

George E. Pataki Governor

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243-0001

Robert Doar Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	05-LCM-08 Revised					
To:	Local District Commissioners					
Issuing	Temporary and Disability Assistance/Office of Budget, Finance, and Data					
Division/Office:	Management					
Date:	Revision Date: July 7, 2005/Original Release: June 20, 2005					
Subject:	Claiming Child Support Collections Refunded to Velazquez Case Members					
Contact	Regions 1-4					
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Attachments:	Yes					
Attachment Ava	Attachment Available On – Line: Yes					

Section 2

I. Purpose

This Local Commissioner's Memorandum contains local district claiming instructions to obtain 100% reimbursement for child support collections identified and paid in compliance with the Velazquez v. Bane court decision.

II. Background

The Office of Child Support Enforcement issued OTDA 05-ADM-4 to describe procedures the local districts must follow as a result of the Velazquez v. Bane court decision. The local districts must satisfy Velazquez decision requirements by refunding to class members all payments made pursuant to an order subject to the injunction. A class member is a person ordered to pay the minimum support of

\$25.00 per month pursuant to a court order issued during the period September 16, 1989 through January 1, 1994 where:

The person was in receipt of Public Assistance (PA) or Supplemental Security Income or had income below the poverty level at the time the order was issued; and

The order was entered as a minimum order without regard for the person's ability to pay.

The State Office of Temporary and Disability Assistance (OTDA) will reimburse local districts for the amounts paid in compliance with the Velazquez v. Bane court decision.

The Support Collection Unit (SCU) must identify the Velazquez amounts appearing on the CSMS rolls that are transferred from the affected Child Support Management System (CSMS) ledger accounts to the Velazquez Public Assistance and Non Public Assistance (NPA) refund accounts or to the petitioner's arrears accounts (if arrears are owed). Districts should also identify Velazquez refunds determined for purged cases that no longer reside on the CSMS database. These cases were recreated to report migrated Velazquez collections applied and disbursed on the CSMS system. Applied purged amounts were transferred to the refund to respondent account, or to the arrears account, and the cases were subsequently closed. The SCU should calculate the gross total Velazquez refunds after all amounts are identified and reported on manually prepared rolls.

The districts must use the rolls to prepare the supplemental LDSS-2517 "Schedule A-1 Summary of Collections and Distributions" and supporting claims to distribute Public Assistance and Foster Care amounts and to determine appropriate federal, state, and local shares for state settlement purposes. Purged and NPA cases, however, are not reported on the CSMS Schedule A-1and therefore are not to be adjusted through a supplemental Schedule A1. The supplemental Schedule A1 will result in the adjustment of Federal, State and Local Shares for the PA/FC Velazquez refunds included in the original claim; 100% state reimbursement for the total amount of the Velazquez refunds for PA/FC as well as NPA/purged cases will be obtained through the LDSS-3922 "Reimbursement Claim for Special Projects" and not the Schedule A1.

The Claiming section will describe the reimbursement/settlement process.

Please refer to OTDA 05-ADM-4 to obtain further information on Velazquez case processing and issuing refunds.

III. Claiming

The local districts must prepare listings (or manual rolls) of all Velazquez amounts transferred from the original ledgers and segregate amounts by the funding sources listed below. Each list / roll must separately list amounts paid to respondents and amounts applied to arrears.

- TANF Family Assistance Federally Participating (FA FP) and Safety Net Assistance FP (SN FP) (Paid to Respondents and Applied to Arrears Ledgers)
- b. Safety Net Assistance Federally Non Participating (SN FNP) (Paid to Respondents and Applied to Arrears Ledgers)
- c. Non Public Assistance (NPA)
- d. Purged cases, regardless of funding source (FP and FNP) Claimed as NPA
- e. Foster Care (FC FP)
- f. Foster Care (FC FNP),
- g. Juvenile Delinquents / Persons in Need of Supervision (JD/PINS FP)
- h. Juvenile Delinquents / Persons in Need of Supervision (JD/PINS FNP).

The lists / rolls should be totaled to determine the total Velazquez amount owed by the state and to aid in completing the supplemental Schedule A-1 and other schedules which report refunds. Each list / roll should identify the:

- affected CSMS case number
- negatively applied ledger identified to transfer the Velazquez refund
- total Velazquez refund amount
- applicable federal, state, and local shares

The federal, state, and local shares identified for PA FP ledgers (III. a.) are 50%, 25% and 25% respectively of the total PA FP collection amount. The state and local shares identified for PA FNP ledgers (III.b.) are 50% / 50% of the total PA FNP collection amount. A 50% federal share and a 50% state share is identified for Title IV-E Foster Care and JD/PINS collections (III. e., g.) and a 100% state share is identified for non IV-E foster care and JD/PINS collections (III. f., h.). A 100% local share is identified for NPA collections (III.c.) and purged cases (III.d.).

The total PA / FC amounts identified on the PA / FC lists/rolls (III.a – b., III.e. – h.) as the Velazquez refund (including refunds to respondents and arrears ledgers) should be reported on the LDSS-3922, line 12 (Assistance Direct to Client), column 1 (Non Administration Costs) and column 3 (Total Costs).

The total NPA / Purged case amounts identified on the NPA / Purged lists/rolls (III.c., III.d.) as the Velazquez refund (including refunds to respondents and arrears ledgers) should be reported on the LDSS-3922, line 15 (Assistance Direct to Client), column 1 (Non Administration Costs) and column 3 (Total Costs).

The line 12 plus line 15, columns 1 and 3 amounts should be reported on line 17 (Total Project Costs), columns 1 and 3. The line 17 total amount is reported on line 19 (state share), columns 1 and 3. The LDSS-3922 report's project name is "Velazquez Refund," and must be included at the top of the LDSS-3922 where indicated.

The supplemental Schedule A-1 and any other schedules that are necessary to report the PA / FC portion of the Velazquez refunds (LDSS-3922, line 12, columns 1-3) should also be completed using the PA / FC lists/rolls (III.a – b., III.e. – h.). The submittal month and "Velazquez Refund" should be indicated on the supplemental claims.

There are no claims other than the LDSS-3922 to report for the NPA / Purged portion of the Velazquez refunds.

The completed LDSS-3922 that reports the Velazquez refunds should be mailed to the Bureau of Financial Services Claims Unit. The Schedule A-1 should be submitted along with other impacted schedules (Schedule D-8, RF-2A/Schedule C, K, RF2) through the Automated Claiming System. In the comment field note the claim as Velazquez Refund.

The submitted 3922 claims will support the state payment for the total Velazquez refund.

Refer to Fiscal Reference Manual, Volume 2, Chapter 3 instructions for completing the LDSS-3922, Schedule A-1 and other program schedules necessary to report the Velazquez refunds. The deadline for submitting these claims is November 20, 2005. If a local district is unable to meet this deadline, that local district should advise its respective contact person with the reason why and how much additional time will be needed.

The total Velazquez refund amount identified on the LDSS-3922 will be paid to the county treasurer by separate settlement. The Velazquez settlement amount should be used to replenish the SCU bank account, or the affected DSS account, if one was used to pay Velazquez refunds. For example, local districts may have refunded Velazquez amounts by overdrawing the A-1809 (Repayment of Family Assistance) account. The district should replenish the A-1809 account with the Velazquez payment.

The following information will aid in manually preparing the lists/rolls supporting the supplemental Schedule A-1:

Velazquez refunds for FA and SN FP amounts transferred from The CSMS Schedule A-1, Section 2, line 10, column 2 Current IV-A Assistance and column 4 (Former IV-A Assistance), automatically reduced current PA FP collection shares by a 50% federal share, 25% state share, and 25% local share that are reported in Schedule A-1, Section 3. Total list / roll amounts noted in III.a. should be reported on the supplemental Schedule A-1, Section 2, line 10, column 2 and column 4.

Velazquez refunds for SN FNP amounts transferred from the CSMS Schedule A-1, Section 2, line 12 (Distributed to Families), column 8 reduced current SN FNP collection shares reported on line 12 and FNP refunds reported on the LDSS-1040 Schedule C Expenditures for Safety Net Assistance. The total list / roll amounts noted in III.b. should be reported on the supplemental Schedule A-1, Section 2, line 12, column 8, and also reported as FNP refunds on the LDSS-1040 Schedule C Expenditures for Safety Net Assistance. Programming will begin in the future to report Safety Net collections on the CSMS Schedule A-1, Section 2, line 10, column 6, with the shares being reported in Schedule A-1, Section 3.

