

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

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

Section 2

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-1 and 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

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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

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- 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.

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Issued By

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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

LDSS-1272 (REV 07/04)

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	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
CARE	(1)	(2)	(3)	(4)
Family Assistance				
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

been authorized by him/her, that the grantees schedules which are a part hereof were made, were made under the provisions of the Social amounts and those detailed in the supporting temporary assistance and care made during th stated herein.	to whom or in whose behalf the expend have been investigated and found in ne Services Law and the rules and regulating schedules are a just, true and correct emonth of20 and that no p	certifies that the expenditures (and value of goods and services edules which are a part hereof are just, true and correct and have litures of temporary assistance and care shown above and in the ed of the assistance or care provided, and that such expenditures ons of the State Department of Family Assistance; that the above statement of the Federal and State shares of expenditures for eart of such expenditures have been claimed previously, except as
Signature	Title	Date Signed
	CERTIFICATE OF FISCA	
care and administration thereof in the amounts on the authority of the administration official wh official independent of the administrative official Federal and State shares of expenditures are a	shown above and in the supporting schoose certificate appears herein (or, in the f whose signature appears herein, by the ctually due and owing from the State of I	ies that he has made expenditures for temporary assistance and edules which are a part hereof; that such expenditures were made case of public institutional care when provided by a social services a authority of such other official; that the amounts stated above as New York; that these amounts represent the claim of this county or correct; that no part thereof has been paid; that such amounts are
Signature	Title	Date Signed

LDSS-1272 Reverse (REV. 07/04)

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
Foster Care Block Grant adj. for EAF JD/PINS	
2. NYC Foster Care Block Grant adj. for EAF FC tuition	

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

ADMINISTRATIVE EXPENDITURES	FEDERAL AND S	TATE AID (RF-ZA)		
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	
State Children's Health Insurance Plus	0	0	0	
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	
IO. 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	1.	·	
14. Family Type Homes for Adults Admin.	0		0	
15. EAF Child Preventive and Protective	O	0	0	
16. EAF Foster Care	0	0	0	
17. EAF Services (All Other)	0	0	0	
8. 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 ADMINISTR	ATIVE OFFICER	
been authorized by them that the gra schedules which are a part hereof we expenditures were made under the p that the expenditures (and value of g hereof, were necessary and required of the State Department of Family As the supporting schedules are a just, t	entees to whom or in whose behalf the expenditure made, have been investigated and found in rovisions of the Social Services Law and the rugoods and services supplied) for welfare admining in the administration of public assistance and issistance and that the amounts shown are correctivue and correct statement of the Federal and She month of	ifies that the expenditures (and value of goods and servic dules which are a part hereof are just, true and correct an ures for public assistance and care shown above and in the need of the assistance or care provided and that such les and regulations of the State Department of Family Assistration as shown above and in Schedule D, which is a pattern pursuant to the Social Services Law and rules and rest and approved; that the above amounts and those detail tate shares of expenditures for public assistance and care and that no part of such expenditures have been	ne sistance; art gulations iled in e and
SIGNATURE	TITLE	DATE SIGNED	
	CERTIFICATE OF FISCA	LOFFICER	
and administration thereof in the amounthe authority of the administration services official independent of the attated above as Federal and State sticking of this county or city for the more	ounts shown above and in the supporting scheo official whose certificate appears herein (or, in dministrative official whose signature appears hares of expenditures are actually due and owin	at they have made expenditures for public assistance and ules which are a part hereof; that such expenditures were the case of public institutional care when provided by a scierein, by the authority of such other official); that the among from the State of New York; that these amounts represent, that the amounts stated herein are just, true and correspond to the content of the same of the corresponding to the content of th	e made ocial unts ent the
SIGNATURE	TITLE	DATE SIGNED	

LDSS - 2517 (07/04)

