA agency will adopt policies and procedures to ensure that it will use the IAR data obtained from either the State or the Commissioner under this Agreement only for purposes of carrying out this Agreement and will disclose such data for other purposes only with the prior approval of the State and the Commissioner.
- D.** The State will adopt policies and procedures to ensure that it will use the IAR data obtained from the IA agency under this Agreement only for purposes of carrying out this Agreement and will disclose such data for other purposes only with the prior approval of the IA agency.
- E.** The following minimum safeguards will be afforded by the Commissioner (in accordance with MOU# 06-6002), the State, and the IA agency to IAR data exchanged under this Agreement:

 - 1. Access to the data will be restricted to only those authorized employees and officials who need it to perform their official duties in connection with the intended use of the data;
 - 2. The data will be stored in an area that is physically safe from access by unauthorized persons during duty hours as well as nonduty hours or when not in use;
 - 3. The data will be processed under the immediate supervision and control of authorized personnel in a manner which will protect the confidentiality of the data, and in such a way that unauthorized persons cannot retrieve the data by means of computer, remote terminal or other means; and
 - 4. All personnel who will have access to the data will be advised of the confidential nature of the information, the safeguards required to protect the information and the sanctions for noncompliance with those safeguards contained in the applicable Federal and State statutes.
- F.** The State and the Commissioner reserves the right to make onsite inspections or to make other provisions to ensure that adequate safeguards are being maintained.

ARTICLE XI

TERMS OF AGREEMENT

This Agreement shall begin on July 1, 2008 and will be automatically renewed for successive periods of five (5) years thereafter (commencing on July 1st of each such year), unless the IA agency or the State gives written notice not to renew at least thirty (30) days before the end of the then current period.

ARTICLE XII

TERMINATION AND MODIFICATION OF AGREEMENT

- A.** The IA agency or the State may terminate this Agreement at any time upon thirty (30) days written notice to the other party.
- B.** This Agreement may be modified in writing at any time by mutual consent of the parties hereto.
- C.** If this Agreement is terminated in any manner (including nonrenewal), the accounting requirements described in Article VI shall continue to apply for all initial payments and initial posteligibility payments received by the IA agency from the Commissioner prior to such termination.
- D.** If this Agreement is terminated by any party, the State and the IA agency agree that all cases for which the IA agency has obtained an authorization as required by Article V, Paragraph A., shall be processed in accordance with the provisions of this Agreement.
- E.** Neither this Agreement nor any subsequent amendments are in effect or enforceable until approved and signed by the County Board of Supervisors and the State.

APPENDICES

Appendix A - State IAR Authorization Form (Form SSP 14, Authorization for Reimbursement of Interim Assistance)

Appendix B – State Hearing form for non-payment pending IAR cases (Form SSP 17, Notice of Action and Right to Request a State Hearing on Interim Assistance)

Appendix C – State Hearing form for payment-pending IAR cases (Form SSP 18, Notice of Action and Right to Request a State Hearing on Interim Assistance for Payment Pending Cases)

Appendix D – IAR Statistical Report for County Welfare Agencies (Form GR 237, General Relief and Interim Assistance to Applicants for SSI/SSP Monthly Caseload and Expenditure Report)

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL PAYMENT OR INITIAL POSTELIGIBILITY PAYMENT Appendix A Pg. 1 of 2

NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY
	ZIP CODE

For the purposes of this authorization form:

The term "State" means the _____, which is the California county Interim Assistance (IA) agency that the California Department of Social Services has an Interim assistance reimbursement agreement with and that paid you public assistance.

The term "SSI/SSP benefits" means Supplemental Security Income benefits under Title XVI of the Social Security Act and State Supplementary Payment benefits, also under Title XVI of the Social Security Act.

What am I authorizing by signing this authorization form if I checked the block called Initial Payment Only?

Initial Payment Only

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of the Social Security Administration (SSA) to send to the State:

- The first retroactive payment of SSI/SSP benefits on my initial claim, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

What am I authorizing by signing this authorization form if I checked the block called Initial Posteligibility Payment Only?

Initial Posteligibility Payment Only

If I am found eligible to receive SSI/SSP benefits, I understand that I am authorizing the Commissioner of SSA to send to the State:

- The first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits, or
- An amount equal to the amount of reimbursable public assistance the State and any other California IA agency paid me when law restricts the manner in which my SSI/SSP money can be released to me.