Velazquez refunds for IV-E Foster Care and JD/PINS amounts transferred from CSMS Schedule A-1, Section 2, line 10, column 3 (Current IV-E Assistance) and column 5 (Former IV-E Assistance) reduced current IV-E FC / JDPINS collection shares reported on this line and reported on the LDSS-3479 "Schedule K Reimbursement of Foster Care and Adoption Expenditures" by a 50% federal share and 50% state share. FNP foster care / JD/PINS amounts reported on the Schedule A-1, line 12, reduced FNP foster care and JD/PINS collection amounts reported on this line and on the Schedule K by a 100% state share.

The total list / roll amounts noted in III.e. and III.g. should be reported on the Schedule A-1, line 10, column 3 and column 5, and then reported for FP reimbursement on the Schedule K. The list / roll amounts noted in III.f. and III.h. should be reported on the Schedule A-1, line 12, in the appropriate column and then reported for FNP reimbursement on the Schedule K.

Since Velazquez refunds for NPA and purged cases were not included in the CSMS Schedule A1, it is not necessary to include these refunds on a supplemental Schedule A1.

The state will reimburse the districts 100% of the amount refunded for NPA cases and for purged cases (list / roll III.d.) regardless of their category/case type. Supporting rolls need to be prepared to claim the 100% reimbursement through the LDSS-3922.

Sample claims including the LDSS-3922, Schedule A-1, and supporting schedules appear in the attachments to this LCM.

Please call the above noted contact persons with any questions.

Issued By

Name: Michael Normile /s/ MN 6/10/05

Title: Director

Division/Office: Office of Budget, Finance, and Data Management

ATTACHMENT 1

Summary of Sample Claims

The following attachments represent the claims affected by the Velasquez refunds. The attachments illustrate the completed claims taking into consideration the Velazquez refund amounts. In these examples the Velazquez refund amounts are identified as follows:

III a.	TANF	\$400.00
III e.	Foster Care-FP	\$300.00
III b.	Safety Net	\$100.00
III c and d	NPA/Purged Case Refunds	\$200.00
Total	\$	1,000.00

The examples include an original claim, the Velasquez supplemental and the net claim after the Velasquez supplemental.

Attachment #2 - Original Claim

The original claim represents the amounts generated by CSMS; this reflects the actual collections made and distributed during the month reduced by the amount of the PA/FC Velazquez refunds.

In the example, the total collections are \$10,000; this consists of \$10,800 in actual collections for the month reduced by \$800 in PA/FC Velazquez refunds.

Attachment #3 - Supplemental "Velazquez Refund" Claim

The supplemental claim represents the amount of the PA/FC Velazquez refunds.

In the example, the total PA/FC Velazquez refund is \$800, made up of \$400 PA (TANF), \$300 FC FP and \$100 PA FNP (Safety Net).

This attachment also includes the 3922 claim to be submitted for the \$800 in PA/FC Velazquez refunds as well as the \$200 in NPA/purged Velazquez refunds.

NOTE: When preparing the LDSS-3922, the PA refunds (TANF, FC, and SN) are shown on line 12 and the purged/NPA refunds are shown on line 15.

Attachment #4 - "Net" Claim

This represents the combined original and supplemental claim that will reflect the actual month's collections.

In the example, the net collections now reflect the actual month's collections of \$10,800.

ATTACHMENT 2

VELAZQUEZ

ORIGINAL

SAMPLE

MONTHLY STATEMENT OF ASSISTANCE EXPENDITURES AND CLAIMS FOR FEDERAL AND STATE AID (RF-2)

NEW YORK STATE ASSISTANCE OFFICE OF TEMPORARY AND DISABILITY

			District:	Month:
PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
1. Family Assistance	(1)	(2)	(3)	(4)
2. EAA Assistance				
3. Guide Dogs				
4. Safety Net	800		400	400
5. Adult Care				
6. Special Needs				
7. SCHIP Services				
8. MA				
9. Day Care - 100%				
10. Day Care - 75%				
11. Adoption Subsidies				
12. Foster Care Services	900	450	450	
13. FNP Services				
14. EAF				
15. Title XX Services				
16. Title XX under 200%				
17. Total - Lines 1–16	1700	450	850	400

CERTIFICATE OF ADMINISTRATIVE OFFICER

	CENTIFICATE OF AD	WINGTRATIVE OFFICER
been authorized by him/her, that schedules which are a part here- were made under the provisions amounts and those detailed in	the grantees to whom or in whose belt of were made, have been investigated a of the Social Services Law and the rule the supporting schedules are a just, tr	certifies that the expenditures (and value of goods and services supporting schedules which are a part hereof are just, true and correct and have half the expenditures of temporary assistance and care shown above and in the and found in need of the assistance or care provided, and that such expenditures es and regulations of the State Department of Family Assistance; that the above ue and correct statement of the Federal and State shares of expenditures for and that no part of such expenditures have been claimed previously, except as
Signature	Title	Date Signed
	CERTIFICATE (OF FISCAL OFFICER
care and administration thereof i on the authority of the administra official independent of the admin Federal and State shares of expe	n the amounts shown above and in the stion official whose certificate appears he istrative official whose signature appearenditures are actually due and owing from	certifies that he has made expenditures for temporary assistance and supporting schedules which are a part hereof; that such expenditures were made erein (or, in the case of public institutional care when provided by a social services is herein, by the authority of such other official; that the amounts stated above as me the State of New York; that these amounts represent the claim of this county or just, true and correct; that no part thereof has been paid; that such amounts are
Signature	Title	Date Signed

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
	(1)	(2)	(3)	(4)
1. Adoption Subsidies				
A. 75%				
B. 100% (Excess)				
C. Total Adopt. Subsidies.(to RF-2, Line 11)				
2. Foster Care Services				
A. Total Child Care				
B. Less: Adoption Subsidies Line 1C				
C. Total Foster Care (to RF-2, Line 12)				
3. Foster Care Block Grant				
A. EAF Services				
B. Foster Care (Line 2C above, less CSE claimed on Schedule K)				
C. Total Foster Care Block Grant			***	

^{***} Administrative expenditures eligible for Foster Care Block Grant funding are claimed on Schedule RF-2A.

Adjustment for Foster Care Block Grant

Adjustment Items	Adjustment Amount
1. Foster Care Block Grant adj. for EAF JD/PINS	
2. NYC Foster Care Block Grant adj. for EAF FC tuition	

MONTHLY STATEMENT OF ADMINISTRATIVE EXPENDITURES

ADMINISTRATIVE EXPENDITURES	TOTAL (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
Public Assistance Administration	0	0	0	(
2. MA Administration	0	0	0	
3. State Children's Health Insurance Plus	0	0	0	
4. Working Disabled Buy-In Program	0	0	0	
5. Child Support Administration	13788	8000	1794	234
6. TANF Employment Administration	0	0	0	
7. USDA Food Stamp Administration	0	0	0	
8. Food Stamp Employment & Training	0	0	0	
9. USDA Food Stamp Fraud & Abuse	0	0	0	
10. Training Cap	0	0	0	
11. FNP Employment Program	0		0	
12. NR Admin and FNP/NR A-87	0			
13. Child Care Block Grant Administration	0			
14. Family Type Homes for Adults Admin.	0		0	
15. EAF Child Preventive and Protective	0	0	0	
16. EAF Foster Care	0	0	0	
17. EAF Services (All Other)	0	0	0	
18. Tiltle XX Regular Services	0	0		
19. Title XX Child Welfare Services	0	0		
20. Title XX Services under 200%	0	0		
21. IV-E Protective Administration	0	0	0	
22. IV-E Foster Care Administration	0	0	0	
23. IV-E Adoption Administration	0	0	0	
24. Grand Total (Lines 1-23)	13788	8000	1794	234