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					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
\$	Withholding of Wages	10,000							
5	Other Sources		er var stimstift erfentten i stratius en eigstyri	**************************************	and the state of t				
3	Other States					the many lives of the terms	****		
7	Total Collections Received for Month	10,000			and the second second				
3	Collections forwarded to Other States				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
)	Collections Available for Distribution	10,000							
Sect	ion 2 - DISTRIBUTED COLLECTIONS		<u> </u>	<u> </u>	<u> </u>	<u></u>	e, e zele		
0	Distributed as Assistance Reimbursement	3,000	1,400	To Schedule K 600	1.000	To Schedule K			
1	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	tion 3 - SHARES COMPUTATION / INCENT	IVE PAYMENT	S/OTHER COLLECT	ON INFORMATION		<u> </u>	I		· · · · · · · · · · · · · · · · · · ·
14	Federal Share of Collections	1,200	700		500				
15	Estimated Incentive Payments	100	100	Marie Autoritario de la companio de					
16	Net Federal Share of Collections	To Schedule D 8	600		500				
17	Balance	1,200	700		500				
18	Less: Disregards	100	100	<u> </u>					
19	Balance	1,100	600	to the second second	500				
20	State Share	To Schedule D-8 550	300		250	17. 1163 1 (11.5)			···

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

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITYASSISTANCE

District		
Month	 	

		FUNDED	UNDER	THE STAT	E SAFET	T NEI PR	UGRAM		0.7	UFB.
				DOMESTIC						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)
Total Expenditures (Sum of 1a+1b+1c+1d)	1,000								<u> </u>	1,000
a. Federal Participating										· · · · · ·
b. Federal Non-Participating MOE							 		·	
c. Federal Non-Participating Non MOE	1,000									1,000
d. Non-Reimbursable		1								1,555
2. Cancellations & Refunds (2a+2b+2c+2d)	200									200
a. Federal Participating										1
b. Federal Non-Participating MOE		-								
c. Federal Non-Participating Non MOE	200			· · · · · · · · · · · · · · · · · · ·			<u> </u>			200
d. Non-Reimbursable		1								
3. Net Expenditures (Sum of Lines 3a+3b+3c+3d)	800									800
a. Federal Participating (1a-2a)						1.				
b. Federal Non-Participating MOE (1b-2b)							<u></u>			
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

DISTRICT	
MONTH	

SCHEDULE K - FOSTER CARE

Reimbursement Claim For Foster Care and Adoption Expenditures

		GR	OUP		GROUP						
	A										
SECTION 1		TOTAL EXP	ENDITURES		CANCELLATIONS & REFUNDS						
Item	Total (1)	Federal Participation (2)	Federal Non Participation (3)	Non Reimbursable (4)	Total (5)	Federal Participation (6)	Federal Non Participation (7)	Non Reimbursable (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 A				GR(GR(GROUP D	
SECTION 2	TO	OTAL EXPE	NDITURE	S	CAN	CELLATION	VS & REF	JNDS		NET EXPE	NDITURES	3		SHARES	
	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	FEDERAL	STATE	LOCAL
ITEM	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
JD/PINS a) Maintenance/Tuition	1,500	1,500	-	-	600	600	-	-	900	900	-	-	450	450	-
b) Service Component															
 c) Administrative Component 															
2. IV-E & CWFC															
Agencies	1														1
a) Maintenance															<u></u>
b) Service Component	I														
c) Administrative Component															
DSS Operated Group				T											
Care											:	1			
d) Maintenance			l								i		1	1	
e) Service Component															
f) Administrative Component															
Foster Homes					1										
a) Regular			!	ł					i	1		1			
b) JD/PINS															
Adoption Subsidies a) 75% Placements															
b) 75% Medical															
c) 100% Excess								1				1			
5. Committee on Special															
Education				-					İ		İ				
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	1 .

There is no service component and 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