How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Payment Only?

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the first month for which I am eligible to receive an SSI/SSP payment

and ending with, and including:

- the month my SSI/SSP payments begin, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance was financed wholly or partly from Federal dollars.

How will the State be paid for the reimbursable public assistance it gave me if I checked the block called Initial Posteligibility Payment Only?

If I am found eligible to receive SSI/SSP money, SSA will send the State my first retroactive posteligibility SSI/SSP payment or an amount equal to the amount of reimbursable public assistance the State paid me when law restricts the manner in which my SSI/SSP money can be released to me. The State may:

- Deduct from my first retroactive posteligibility SSI/SSP payment an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law does not restrict the manner in which my SSI/SSP money can be released to me, or
- Have SSA send the State an amount equal to the amount of reimbursable public assistance the State paid to me, or on my behalf, when law restricts the manner in which my SSI/SSP money can be released to me,

for months beginning with:

- the day of the month I again become eligible to receive an SSI/SSP payment following a period of suspension or termination,

and ending with, and including:

- the month my SSI/SSP payments resume, or
- the following month if the State cannot promptly stop making its last public assistance payment to me.

The State cannot be reimbursed for public assistance it paid me if that public assistance is financed wholly or partly from Federal dollars.

Can the State use this authorization for an Initial Payment of SSI/SSP benefits and an Initial Posteligibility Payment of SSI/SSP benefits?

No. I am authorizing the State to use this form for **only one payment event**. If both payment blocks are checked, this form is not binding on me or the State. If both blocks are checked, the State and I must sign a new form with only one of the payment blocks checked.

Does this authorization serve as a protective filing for SSI/SSP benefits?

Yes. If I checked the Initial Payment Block, signing this form serves as a signed statement of my intention to claim SSI/SSP benefits if I have not filed an SSI/SSP application as of the date this authorization is received by the State. My eligibility for SSI/SSP benefits may begin as early as the date the State receives this signed form if I file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date. This form also serves as a notice from SSA that I have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. However, if I do not file an application for SSI/SSP benefits at a social security office within sixty (60) days after that date, then I understand that I cancel my intention to claim SSI/SSP benefits and this authorization no longer protects my filing date for SSI/SSP benefits.

How long is this authorization binding on me and the State if I checked the Initial Payment Block?

If I checked the Initial Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA received the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I applied for SSI/SSP before the State received this authorization or I apply for SSI/SSP within 12 months of the date described above or I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period until such time as:

- SSA makes the first retroactive payment of SSI/SSP benefits on my initial claim; or
- SSA makes a final determination on my claim; or
- The State and I both agree to terminate this authorization.

How long is this authorization binding on me and the State if I checked the Initial Posteligibility Payment Block?

If I checked the Initial Posteligibility Payment Block, this authorization is binding on me and the State for 12 months beginning with the date SSA receives the signed authorization provided that SSA receives the authorization within thirty (30) calendar days of the date I sign it. If the interim assistance agency does not notify SSA within thirty (30) calendar days of the date that I sign this authorization, the authorization is not binding on me or the State. However, if it notifies SSA about this authorization electronically, the thirty (30) calendar days do not begin until the day of the month that SSA requires the State to transmit the electronic notification that it has obtained a signed authorization. Also, this form must be signed and dated by both a State representative and me to be a valid agreement that authorizes the State to receive interim assistance reimbursement from my SSI/SSP payments. Furthermore, if I file a timely request for an administrative or judicial review within the time permitted under SSA's regulations, this authorization will remain in effect, even if beyond the 12 month period, until such time as:

- SSA makes the first retroactive posteligibility payment of SSI/SSP benefits following a suspension or termination of my SSI/SSP benefits; or
- SSA makes a final determination on my appeal; or
- The State and I both agree to terminate this authorization.

What rights and appeals are available to me under this authorization?