CERTIFICATE OF ADMINISTRATIVE OFFICER

CERT	IFICATE OF ADMINISTRATIVE OFFICE	ır.
The undersigned of the (County or City) of supplied) for public assistance and care as shown above a been authorized by them that the grantees to whom or in wischedules which are a part hereof were made, have been it expenditures were made under the provisions of the Social that the expenditures (and value of goods and services suchereof, were necessary and required in the administration of the State Department of Family Assistance and that the the supporting schedules are a just, true and correct statement administration thereof made during the month of claimed previously, except as stated herein.	nd in the supporting schedules which are those behalf the expenditures for public a nvestigated and found in need of the ass Services Law and the rules and regulat pplied) for welfare administration as show of public assistance and care pursuant to amounts shown are correct and approve nent of the Federal and State shares of e	e a part hereof are just, true and correct and have assistance and care shown above and in the sistance or care provided and that such ons of the State Department of Family Assistance; wn above and in Schedule D, which is a part to the Social Services Law and rules and regulations d; that the above amounts and those detailed in expenditures for public assistance and care and
SIGNATURE		_ DATE SIGNED
The undersigned of (County or City) of and administration thereof in the amounts shown above an on the authority of the administration official whose certifica services official independent of the administrative official w stated above as Federal and State shares of expenditures claim of this county or city for the month of no part thereof has been paid; that such amounts are actual SIGNATURE	d in the supporting schedules which are ate appears herein (or, in the case of pub hose signature appears herein, by the at are actually due and owing from the Stat; that the am ally due and owing.	a part hereof; that such expenditures were made lic institutional care when provided by a social athority of such other official); that the amounts be of New York; that these amounts represent the counts stated herein are just, true and correct; that

SCHEDULE A-1 TITLE IV-D SUMMARY OF COLLECTIONS AND DISTRIBUTIONS

DISTRICT	
REPORT MONTH	

Section 1 – AVAILABLE COLLECTIONS

	ITEM	TOTAL	CURRENT IV-A ASSISTANCE	CURRENT IV-E ASSISTANCE	FORMER IV-A ASSISTANCE	FORMER IV-E ASSISTANCE	SAFETY NET FNP ASSISTANCE	MEDICAID NEVER ASSISTANCE	OTHER NEVER ASSISTANCE
		1	2	3	4	5	6	7	8
1	IRS Tax Offset								
2	State Tax Offset								
3	UIB Offset								
4	Withholding of Wages	10,000							
5	Other Sources								
6	Other States	-							
7	Total Collections Received for Month	10,000							
8	Collections forwarded to Other States	-							
9	Collections Available for Distribution	10,000							
Sect	ion 2 – DISTRIBUTED COLLECTIONS								
10	Distributed as Assistance Reimbursement	3,000	1,400	To: Schedule K 600	1,000	To: Schedule K			
11	Distributed as Medical Support								
12	Distributed to Family	7,000		5,000					2,000 *
13	Total Collections Distributed	10,000	1,400	5,600	1,000				2,000
Sect	ion 3 – SHARES COMPUTATION / INCENT	IVE PAYMENT	S/OTHER COLLECT	ION INFORMATION	<u> </u>	<u> </u>		I	
14	Federal Share of Collections	1,200	700		500				
15	Estimated Incentive Payments	100	100						
16	Net Federal Share of Collections	To: Schedule D-8 1,100	600		500				
17	Balance	1,200	700		500				
18	Less: Disregards	100	100						
19	Balance	1,100	600		500				
20	State Share	To: Schedule D-8 550	300		250				
21	Local Share	550	300		250				

Footnote

* Of the \$2000, there is \$200 safety net reported here.

1.) Disregard amount for Family Assistance, Safety Net Federally Participating, and Safety Net Federally Non-Participating MOE cases.	
2.) Disregard amount for Safety Net Federally Non-Participating cases	
3.) Fees recovered by other states for local district collection	

LDSS-1040 (rev. 10/01)

SCHEDULE C

EXPENDITURES FOR SAFETY NET ASSISTANCE

IFW YOR	K STATE	OFFICE	OF TEMPOR	ARY AND	DISABILIT	YASSISTANC	:F

District
Month

		FUNDED	IINDEP	THE STAT	E SAFET	V NET DD	OGPAM	T.		
		FUNDED	ONDER	DOMESTIC	E SAFET	NEIFR	OGRAM			HER DITURES
ITEM	GRAND TOTAL	RENT SUPPLEMENTS	FAMILY SHELTER	VIOLENCE SHELTER	SECURITY DEPOSITS	TRANSITIONAL SERVICES	DIVERSION TRANSPORTATION	DIVERSION PAYMENT	OTHER NON- ASSISTANCE	OTHER ASSISTANCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1. Total Expenditures (Sum of 1a+1b+1c+1d)	1,000	, ,	. ,	,	, ,		` ,	` '	,	1,000
a. Federal Participating	•									,
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE	1,000									1,000
d. Non-Reimbursable	1,000									1,000
2. Cancellations & Refunds (2a+2b+2c+2d)	200									200
a. Federal Participating										
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE	200									200
d. Non-Reimbursable										
3. Net Expenditures (Sum of Lines 3a+3b+3c+3d)	800									800
a. Federal Participating (1a-2a)										
b. Federal Non-Participating MOE (1b-2b)										
c. Federal Non-Participating Non MOE (1c-2c)	800									800
d. Non-Reimbursable (Line 1d-2d)										
4. Federal Share (50% of Line 3a, Col. 3-11)	-0-									-0-
5. Amount Eligible for State Aid [(Lines 3a+3b+3c) minus Line 4]	800									800
6. State Share (50% of Line 5, Col. 3-5, 7 - 11 25% of Line 5, Col.6)	400									400
7. Local Share [Line 3 minus (Lines 4+6)]	400									400

LDSS-3479	(Rev. 07/04)	١
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New York State Department of Family Assistance

SCHEDULE 1	K - FO	STER C	ARE

DISTRICT	
HTNOM	

Reimbursement Claim For Foster Care and Adoption Expenditures

		GRO	OUP		GROUP				
		A	A]	В		
SECTION 1		TOTAL EXP	ENDITURES			CANCELLATIO	NS & REFUNDS		
		Federal	Federal Non	Non		Federal	Federal Non	Non	
Item	Total	Participation	Participation	Reimbursable	Total	Participation	Participation	Reimbursable	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1. JD/PINS	1,500	1,500	-	-	600	600	-	-	
2. IV-E & Child Welfare Foster									
Care Agency									
3. IV-E & Child Welfare Foster									
Care DSS Operated Group									
Care									

LDSS- 3479 Reverse (rev. 07/04)

		GRC	١			GR(3			GR(GROUP D	
SECTION 2	To	OTAL EXP	ENDITURE	S	CAN	CELLATION	NS & REFU	JNDS		NET EXPE	NDITURES	3		SHARES	
ITEM	TOTAL (1)	FP (2)	FNP (3)	NR (4)	TOTAL (5)	FP (6)	FNP (7)	NR (8)	TOTAL (9)	FP (10)	FNP (11)	NR (12)	FEDERAL (13)	STATE (14)	LOCAL (15)
JD/PINS a) Maintenance/Tuition b) Service Component	1,500	1,500	-	-	600	600	-	-	900	900	-	-	450	450	-
c) Administrative Component															
IV-E & CWFC Agencies a) Maintenance b) Service Component															
c) Administrative Component															
DSS Operated Group Care															
f) Administrative Component															
Foster Homes a) Regular b) JD/PINS															
4. Adoption Subsidies a) 75% Placements b) 75% Medical c) 100% Excess															
5. Committee on Special Education a) 50% Blind and Handicapped													 		
b) 40% All Other															
6. Tuition for Foster Children															
7. Residential Treatment Facilities - Tuition Only															
8. Total	1,500	1,500	-	-	600	600	-	-	900	900	-	-	450	450	-

There is no service component and administrative component for this example.