HYEAR

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT COLLECTION & DISTRIBUTION LOC OF ABS PARENTS EST OF SUPPORT OBLIG & ENF COL EST OF PATERNITY ITEM (2) FB 1 (3) F8 1a (4) F8 2 (5) F8 2a (6) FB 3 (8) F8.5 (7) F8-4 1 TOTAL CHILD SUPPORT EXPENDITURES (From Schedule D, Line 23, Column 6) 2 TITLE IV-D SALARY AND FRINGE BENEFITS (From Summary of Salanes & Function Assign) 3 DISTRIBUTION PERCENTAGES 100% 4 OVERHEAD COSTS DISTRIBUTED (Tat from Sch. D.Col. 8, Lines 11, 13, 16 & 18) 5 NON-SALARY COSTS (From Sch. LDSS 923A, Codes 10-29 Less Code 18 2)
6 LABORATORY PATERNITY DETERMINATION COSTS (From Schedule LDSS-9234, 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 THILE IV-D COSTS DISTRIBUTED SECTION 1 PERCENTS for IV D A TANE TANE OR NON TANE x Line 9 B NON TANK 12 SUPPORT COLLECT COSTS DIST SECTION 1 PERCENTS FOR SCU A TANF B NON-TANF SUPPORT COLLECTION UNIT C NON-IV-D TANE, NON-TANE OR NON-IV Dividing 10 13 COOPERATIVE AGREEMENT A TANE 31 1 (FROM SCH LDSS-923A SUMMARY B NON-TANE-312 C NON-IV-D-31 3 CODES 31 1, 31 2 AND 31 3) 14 P O S FROM GOVERNMENT AGENCIES A TANE 32 1 B NON-TANE-32 2 (FROM SCH. LDSS-923A SUMMARY CODES 32 1, 32 2 AND 32 3) C NON-IV-D-32 3 15 P O S FROM PRIVATE AGENCIES A TANE 33.1 (FROM SCH LOSS-923A SUMMARY B NON-TANE-33 2 C NON-IV-D-33 3 CODES 33 1, 33 2 AND 33 3) 16 TOTAL TANF EXPENDITURES 17 TOTAL NON-TANE EXPENDITURES

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

SECTION 2: EXPENDITURE ALLUCATION AND CALL	JULA HUN UF
19 DEDUCTIBLE COLLECTION COSTS	
20 INTEREST EARNED ON TITLE IV-D DEPOSITS	
21 NET SUBJECT TO FEDERAL REIMBURSEMENT	13,788
22 FÉDERAL 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 FEOERAL SHARE	8,000
27 BALANCE	4,688
28 TOTAL NON-IV-DIRECATED ENP	
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.	TION & DISTRIBUTION	LOC OF ABS	EST OF PATERNITY	EST OF SUPP	ORT OBLIG & ENFICE
PROCEDURES ITEM	(1) F8	(2) F8 1	(3) F8 1A	(4) F8 2	(5) FB 2A	(6) F83	(7) F8 4	(8) F8 5	(9) F8 5A
1 Total IV-D Agency Child Support Activities A-87 Costs (Sch. D Line 29, Col. 8)			1						<u> </u>
2 Distribution Percentage	100%								
3 IV D Agency Child Support Activities A 87 Costs Distributed (Line 2 Percent v Line 1)									1
4 TANF Percentage (from SECTION 1)	%								
5 IV-D Agency Child Support Activities Costs Distributed to TANF (Line 4 Percent x Line 3 Amounts)							<u> </u>		
6 Child Support Activities A-97 Costs Assigned to TANF-Coop Agreements Agreement (from LDSS-2674)			Li Li	. *					
7 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)	·								1
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-67 Costs Assigned to Non-TANF-Coop. Agreement (From LDSS-2674)									
12 Child Supp Adivities A-87 Costs Assigned to Non-TANF POS from Govt. Agencies (from LOSS-2674)								1	
13 Total A-87 Costs Distributed to Non TANF (Lore 10 + Lore 11 + Lore 12)									
14 Total Child Support Activities A-87 Costs (Line 8 + Line 13)								1	
15 Federal Share			•	•	•		·	•	•

ATTACHMENT 3

VELAZQUEZ

SUPPLEMENTAL

SAMPLE

REIMBURSEMENT CLAIM FOR SPECIAL PROJECTS

LDSS-3922 (REV. 12/00) DISTRICT PROJECT NAME Velasquez MONTH/YEAR ITEM NON-ADMINISTRATION TOTAL COSTS ADMINISTRATION COSTS **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 200 15. OTHER (Purged & NPA) 200 16. TOTAL CLIENT RELATED COSTS 17. TOTAL PROJECT COSTS 1,000 1.000 18. FEDERAL SHARE 19. STATE SHARE 1,000 1,000 20. LOCAL SHARE

CERTIFICATE OF ADMINISTRATIVE OFFICIAL The undersigned of the
DATE
(Signature of Administrative Officer)
Title
CERIFICATE OF FISCAL OFFICER The undersigned of the(County/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 and rolls which are a part hereof, that such expenditures were made on the authority of the administrative official whose certificate appears herein; 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; 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.
DATE
(Signature of Fiscal Officer)

LDSS-1272A (rev 07/03)