The State is required to:

1. Pay me any balance due from the retroactive SSI/SSP payment within 10 working days of their receipt of my SSI/SSP payment.
2. Give me a written notice explaining:
 - How much SSA repaid the State for interim assistance it paid me;
 - The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. (In such an event, SSA will notify me of the manner in which the balance will be paid to me.); and
 - That I will have an opportunity for a hearing with the California Department of Social Services if I disagree with its actions regarding repayment of interim assistance or any action the IA agency took regarding this authorization.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF STATE REPRESENTATIVE	DATE GR CODE

If the applicant signs this form with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below:

WITNESSED BY:			WITNESSED BY:		
ADDRESS (#, STREET):			ADDRESS (#, STREET):		
CITY	STATE	ZIP	CITY	STATE	ZIP

**NOTICE OF ACTION AND
RIGHT TO REQUEST A STATE HEARING
ON INTERIM ASSISTANCE**

	State No.: County No.: Worker No.: District: Date: Case Name: Interpreter Needed: _____
	Language _____ District _____

This office received on _____ a Supplemental Security Income/State Supplementary Program (SSI/SSP) payment for you in the amount of \$ _____, for the period _____ through _____. As per your agreement, we are sending you the balance of \$ _____ after deducting the amount of \$ _____, to repay the amount of assistance you received from Interim Assistance for that same period while Social Security Administration (SSA) completed the work on your eligibility determination for SSI/SSP benefits.

SSI/SSP PAYMENT

If you disagree with the amount of the SSI/SSP payment of \$ _____, contact your local Social Security Office. The amount of the total SSI/SSP payment is subject to the SSA appeal process. A request for reconsideration must be filed within 60 days after the date the notice of the initial determination is received.

INTERIM ASSISTANCE PAYMENT

If you disagree with the amount of Interim Assistance withheld from your SSI/SSP payment or you contend that we did not send you the balance, if any, as shown above within the 10 working days, please contact the State Department of Social Services. This action is subject to the state fair hearing provision described on the reverse side of this form.

COMMENTS:

The law and/or regulations governing this action are:

Department of Social Services Eligibility and Assistance Standards Manual Section 46-337

If you have any questions please contact me.

County/State Representative	Agency
Telephone	Date:

**NOTICE OF ACTION AND
RIGHT TO REQUEST A STATE HEARING
ON INTERIM ASSISTANCE FOR PAYMENT PENDING CASES**

	State No.: County No.: Worker No.: District: Date: Case Name: Interpreter Needed: _____
	Language _____ Dialect _____

This office was notified of your initial SSI/SSP payment in the amount of \$ _____, for the period _____ through _____. As per your agreement, we billed the Social Security Administration (SSA) in the amount of \$ _____ to repay the Interim Assistance you received for that same period while SSA completed your application for Supplemental Security Income payments. This leaves a balance owed you of \$ _____ for this period. SSA will notify you of the manner in which the balance will be paid to you.

SSI/SSP PAYMENT

If you disagree with the amount of the initial SSI/SSP payment of \$ _____, contact your local Social Security Office. The amount of the initial SSI/SSP payment is subject to the SSA appeal process. Request for reconsideration must be filed within 60 days after the date the notice of the initial determination is received by you.

INTERIM ASSISTANCE PAYMENT

If you disagree with the amount billed to the SSA, please contact the California Department of Social Services. This action is subject to the state hearing provision described on the reverse side of this form.

COMMENTS:

The law and/or regulations governing this action are:

- Department of Social Services Eligibility Assistance Standards Manual Section (EAS) 46-337
- 42 U.S. Code, Section 1383(g)
- 20 CFR 416.1910

If you have any questions please contact me.

COUNTY/STATE REPRESENTATIVE	AGENCY
TELEPHONE	DATE:

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
 If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office of welfare rights group.

Other Information

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the State Hearing Officer. You have a right to examine the materials that make up the file. Any information you provide may be shared with the departments whose action you are appealing and the U.S. Department of Health and Human Services. Authority: W&IC 10950.

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to :

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by _____ about the interim assistance said department deducted from my SSI/SSP payment.

Here's why: _____

**GENERAL RELIEF AND INTERIM ASSISTANCE
TO APPLICANTS FOR SSI/SSP
MONTHLY CASELOAD AND EXPENDITURE**

DOWNLOAD REPORT FORM AND INSTRUCTIONS AT:
<http://www.cdc.ca.gov/assd>
 MAIL COMPLETED REPORT FORM TO:
 admgr237@dss.ca.gov
 IF UNABLE TO E-MAIL REPORT FORM, FAX OR MAIL TO:

Version	Revised	COUNTY	Select County Name	REPORT FOR MONTH	Year
PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)					CASES
Adjustment.....					
1.	Cases brought forward from last month (Item 5 last month or explain).....				
2.	Cases added during month.....				
3.	Total cases available during the month (Item 1 plus Item 2).....				
4.	Cases discontinued during month.....				
5.	Cases carried forward to next month (Item 3 minus Item 4 above).....				
PART B. CASELOAD AND EXPENDITURES				CASES A	PERSONS B
6.	Total General Relief ((1)+(2); also (a)+(b) below).....				
	(1) Amount in cash.....				14
	(2) Amount in kind.....				15
	(a) Family Case.....	9	11		16
	(b) One-person Cases.....	7			17
PART C. SSI/SSP INTERIM ASSISTANCE					
7.	Cases added during month.....	18			
8.	Total SSA checks disposed of during month.....	19			
	a. Disposed of 1-10 working days of receipt from SSA.....	20			
9.	SSA sent SSI/SSP check directly to recipient.....	21			
10.	Denial notice received.....	22			
11.	Reimbursements during the month (a + b below).....				
	a. SSA check received.....	24			23
	b. Repaid by recipient.....	25			24
PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)					
12.					
13.					
PART E. NET GENERAL RELIEF EXPENDITURES					
14.	Net General Relief expenditures (Item 6 minus Item 11 above).....				
COMMENTS (type in gray area):					
CONTACT PERSON (Print)		TELEPHONE		EXTENSION	FAX
TITLE/CLASSIFICATION		E-MAIL		DATE COMPLETED	

**GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS
FOR SSI/SSP MONTHLY CASELOAD AND EXPENDITURE
STATISTICAL REPORT
GR 237 (6/82)**

INSTRUCTIONS

CONTENT

The monthly GR 237 report contains statistical information on caseload movement and expenditure data for the General Relief (GR) program, and caseload data for the Interim Assistance (IA) program under which applicants for Supplemental Security Income/State Supplementary Payments (SSI/SSP) may be aided by counties, with cash or vendor payments, while their applications for SSI/SSP are pending.

Copies of the report form and instructions can be viewed or printed from the California Department of Social Services (CDSS), Research and Data Reports (RADR), website at <http://www.cdss.ca.gov/research/>. The report's released monthly statewide and county-specific data is also available on the website.

PURPOSE

The purpose of this report is to provide GR program data comparable to that obtained for the California Work Opportunity and Responsibility to Kids (CalWORKs) program. GR data is included in the CDSS monthly publication, "Public Assistance Facts and Figures." IA data is used by the CDSS Adult Programs Branch to monitor caseload trends. The report also provides county and state entities with information needed to monitor caseload developments and trends in the IA Program.

COMPLETION AND SUBMISSION

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.

Reports are to be received on or before the 20th working day of the month following the end of the report month. This report may be submitted via email or in hard copy:

Email submission. Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/> to your PC desktop, complete the downloaded report form, and email to the CDSS, Data Systems and Survey Design Bureau (DSSDB). This email submission process contains automatic computation of some cells and easy email transmission of completed report forms to DSSDB; the website contains specific instructions and guidance.

Hard copy submission: If email submission is not possible, complete a paper copy of the report form and fax or mail to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
admqr237@dss.ca.gov
FAX: (916) 657-2074

If you have questions regarding this report, contact DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the name of the county, and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". Do not leave any item blank.

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number, and email address 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

General Relief: GR is a county funded and administered program that provides assistance to needy persons. The aid granted by the county contains no state or federal funds. The GR program is referred to as General Assistance in some counties.

Consider a GR case as receiving aid if one or more of the following occurred during the month:

- Cash, or a county warrant, was authorized and issued to the recipient or family.
- A vendor order was authorized and issued, regardless of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or another commodity available through the GR Program was issued to the recipient or family from a county-operated commissary or store.

Interim Assistance: IA is assistance a county gives to SSI/SSP applicants in cash or vendor payments for meeting basic needs while they are awaiting the outcome of the SSI/SSP eligibility determination process. County expenditures for IA for SSI/SSP applicants are reimbursed by the Social Security Administration if the individual's application for SSI/SSP is approved.

EXCLUSIONS FROM STATISTICAL REPORTING

Information regarding the following should not be reported on this form:

- Social Services Only cases in which financial need is a problem not paid for from GR funds.
- CalWORKS cases that receive supplemental aid from county funds. These expenditures are to be reported on the CalWORKs Cash Grant Caseload Movement and Expenditures Report (CA 237 CalWORKs) or the Aid to Families with Dependent Children (AFDC) Foster Care (FC) Caseload Movement and Expenditures Report (CA 237 FC), as appropriate.
- Administrative costs.