LDSS-2547 Rev. (1/99)

18. TOTAL EXPEND. ELIGIBLE FOR FEDERAL FUNDING

SCHEDULE D-8 ALLOCATION FOR CLAIMING

TITLE IV-D CHILD SUPPORT ACTIVITIES AND SUPPORT COLLECTION UNIT EXPENDITURES

District	MONTH/YEAR

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT PROCEDURES ADMINISTRATION COLLECTION & DISTRIBUTION LOC OF ABS PARENTS EST. OF PATERNITY EST. OF SUPPORT OBLIG. & ENF. COL. ITEM (9) F8.5a 1. TOTAL CHILD SUPPORT EXPENDITURES (From Schedule D. Line 23, Column 8) 2 TITLE IV-D SALARY AND FRINGE BENEFITS (From Summary of Salaries & Function Assign.) 3. DISTRIBUTION PERCENTAGES 100% 4. OVERHEAD COSTS DISTRIBUTED (Tot. from Sch. D Col. 8, Lines 11, 13, 16 & 18) Line 3% x Line 4, Col. 1 5. NON-SALARY COSTS (From Sch. LDSS-923A, Codes 10-29 Less Code 18.2) 6. LABORATORY PATERNITY DETERMINATION COSTS (From Schedule LDSS-923A, Code 18.2) 7. REFUNDS OF LABORATORY PATERNITY DETERMINATION COSTS 8. NET LABORATORY PATERNITY DETERMINATION COSTS 9. SUB-TOTAL TITLE IV-D COSTS 10. SUB-TOTAL SUPPORT COLLECTION UNIT COSTS 11. TITLE IV-D COSTS DISTRIBUTED SECTION 1 PERCENTS for IV-D A. TANF TANF OR NON-TANF x Line 9 B. NON-TANF 12. SUPPORT COLLECT. COSTS DIST. SECTION 1 PERCENTS FOR SCU A. TANF B. NON-TANF SUPPORT COLLECTION UNIT C. NON-IV-D TANF, NON-TANF OR NON-IV-D x Line 10 13. COOPERATIVE AGREEMENT A. TANF-31.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-31.2 CODES 31.1, 31.2 AND 31.3) C. NON-IV-D-31.3 14. P.O.S. FROM GOVERNMENT AGENCIES A. TANF-32.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-32.2 CODES 32.1, 32.2 AND 32.3) C. NON-IV-D-32.3 15. P.O.S. FROM PRIVATE AGENCIES A. TANF-33.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-33.2 CODES 33.1, 33.2 AND 33.3) C. NON-IV-D-33.3 16. TOTAL TANF EXPENDITURES 17. TOTAL NON-TANF EXPENDITURES

LDSS-2547 (Rev. 1/99) Reverse SECTION 2: EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT (con't)

SECTION 2: EXPENDITURE ALLOCATION AND CALC	OLATION OF
19. DEDUCTIBLE COLLECTION COSTS	
20. INTEREST EARNED ON TITLE IV-D DEPOSITS	-
21. NET SUBJECT TO FEDERAL REIMBURSEMENT	13,788
22. FEDERAL SHARE	9,100
23. FEDERAL SHARE AT ENRICHED RATE	-
24. TOTAL FEDERAL SHARE	9,100
25. LESS: FEDERAL SHARE CHILD SUPPORT COLLECTIONS	1,100
26. NET FEDERAL SHARE	8,000
27. BALANCE	4,688
28. TOTAL NON-IV-D RELATED FNP	
29. NET SUBJECT TO STATE REIMBURSEMENT	4,688
30. STATE SHARE	2,344
31. LESS: STATE SHARE CHILD SUPPORT COLLECTIONS	550
32. NET STATE SHARE	1,794
33. LOCAL SHARE	2,344

SECTION 3: CALCULATION OF A-87 FEDERAL SHARE	TOTAL	ADMINI	STRATION	COLLEC	FION & DISTRIBUTION	LOC OF ABS PARENTS	EST. OF PATERNITY	EST.OF SUPPO	ORT OBLIG.& ENF.COL
PROCEDURES ITEM	(1) F8	(2) F8.1	(3) F8.1A	(4) F8.2	(5) F8.2A	(6) F8.3	(7) F8.4	(8) F8.5	(9) F8.5A
Total IV-D Agency Child Support Activities A-87 Costs (Sch. D Line 29, Col. 8)									
Distribution Percentage	100%								
IV-D Agency Child Support Activities A-87 Costs Distributed (Line 2 Percent x Line 1)									
TANF Percentage (from SECTION 1)	%								
IV-D Agency Child Support Activities Costs Distributed to TANF (Line 4 Percent x Line 3 Amounts)									
Child Support Activities A-87 Costs Assigned to TANF-Coop. Agreements Agreement (from LDSS-2674)									
Child Support Activities A-87 Costs Assigned to TANF-POS from Govt. Agencies (from LDSS-2674)									
Total Child Support Activities Costs Distributed to TANF (Line 5 + Line 6 + Line 7)									
Non-TANF Percentage (from SECTION 1)	%								
IV-D Agency Child Support Activities Costs Distributed to Non-TANF (Line 9 Percent x Line 3)									
11. Child Supp. Activities A-87 Costs Assigned to Non-TANF-Coop. Agreement (From LDSS-2674)									
 Child Supp. Activities A-87 Costs Assigned to Non-TANF POS from Govt. Agencies (from LDSS-2674) 									
13. Total A-87 Costs Distributed to Non-TANF (Line 10 + Line 11 + Line 12)									
14. Total Child Support Activities A-87 Costs (Line 8 + Line 13)									
15. Federal Share					•	•	•	•	•
		1							

ATTACHMENT 3

VELAZQUEZ

SUPPLEMENTAL

SAMPLE

REIMBURSEMENT CLAIM FOR SPECIAL PROJECTS

LDSS-3922 (REV. 12/00)

DISTRICT	PROJECT NAME	Velasquez	
MONTH/YEAR			
ITEM	NON- ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL COSTS
1. SALARY COSTS			
2. FRINGE BENEFITS			
3.TOTAL SALARY & FRINGE BENEFITS			
NON-SALARY COSTS			
4. CONTRACTUAL COSTS			
5. TRAVEL COSTS			
6. EQUIPMENT COSTS			
7. SUPPLIES			
8. OTHER DIRECT EXPENSES			
9.TOTAL NON-SALARY EXPENSES			
10. OVERHEAD COSTS ALLOCATED 11. A-87 COSTS ALLOCATED			
CLIENT RELATED COSTS			
12. ASSISTANCE DIRECT TO CLIENT	800		800
13. SELF-SUFFICIENCY BONUS			
14. DIVERSION TRANSPORTATION			
15. OTHER (Purged & NPA)	200		200
16. TOTAL CLIENT RELATED COSTS			
17. TOTAL PROJECT COSTS	1,000		1,000
18. FEDERAL SHARE		T	
19. STATE SHARE	1,000		1,000
20. LOCAL SHARE	1,000		1,000
ZV. LOCIL BITANE			

CERTIFICATE OF ADMINISTRATIVE OFFICIAL	
The undersigned of the	g schedules and rolls which are a part hereof are just, true in whose behalf the expenditures for public assistance and have been investigated and found in need of assistance or the Social Services Law and the rules and regulations of the bods and services supplied) for welfare administration as sistance and care pursuant to the Social Services Law and hat the amounts shown are correct and approved; that no part
DATE	(Signature of Administrative Officer)
Title	
CERIFICATE OF FISCAL OFFICER The undersigned of the	upporting schedules and rolls which are a part hereof, that lose certificate appears herein; that the amounts stated g from the State of New York; that these amounts represent; that the amounts stated herein are
DATE	(Signature of Fiscal Officer)
	(0

Title____

LDSS-1272A (rev. 07/03)

MONTHLY STATEMENT OF ADMINISTRATIVE EXPENDITURES FEDERAL AND STATE AID (RF-2A)

	0,12,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
District	Month

ADMINISTRATIVE EXPENDITURES	TOTAL	FEDERAL	STATE	LOCAL SHARE
	(1)	SHARE (2)	SHARE (3)	SHARE (4)
4 Dublic Assistance Administration			+	
1. Public Assistance Administration				
2. MA Administration				
3. State Children's Health Insurance Plus				
4. Working Disabled Buy-In Program				
5. Child Support Administration	(400)	(200)	(100)	(100)
6. TANF Employment Administration				
7. USDA Food Stamp Administration				
8. Food Stamp Employment & Training				
9. USDA Food Stamp Fraud & Abuse				
10. Training Cap				
11. FNP Employment Program				
12. NR Admin and FNP/NR A-87				
13. Child Care Block Grant Admin				
14. Family Type Homes Adults Admin.				
15. EAF Child Preventive and Protective				
16. EAF Foster Care				
17. EAF Services (All Other)				
18. Title XX Regular Services				
19. Title XX Child Welfare Services				
20. Title XX Services under 200%				
21. IV-E Protective Administration				
22. IV-E Foster Care Administration				
23. IV-E Adoption Administration				
24. Grand Total (Lines 1-23)	(400)	(200)	(100)	(100)