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

TEMPORARY AND DISABILITY ASSISTANCE							
District	Month						

ADMINISTRATIVE EXPENDITURES	TOTAL	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
	(1)	(2)	(3)	(4)
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			1,11,411	
19. Title XX Child Welfare Services				salt and the
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	e. 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 sen-	rices supplied) for welfare administration as shown above and in Schedule D, which
is a part hereof, were necessary and required in the administra	tion 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	20and that no
part of such expenditures have been claimed previously, excep-	at as stated herein
SIGNATURETITLE	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	aty for the month of20
	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

· ·			District:	Month:
PROGRAM ASSISTANCE AND	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
CARE	(1)	(2)	(3)	(4)
1. Family Assistance				
2. EAA Assistance				
3. Guide Dogs				
Safety Net	(100)		(50)	(50)
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	(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)

CERTIFICATE OF ADMINISTRATIVE OFFICER

been authorized by him/her, that the grant schedules which are a part hereof were ma- were made under the provisions of the So amounts and those detailed in the suppo-	tees to whom or in whose behalf and the have been investigated and focial Services Law and the rules are the rules	certifies that the expenditures (and value of goods and services porting schedules which are a part hereof are just, true and correct and have the expenditures of temporary assistance and care shown above and in the ound in need of the assistance or care provided, and that such expenditures and regulations of the State Department of Family Assistance; that the above and correct statement of the Federal and State shares of expenditures for d that no part of such expenditures have been claimed previously, except as
Signature	Title	Date Signed
The undersigned of (County or City)	CERTIFICATE OF	certifies that he has made expenditures for temporary assistance and
care and administration thereof in the amo on the authority of the administration official official independent of the administrative of Federal and State shares of expenditures a	unts shown above and in the supp of whose certificate appears herein fficial whose signature appears he are actually due and owing from th	orting schedules which are a part hereof; that such expenditures were made (or, in the case of public institutional care when provided by a social services rein, by the authority of such other official; that the amounts stated above as e State of New York; that these amounts represent the claim of this county or 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
Foster Care Block Grant adj. for EAF JD/PINS	
2. NYC Foster Care Block Grant adj. for EAF FC tuition	

LDSS - 2517 (07/04)

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

DISTRICT	· · · · · · · · · · · · · · · · · · ·	 	
REPORT MONTH			

Section 1 - AVAILABLE COLLECTIONS

	пем	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	ddan lepidum am mhainn ain ain ain ain a		*****				· · · · · · · · · · · · · · · · · · ·
6	Other States	-			(:	13 2 2 2 2			
7	Total Collections Received for Month	900						:	
8	Collections forwarded to Other States	-	Image deficiency and a market and a series	La valuate inna, n. f		He with the second second		**************************************	
9	Collections Available for Distribution	900							
Sect	ion 2 - DISTRIBUTED COLLECTIONS		<u> </u>						<u></u>
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	•	L			
14	Federal Share of Collections	200	200						
15	Estimated Incentive Payments						· · · · · · · · · · · · · · · · · · ·		
16	Net Federal Share of Collections	To Schedule D 5 200	200						
17	Balance	200	200						
18	Less: Disregards					4			
19	Balance	200	200					1.	
20	State Share	To Schedule D-8 100	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

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITYASSISTANCE

District		
Month		

		FUNDED	<u>U N Đ E R</u>	THE STAT	E SAFET	Y NET PR	OGRAM	, 		IED.
				DOMESTIC						HER DITURES
ITEM	GRAND	RENT	FAMILY	VIOLENCE	SECURITY	TRANSITIONAL	DIVERSION	DIVERSION	OTHER NON- ASSISTANCE	OTHER ASSISTANCE
	TOTAL	SUPPLEMENTS	SHELTER	SHELTER	DEPOSITS	SERVICES	TRANSPORTATION	PAYMENT		
(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					1					
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)					Ì					
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

SCHEDULE K -	- FOSTER CARE

New York State Department of Family Assistance	DISTRICT	
	MONTH	

Reimbursement Claim For Foster Care and Adoption Expenditures

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

LDSS- 3479 Reverse (rev. 07/04)