CERTIFICATE OF ADMINISTRATIVE OFFICER The undersigned of the (County or City) of_ __ certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules which are a part hereof are just, true and correct and have been authorized by them that the grantees to whom or in whose behalf the expenditures for public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance; that the expenditures (and value of goods and services supplied) for welfare administration as shown above and in Schedule D, which is a part hereof, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that the above amounts and those detailed in the supporting schedules are a just, true and correct statement of the Federal and State shares of expenditures for public assistance and care and administration thereof made during the month of _ __ 20_____ and that no part of such expenditures have been claimed previously, except as stated herein. SIGNATURE _____ TITLE___ ____ DATE SIGNED___ CERTIFICATE OF FISCAL OFFICER The undersigned of (County or City) _ certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules which are a part hereof; that such expenditures were made on the authority of the administration official whose certificate appears herein (or, in the case of public institutional care when provided by a social services official independent of the administrative official whose signature appears herein, by the authority of such other official); that the amounts stated above as Federal and State shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city for the month of _______20_____20_____ That the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing. SIGNATURE ___ TITLE___ ____ DATE SIGNED

MONTHLY STATEMENT OF ASSISTANCE EXPENDITURES AND CLAIMS FOR FEDERAL AND STATE AID (RF-2)

NEW YORK STATE ASSISTANCE OFFICE OF TEMPORARY AND DISABILITY

Month:

District:

			2.04.104.	
PROGRAM	TOTAL	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
ASSISTANCE AND CARE	EXPENDITURES			
Family Assistance	(1)	(2)	(3)	(4)
2. EAA Assistance				
3. Guide Dogs				
4. Safety Net	(100)		(50)	(50)
5. Adult Care	(100)		(30)	(30)
Special Needs SCHIP Services				
8. MA				
9. Day Care - 100%				
10. Day Care - 75%				
11. Adoption Subsidies	(000)	(450)	(450)	
12. Foster Care Services	(300)	(150)	(150)	
13. FNP Services				
14. EAF				
15. Title XX Services				
16. Title XX under 200%				
17. Total - Lines 1–16	(400)	(150)	(200)	(50)
The undersigned of the (County or County) supplied of the temporary assistance as been authorized by him/her, that the schedules which are a part hereof wavere made under the provisions of to amounts and those detailed in the temporary assistance and care made stated herein. Signature	nd care as shown above and in grantees to whom or in whose ere made, have been investiga he Social Services Law and the supporting schedules are a ju	certifies the supporting schedules we behalf the expenditures of ted and found in need of the rules and regulations of the st, true and correct stateme	that the expenditures (and which are a part hereof are just temporary assistance and cassistance or care provided, e State Department of Family and of the Federal and State	t, true and correct and have are shown above and in the and that such expenditure Assistance; that the above shares of expenditures for
				-
	CERTIFICAT	TE OF FISCAL OF	FICER	
The undersigned of (County or City) care and administration thereof in the on the authority of the administration official independent of the administra	e amounts shown above and in official whose certificate appea	the supporting schedules whrs herein (or, in the case of p	nich are a part hereof; that subublic institutional care when p	ich expenditures were mad provided by a social service

Signature ______ Title _____ Date Signed _____

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
	(1)	(2)	(3)	(4)
1. Adoption Subsidies				
A. 75%				
B. 100% (Excess)				
C. Total Adopt. Subsidies.(to RF-2, Line 11)				
2. Foster Care Services				
A. Total Child Care				
B. Less: Adoption Subsidies Line 1C				
C. Total Foster Care (to RF-2, Line 12)				
3. Foster Care Block Grant				
A. EAF Services				
B. Foster Care (Line 2C above, less CSE claimed on Schedule K)				
C. Total Foster Care Block Grant			***	

^{***} Administrative expenditures eligible for Foster Care Block Grant funding are claimed on Schedule RF-2A.

Adjustment for Foster Care Block Grant

Adjustment Items	Adjustment Amount
1. Foster Care Block Grant adj. for EAF JD/PINS	
2. NYC Foster Care Block Grant adj. for EAF FC tuition	

SCHEDULE A-1 TITLE IV-D SUMMARY OF COLLECTIONS AND DISTRIBUTIONS

DISTRICT	
REPORT MONTH	

Section 1 – AVAILABLE COLLECTIONS

	ITEM	TOTAL	CURRENT IV-A ASSISTANCE	CURRENT IV-E ASSISTANCE	FORMER IV-A ASSISTANCE	FORMER IV-E ASSISTANCE	SAFETY NET FNP ASSISTANCE	MEDICAID NEVER ASSISTANCE	OTHER NEVER ASSISTANCE
		1	2	3	4	5	6	7	8
1	IRS Tax Offset								
2	State Tax Offset								
3	UIB Offset								
4	Withholding of Wages								
5	Other Sources	900							
6	Other States	-							
7	Total Collections Received for Month	900							
8	Collections forwarded to Other States	-							
9	Collections Available for Distribution	900							
Secti	ion 2 – DISTRIBUTED COLLECTIONS								
10	Distributed as Assistance Reimbursement	700	400	To: Schedule K 300		To: Schedule K			
11	Distributed as Medical Support								
12	Distributed to Family	200							*200
13	Total Collections Distributed	900	400	300					200
Sect	ion 3 – SHARES COMPUTATION / INCENT	IVE PAYMENT	S/OTHER COLLECT	ION INFORMATION					
14	Federal Share of Collections	200	200						
15	Estimated Incentive Payments								
16	Net Federal Share of Collections	To: Schedule D-8	200						
17	Balance	200	200						
18	Less: Disregards								
19	Balance	200	200						
20	State Share	To: Schedule D-8	100						
21	Local Share	100	100						

Footnote

* \$100 is Safety Net Amount / \$100 is NPA Amount

1.) Disregard amount for Family Assistance, Safety Net Federally Participating, and Safety Net Federally Non-Participating MOE cases.				
2.) Disregard amount for Safety Net Federally Non-Participating cases				
3.) Fees recovered by other states for local district collection				

LDSS-1040 (rev. 10/01)

SCHEDULE C

EXPENDITURES FOR SAFETY NET ASSISTANCE

District
Month

								L		
		FUNDED	UNDER	THE STAT DOMESTIC	E SAFET	Y NET PR	OGRAM		OT EXPENI	HER DITURES
ITEM	GRAND TOTAL	RENT SUPPLEMENTS	FAMILY SHELTER	VIOLENCE SHELTER	SECURITY DEPOSITS	TRANSITIONAL SERVICES	DIVERSION TRANSPORTATION	DIVERSION PAYMENT	OTHER NON- ASSISTANCE	OTHER ASSISTANCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1. Total Expenditures (Sum of 1a+1b+1c+1d)	0									0
a. Federal Participating										
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE										
d. Non-Reimbursable										
2. Cancellations & Refunds (2a+2b+2c+2d)										
a. Federal Participating										
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE	100									100
d. Non-Reimbursable										
3. Net Expenditures (Sum of Lines 3a+3b+3c+3d)										
a. Federal Participating (1a-2a)										
b. Federal Non-Participating MOE (1b-2b)										
c. Federal Non-Participating Non MOE (1c-2c)	(100)									(100)
d. Non-Reimbursable (Line 1d-2d)										
4. Federal Share (50% of Line 3a, Col. 3-11)	-0-									-0-
5. Amount Eligible for State Aid [(Lines 3a+3b+3c) minus Line 4]	(100)									(100)
6. State Share (50% of Line 5, Col. 3-5, 7 - 11 25% of Line 5, Col.6)	(50)									(50)
7. Local Share [Line 3 minus (Lines 4+6)]	(50)									(50)

LDSS-3479	(Rev.	07/	(04)	١
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New York State Department of Family Assistance

SCHEDULE K - FOSTER CARE

DISTRICT	
MONTH	

Reimbursement Claim For Foster Care and Adoption Expenditures

		GRO	OUP		GROUP					
		A	A			ŀ	3			
SECTION 1		TOTAL EXP	ENDITURES			CANCELLATIO	NS & REFUNDS			
		Federal Federal Non Non		Non		Federal	Federal Non	Non		
Item	Total	Participation	Participation	Reimbursable	Total	Participation	Participation	Reimbursable		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
1. JD/PINS					300	300		-0-		
2. IV-E & Child Welfare Foster Care Agency										
3. IV-E & Child Welfare Foster Care DSS Operated Group										
Care Care										

LDSS- 3479 Reverse (rev. 07/04)

CECTION 2	Tr	GRO		2	CAN	GRO E		INDS		GRO C NET EXPE)			GROUP D SHARES	
SECTION 2															
ITEM	TOTAL (1)	FP (2)	FNP (3)	NR (4)	TOTAL (5)	FP (6)	FNP (7)	NR (8)	TOTAL (9)	FP (10)	FNP (11)	NR (12)	FEDERAL (13)	STATE (14)	LOCAL (15)
1. JD/PINS	-	-	-	-	300	300	-	-	(300)	(300)	-	-	(150)	(150)	-
a) Maintenance/Tuition															
b) Service Component															
c) Administrative Component															
2. IV-E & CWFC															
Agencies															
a) Maintenance															
b) Service Component															
c) Administrative Component															
DSS Operated Group															
Care															
d) Maintenance															
e) Service Component															
f) Administrative Component															
3. Foster Homes															
a) Regular															
b) JD/PINS															
4. Adoption Subsidies															
a) 75% Placements															
b) 75% Medical															
c) 100% Excess															
5. Committee on Special															
Education															
a) 50% Blind and															
Handicapped															
b) 40% All Other															
6. Tuition for Foster Children															
7. Residential Treatment Facilities															
- Tuition Only															
8. Total	-	-	-	-	300	300	-	-	(300)	(300)	-	-	(150)	(150)	-

There is no services component and administrative component for this example.

LDSS-2547 Rev. (1/99)

SCHEDULE D-8 ALLOCATION FOR CLAIMING

TITLE IV-D CHILD SUPPORT ACTIVITIES AND SUPPORT COLLECTION UNIT EXPENDITURES

District	MONTH/YEAR

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT

PROCEDURES		TOTAL	ADMINISTRATION		COLLECTION & DISTRIBUTION		LOC OF ABS PARENTS	EST. OF PATERNITY	EST. OF SUPPORT OBLIG. & ENF. COL.	
ITEM		(1) F8	(2) F8.1	(3) F8.1a	(4) F8.2	(5) F8,2a	(6) F8.3	(7) F8.4	(8) F8.5	(9) F8.5a
TOTAL CHILD SUPPORT EXPENDITURES (From Schedule D, Line 23, Column 8)		10	10.1	1 0.14	10.2	1 0.24	1 0.0	10.4	1 0.0	1 0.00
2 TITLE IV-D SALARY AND FRINGE BENEFITS (From Summary of Salaries & Function Assign.)										
3. DISTRIBUTION PERCENTAGES		100%								
4. OVERHEAD COSTS DISTRIBUTED (Tot. from Sch. D Col. 8, Lines 11, 13, 16 & 18) Line 3% x Line 4. Col. 1										
5. NON-SALARY COSTS (From Sch. LDSS-923A, Codes 10-29 Less Code 18.2)										
6. LABORATORY PATERNITY DETERMINATION COSTS (From Schedule LDSS-923A, Code 18.2)										
7. REFUNDS OF LABORATORY PATERNITY DETERMINATION COSTS										
8. NET LABORATORY PATERNITY DETERMINATION COSTS										
9. SUB-TOTAL TITLE IV-D COSTS										
10. SUB-TOTAL SUPPORT COLLECTION UNIT COSTS										
11. TITLE IV-D COSTS DISTRIBUTED SECTION 1 PERCENTS for IV-D	A. TANF									
TANF OR NON-TANF x Line 9	B. NON-TANF									
12. SUPPORT COLLECT. COSTS DIST. SECTION 1 PERCENTS FOR SCU	A. TANF									
SUPPORT COLLECTION UNIT	B. NON-TANF									
TANF, NON-TANF OR NON-IV-D x Line 10	C. NON-IV-D									
13. COOPERATIVE AGREEMENT	A. TANF-31.1									
(FROM SCH. LDSS-923A SUMMARY	B. NON-TANF- 31.2									
CODES 31.1, 31.2 AND 31.3)	C. NON-IV-D- 31.3									
14. P.O.S. FROM GOVERNMENT AGENCIES	A. TANF-32.1									
(FROM SCH. LDSS-923A SUMMARY	B. NON-TANF- 32.2									
CODES 32.1, 32.2 AND 32.3)	C. NON-IV-D- 32.3									
15. P.O.S. FROM PRIVATE AGENCIES	A. TANF-33.1									
(FROM SCH. LDSS-923A SUMMARY	B. NON-TANF- 33.2									
CODES 33.1, 33.2 AND 33.3)	C. NON-IV-D- 33.3									
16. TOTAL TANF EXPENDITURES										
17. TOTAL NON-TANF EXPENDITURES										
18. TOTAL EXPEND. ELIGIBLE FOR FEDERAL FUNDING										

LDSS-2547 (Rev. 1/99) Reverse SECTION 2: **EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT (con't)**

SECTION 2: EXPENDITURE ALLOCATION AND	CALCULATIO
19. DEDUCTIBLE COLLECTION COSTS	
20. INTEREST EARNED ON TITLE IV-D DEPOSITS	-
21. NET SUBJECT TO FEDERAL REIMBURSEMENT	
22. FEDERAL SHARE	
23. FEDERAL SHARE AT ENRICHED RATE	-
24. TOTAL FEDERAL SHARE	
25. LESS: FEDERAL SHARE CHILD SUPPORT COLLECTIONS	200
26. NET FEDERAL SHARE	(200)
27. BALANCE	
28. TOTAL NON-IV-D RELATED FNP	
29. NET SUBJECT TO STATE REIMBURSEMENT	
30. STATE SHARE	
31. LESS: STATE SHARE CHILD SUPPORT COLLECTIONS	100
32. NET STATE SHARE	(100)
33. LOCAL SHARE	

ECTION 3: CALCULATION OF A-87 FEDERAL SHARE	TOTAL	ADMINISTRATION		COLLECTION & DISTRIBUTION		LOC OF ABS PARENTS	EST. OF PATERNIT EST. OF SUPPORT OBLIG.& ENF. CO		
PROCEDURES ITEM	(1) F8	(2) F8.1	(3) F8.1A	(4) F8.2	(5) F8.2A	(6) F8.3	(7) F8.4	(8) F8.5	(9) F8.5A
Total IV-D Agency Child Support Activities A-87 Costs (Sch. D Line 29, Col. 8)									
Distribution Percentage	100%								
IV-D Agency Child Support Activities A-87 Costs Distributed (Line 2 Percent x Line 1)									
TANF Percentage (from SECTION 1)	%								
IV-D Agency Child Support Activities Costs Distributed to TANF (Line 4 Percent x Line 3 Amounts)									
Child Support Activities A-87 Costs Assigned to TANF-Coop. Agreements Agreement (from LDSS-2674)									
Child Support Activities A-87 Costs Assigned to TANF-POS from Govt. Agencies (from LDSS-2674)									
Total Child Support Activities Costs Distributed to TANF (Line 5 + Line 6 + Line 7)									
9. Non-TANF Percentage (from SECTION 1)	%								
10. IV-D Agency Child Support Activities Costs Distributed to Non-TANF (Line 9 Percent x Line 3)									
11. Child Supp. Activities A-87 Costs Assigned to Non-TANF-Coop. Agreement (From LDSS-2674)									
 Child Supp. Activities A-87 Costs Assigned to Non-TANF POS from Govt. Agencies (from LDSS-2674) 									
13. Total A-87 Costs Distributed to Non-TANF (Line 10 + Line 11 + Line 12)									
14. Total Child Support Activities A-87 Costs (Line 8 + Line 13)									
15. Federal Share			•		•	•	•	•	•
cal Share ne 1 + Line 6 + Line 7 + Line 11 + Line 12 - Line 15)									

ATTACHMENT 4

VELAZQUEZ

NET

SAMPLE

MONTHLY STATEMENT OF ASSISTANCE EXPENDITURES AND CLAIMS FOR FEDERAL AND STATE AID (RF-2)

NEW YORK STATE ASSISTANCE

OFFICE OF TEMPORARY AND DISABILITY

			District:	Month:
PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. Family Assistance	()	(-)	(0)	(.)
2. EAA Assistance				
3. Guide Dogs				
4. Safety Net	700		350	350
5. Adult Care				
6. Special Needs				
7. SCHIP Services				
8. MA				
9. Day Care - 100%				
10. Day Care - 75%				
11. Adoption Subsidies				
12. Foster Care Services	600	300	300	
13. FNP Services				
14. EAF				
15. Title XX Services				
16. Title XX under 200%				
17. Total - Lines 1–16	1,300	300	650	350

CF	ERTIFICATE OF	ADMINISTRATIVE OFFICER
been authorized by him/her, that the grant schedules which are a part hereof were m were made under the provisions of the So amounts and those detailed in the support	tees to whom or in whos ade, have been investiga icial Services Law and th orting schedules are a ju	certifies that the expenditures (and value of goods and services in the supporting schedules which are a part hereof are just, true and correct and have e behalf the expenditures of temporary assistance and care shown above and in the sted and found in need of the assistance or care provided, and that such expenditures e rules and regulations of the State Department of Family Assistance; that the above list, true and correct statement of the Federal and State shares of expenditures for 20_ and that no part of such expenditures have been claimed previously, except as
Signature	Title	Date Signed
	CERTIFICAT	TE OF FISCAL OFFICER
on the authority of the administration official official independent of the administrative of Federal and State shares of expenditures a	al whose certificate appea fficial whose signature ap are actually due and owin	certifies that he has made expenditures for temporary assistance and the supporting schedules which are a part hereof; that such expenditures were made are herein (or, in the case of public institutional care when provided by a social services opears herein, by the authority of such other official; that the amounts stated above as g from the State of New York; that these amounts represent the claim of this county or a are just, true and correct; that no part thereof has been paid; that such amounts are
Signature	Title	Date Signed

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
	(1)	(2)	(3)	(4)
1. Adoption Subsidies				
A. 75%				
B. 100% (Excess)				
C. Total Adopt. Subsidies.(to RF-2, Line 11)				
2. Foster Care Services				
A. Total Child Care				
B. Less: Adoption Subsidies Line 1C				
C. Total Foster Care (to RF-2, Line 12)				
3. Foster Care Block Grant				
A. EAF Services				
B. Foster Care (Line 2C above, less CSE claimed on Schedule K)				
C. Total Foster Care Block Grant			***	

^{***} Administrative expenditures eligible for Foster Care Block Grant funding are claimed on Schedule RF-2A.

Adjustment for Foster Care Block Grant

Adjustment Items	Adjustment Amount
1. Foster Care Block Grant adj. for EAF JD/PINS	
2. NYC Foster Care Block Grant adj. for EAF FC tuition	

MONTHLY STATEMENT OF ADMINISTRATIVE EXPENDITURES

ADMINISTRATIVE EXPENDITURES	TOTAL (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
Public Assistance Administration	0	0	0	(
2. MA Administration	0	0	0	
3. State Children's Health Insurance Plus	0	0	0	
4. Working Disabled Buy-In Program	0	0	0	
5. Child Support Administration	13788	7800	1694	234
TANF Employment Administration	0	0	0	(
7. USDA Food Stamp Administration	0	0	0	
8. Food Stamp Employment & Training	0	0	0	
9. USDA Food Stamp Fraud & Abuse	0	0	0	
10. Training Cap	0	0	0	
11. FNP Employment Program	0		0	
12. NR Admin and FNP/NR A-87	0			
13. Child Care Block Grant Administration	0			
14. Family Type Homes for Adults Admin.	0		0	
15. EAF Child Preventive and Protective	0	0	0	
16. EAF Foster Care	0	0	0	
17. EAF Services (All Other)	0	0	0	
18. Tiltle XX Regular Services	0	0		
19. Title XX Child Welfare Services	0	0		
20. Title XX Services under 200%	0	0		
21. IV-E Protective Administration	0	0	0	
22. IV-E Foster Care Administration	0	0	0	
23. IV-E Adoption Administration	0	0	0	
24. Grand Total (Lines 1-23)	13788	7800	1694	234

CERTIFICATE OF ADMINISTRATIVE OFFICER

OE.	TIFICATE OF ADMINISTRATIVE C	FFICER				
The undersigned of the (County or City) of certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules which are a part hereof are just, true and correct and have been authorized by them that the grantees to whom or in whose behalf the expenditures for public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance; that the expenditures (and value of goods and services supplied) for welfare administration as shown above and in Schedule D, which is a part hereof, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that the above amounts and those detailed in the supporting schedules are a just, true and correct statement of the Federal and State shares of expenditures for public assistance and administration thereof made during the month of						
SIGNATURE	TITLE	DATE SIGNED				
CERTIFICATE 0F FISCAL OFFICER The undersigned of (County or City) of certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules which are a part hereof; that such expenditures were made on the authority of the administration official whose certificate appears herein (or, in the case of public institutional care when provided by a social services official independent of the administrative official whose signature appears herein, by the authority of such other official); that the amounts stated above as Federal and State shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city for the month of						

SCHEDULE A-1 TITLE IV-D SUMMARY OF COLLECTIONS AND DISTRIBUTIONS

DISTRICT	
REPORT MONTH	

Section 1 – AVAILABLE COLLECTIONS

	ITEM	TOTAL	CURRENT IV-A ASSISTANCE	CURRENT IV-E ASSISTANCE	FORMER IV-A ASSISTANCE	FORMER IV-E ASSISTANCE	SAFETY NET FNP ASSISTANCE	MEDICAID NEVER ASSISTANCE	OTHER NEVER ASSISTANCE
		1	2	3	4	5	6	7	8
1	IRS Tax Offset								
2	State Tax Offset								
3	UIB Offset								
4	Withholding of Wages	10,000							
5	Other Sources	900							
6	Other States	-							
7	Total Collections Received for Month	10,900							
8	Collections forwarded to Other States	-							
9	Collections Available for Distribution	10,900							
Sect	ion 2 – DISTRIBUTED COLLECTIONS								
10	Distributed as Assistance Reimbursement	3,700	1,800	To: Schedule K 900	1,000	To: Schedule K			
11	Distributed as Medical Support								
12	Distributed to Family	7,200		5,000					2,200
13	Total Collections Distributed	10,900	1,800	5,900	1,000				2,200
Sect	ion 3 – SHARES COMPUTATION / INCENT	IVE PAYMENT	S/OTHER COLLECT	ION INFORMATION	<u> </u>	<u> </u>			
14	Federal Share of Collections	1,400	900		500				
15	Estimated Incentive Payments	100	100						
16	Net Federal Share of Collections	To: Schedule D-8 1,300	800		500				
17	Balance	1,400	900		500				
18	Less: Disregards	100	100						
19	Balance	1,300	800		500				
20	State Share	To: Schedule D-8 650	400		250				
21	Local Share	650	400		250				

Footnote

1.) Disregard amount for Family Assistance, Safety Net Federally Participating, and Safety Net Federally Non-Participating MOE cases.	
2.) Disregard amount for Safety Net Federally Non-Participating cases	
3.) Fees recovered by other states for local district collection	

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SCHEDULE C

EXPENDITURES FOR SAFETY NET ASSISTANCE

IFW YORK S	STATE OFFICE	OF TEMPORARY	AND DISABILITYASSISTANCE

District	
Month	

		FUNDED	UNDER	THE STAT	E SAFET	V NET DD	OCRAM	1		
		FUNDED	UNDER	DOMESTIC	E SAFET	T NEI PR	OGRAM			HER DITURES
ITEM	GRAND TOTAL	RENT SUPPLEMENTS	FAMILY SHELTER	VIOLENCE SHELTER	SECURITY DEPOSITS	TRANSITIONAL SERVICES	DIVERSION TRANSPORTATION	DIVERSION PAYMENT	OTHER NON- ASSISTANCE	OTHER ASSISTANCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1. Total Expenditures (Sum of 1a+1b+1c+1d)	1,000									1,000
a. Federal Participating	•									
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE	1,000									1,000
d. Non-Reimbursable	.,									1,000
2. Cancellations & Refunds (2a+2b+2c+2d)	300									300
a. Federal Participating										333
b. Federal Non-Participating MOE										
c. Federal Non-Participating Non MOE	300									300
d. Non-Reimbursable										
3. Net Expenditures (Sum of Lines 3a+3b+3c+3d)	700									700
a. Federal Participating (1a-2a)										
b. Federal Non-Participating MOE (1b-2b)										
c. Federal Non-Participating Non MOE (1c-2c)	700									700
d. Non-Reimbursable (Line 1d-2d)										
4. Federal Share (50% of Line 3a, Col. 3-11)	-0-									-0-
5. Amount Eligible for State Aid [(Lines 3a+3b+3c) minus Line 4]	700									700
6. State Share (50% of Line 5, Col. 3-5, 7 - 11 25% of Line 5, Col.6)	350									350
7. Local Share [Line 3 minus (Lines 4+6)]	350									350

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New York State Department of Family Assistance

SCHEDULE	K -	FOST	ΓFR	CAI	8F

DISTRICT	
MONTH	

Reimbursement Claim For Foster Care and Adoption Expenditures

		GRO	OUP		GROUP						
		A	A]	В				
SECTION 1		TOTAL EXP	ENDITURES			CANCELLATIO	NS & REFUNDS				
		Federal	Federal Non	Non		Federal	Federal Non	Non			
Item	Total	Participation	Participation	Reimbursable	Total	Participation	Participation	Reimbursable			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
1. JD/PINS	1,500	1,500	-	-	900	900	-	-			
2. IV-E & Child Welfare Foster											
Care Agency											
3. IV-E & Child Welfare Foster											
Care DSS Operated Group											
Care											

LDSS- 3479 Reverse (rev. 07/04)

OF OTION O	T	GRC		2	CAN	GRO E		INDO		GR((NET EXPE				GROUP D SHARES	
SECTION 2															
ITEM	TOTAL (1)	FP (2)	FNP (3)	NR (4)	TOTAL (5)	FP (6)	FNP (7)	NR (8)	TOTAL (9)	FP (10)	FNP (11)	NR (12)	FEDERAL (13)	STATE (14)	LOCAL (15)
1. JD/PINS	1,500	1,500	-	-	900	900	-	-	600	600	-	-	300	300	-
a) Maintenance/Tuition															
b) Service Component															
c) Administrative Component															
2. IV-E & CWFC															
Agencies															
a) Maintenance															
b) Service Component															
c) Administrative Component															
DSS Operated Group															
Care															
d) Maintenance															
e) Service Component															
f) Administrative Component															
3. Foster Homes															
_a) Regular															
b) JD/PINS															
4. Adoption Subsidies															
a) 75% Placements															
b) 75% Medical															
c) 100% Excess															
5. Committee on Special															
Education						_							_		
a) 50% Blind and															
_Handicapped															
b) 40% All Other															
6. Tuition for Foster Children															
7. Residential Treatment Facilities															
- Tuition Only															
8. Total	1,500	1,500	-	-	900	900	-	-	600	600	-	-	300	300	-

There is no service component or administrative component for this example.

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18. TOTAL EXPEND. ELIGIBLE FOR FEDERAL FUNDING

SCHEDULE D-8 ALLOCATION FOR CLAIMING

TITLE IV-D CHILD SUPPORT ACTIVITIES AND SUPPORT COLLECTION UNIT EXPENDITURES

District	MONTH/YEAR

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT PROCEDURES ADMINISTRATION COLLECTION & DISTRIBUTION LOC OF ABS PARENTS EST. OF PATERNITY EST. OF SUPPORT OBLIG. & ENF. COL. ITEM (9) F8.5a 1. TOTAL CHILD SUPPORT EXPENDITURES (From Schedule D. Line 23, Column 8) 2 TITLE IV-D SALARY AND FRINGE BENEFITS (From Summary of Salaries & Function Assign.) 3. DISTRIBUTION PERCENTAGES 100% 4. OVERHEAD COSTS DISTRIBUTED (Tot. from Sch. D Col. 8, Lines 11, 13, 16 & 18) Line 3% x Line 4, Col. 1 5. NON-SALARY COSTS (From Sch. LDSS-923A, Codes 10-29 Less Code 18.2) 6. LABORATORY PATERNITY DETERMINATION COSTS (From Schedule LDSS-923A, Code 18.2) 7. REFUNDS OF LABORATORY PATERNITY DETERMINATION COSTS 8. NET LABORATORY PATERNITY DETERMINATION COSTS 9. SUB-TOTAL TITLE IV-D COSTS 10. SUB-TOTAL SUPPORT COLLECTION UNIT COSTS 11. TITLE IV-D COSTS DISTRIBUTED SECTION 1 PERCENTS for IV-D A. TANF TANF OR NON-TANF x Line 9 B. NON-TANF 12. SUPPORT COLLECT. COSTS DIST. SECTION 1 PERCENTS FOR SCU A. TANF B. NON-TANF SUPPORT COLLECTION UNIT C. NON-IV-D TANF, NON-TANF OR NON-IV-D x Line 10 13. COOPERATIVE AGREEMENT A. TANF-31.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-31.2 CODES 31.1, 31.2 AND 31.3) C. NON-IV-D-31.3 14. P.O.S. FROM GOVERNMENT AGENCIES A. TANF-32.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-32.2 CODES 32.1, 32.2 AND 32.3) C. NON-IV-D-32.3 15. P.O.S. FROM PRIVATE AGENCIES A. TANF-33.1 (FROM SCH. LDSS-923A SUMMARY B. NON-TANF-33.2 CODES 33.1, 33.2 AND 33.3) C. NON-IV-D-33.3 16. TOTAL TANF EXPENDITURES 17. TOTAL NON-TANF EXPENDITURES

LDSS-2547 (Rev. 1/99) Reverse SECTION 2: EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT (con't)

SECTION 2. EXI ENDITORE ALECCATION AND CA	LOOLATION OF
19. DEDUCTIBLE COLLECTION COSTS	
20. INTEREST EARNED ON TITLE IV-D DEPOSITS	-
21. NET SUBJECT TO FEDERAL REIMBURSEMENT	13,788
22. FEDERAL SHARE	9,100
23. FEDERAL SHARE AT ENRICHED RATE	-
24. TOTAL FEDERAL SHARE	9,100
25. LESS: FEDERAL SHARE CHILD SUPPORT COLLECTIONS	1,300
26. NET FEDERAL SHARE	7,800
27. BALANCE	4,688
28. TOTAL NON-IV-D RELATED FNP	
29. NET SUBJECT TO STATE REIMBURSEMENT	4,688
30. STATE SHARE	2,344
31. LESS: STATE SHARE CHILD SUPPORT COLLECTIONS	650
32. NET STATE SHARE	1,694
33. LOCAL SHARE	2,344

SECTION 3: CALCULATION OF A-87 FEDERAL SHARE		ADMINI	ISTRATION	COLLEC	FION & DISTRIBUTION	LOC OF ABS PARENTS	EST. OF PATERNITY	EST.OF SUPPORT OBLIG.& ENF.COL	
PROCEDURES ITEM	(1) F8	(2) F8.1	(3) F8.1A	(4) F8.2	(5) F8.2A	(6) F8.3	(7) F8.4	(8) F8.5	(9) F8.5A
Total IV-D Agency Child Support Activities A-87 Costs (Sch. D Line 29, Col. 8)									
2. Distribution Percentage	100%								
IV-D Agency Child Support Activities A-87 Costs Distributed (Line 2 Percent x Line 1)									
4. TANF Percentage (from SECTION 1)	%								
IV-D Agency Child Support Activities Costs Distributed to TANF (Line 4 Percent x Line 3 Amounts)									
 Child Support Activities A-87 Costs Assigned to TANF-Coop. Agreements Agreement (from LDSS-2674) 									
Child Support Activities A-87 Costs Assigned to TANF-POS from Govt. Agencies (from LDSS-2674)									
Total Child Support Activities Costs Distributed to TANF (Line 5 + Line 6 + Line 7)									
Non-TANF Percentage (from SECTION 1)	%								
IV-D Agency Child Support Activities Costs Distributed to Non-TANF (Line 9 Percent x Line 3)									
11. Child Supp. Activities A-87 Costs Assigned to Non-TANF-Coop. Agreement (From LDSS-2674)									
12. Child Supp. Activities A-87 Costs Assigned to Non-TANF POS from Govt. Agencies (from LDSS-2674)									
13. Total A-87 Costs Distributed to Non-TANF (Line 10 + Line 11 + Line 12)									
14. Total Child Support Activities A-87 Costs (Line 8 + Line 13)									
15. Federal Share			•	•	•	•	•	•	•