			4	****		GR(GR(The state of the s	GROUP D	
SECTION 2	To	OTAL EXP	ENDITURE	S	CAN	CELLATIO	NS & REFU	JNDS		NET EXPE	NDITURES	3		SHARES	
	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	FEDERAL	STATE	LOCAL
ITEM	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
JD/PINS a) Maintenance/Tuition	-	-	-	~	300	300	-	-	(300)	(300)	-	-	(150)	(150)	-
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				L	<u> </u>								1		
e) Service Component	ļ														
f) Administrative Component	ļ							1						.	
Foster Homes a) Regular			<u> </u>												
b) JD/PINS													1		
Adoption Subsidies a) 75% Placements															
b) 75% Medical	<u> </u>			ļ	<u> </u>										
c) 100% Excess					ļ			<u> </u>			· · · · · · · · · · · · · · · · · · ·	1			
Committee on Special Education															
a) 50% Blind and Handicapped															
b) 40% All Other															
Tuition for Foster Children					1				ļ			ļ			
Residential Treatment Facilities Tuition Only															
8. Total	<u> </u>	-	-	-	300	300	-		(300)	(300)	-	-	(150)	(150)	-

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

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SCHEDULE D-8 ALLOCATION FOR CLAIMING

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

District	 MONTHAYEAR	
·		

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT COLLECTION & DISTRIBUTION LOC OF ABS EST OF SUPPORT OBUG & ENF COI ADMINISTRATION EST OF PATERNITY (5) F8 2a (8) F8.5 (3) F6 1a (6) F8 3 (7) F8 4 (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 Salanes & 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) 5 LABORATORY PATERNITY DETERMINATION COSTS (From Schedule LDSS 9234, 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 TIFLE IV-D COSTS DISTRIBUTED SECTION 1 PERCENTS for IV D A TANF TANE OR NON-TANE x Line 9 B NON TANK 12 SUPPORT COLLECT COSTS DIST A TANE SECTION 1 PERCENTS FOR SCU SUPPORT COLLECTION UNIT B NON TANE C NON-IV-D TANE, NON-TANE OR NON-IV-Dix Line 18 13 COOPERATIVE AGREEMENT A TANE-31 I (FROM SCH LDSS-923A SUMMARY B NON-TANE C NON IV D CODES 31 1, 31 2 AND 31 3) 14 P.O.S FROM GOVERNMENT AGENCIES A TANE 32 1 (FROM SCH. LOSS-923A SUMMARY B NON TANK C NON-IV-D CODES 32 1, 32 2 AND 32 3) 32 3 A TANF-33 1 15 P O S FROM PRIVATE AGENCIES B NON-TANE (FROM SCH. LDSS-923A SUMMARY 33.2 C. NON-IV-D-CODES 33 1, 33 2 AND 33 3) 33 3 16 TOTAL TANK 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	'81
OCCITION 2. EXI ENDITORE RECORDING AND GREATER HOLD OF TEDERAL HILL OF THE RESIDENCE HEAT TOO	•

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	

CTION 3: CALCULATION OF A-87 FEDERAL SHARE	TÖTAL	ADMINIST	RATION	COLLECTION &	DISTRIBUTION	LOC OF ABS PARENTS	EST OF PATERNIT	EST OF SUPPO	RT OBLIG & ENF C
PROCEDURES ITEM	(1) F8	(2) F6 1	(3) =6 1A	(4) F6 2	(5) F8 2A	(6) 683	(7) F8 4	(8) F8 5	(9) F8 5A
1 Total IV-D Agency Child Support Activities A-87 Costs (Sch. D Line 29, Col. 8)		-	1						
2 Distribution Percentage	100%		Ţ						
3 IV D Agency Child Support Activities A-87 Costs Distributed (Line 2 Percent x Line 1)		İ							
4 TANF Percentage (Irom SECTION 1)	%								
5 IV-D Agency Child Support Activities Costs Distributed to TANF (Line 4 Percent x Line 3 Amounts)									
6 Child Support Activities A-87 Costs Assigned to TANF-Coop Agreements Agreement (from LOSS-2674)									
7 Child Support Activities A-87 Costs Assigned to TANE POS from Govt Agencies (from UDSS-2674)									
8 Total Child Support Activities Costs Distributed to TANF (Line 5 + Line 6 + Line 7)				<u> </u>					
9 Non-TANF Percentage (from SECTION 1)	%								
10 IV-D Agency Child Support Activities Costs Distributed to Non-FANF (Line 9 Percent x Line 3)		1	i de instruction de la constitución de la constituc						
11 Child Supp Activities A-87 Costs Assigned to Non-TANF-Coop Agreement (From LOSS-2674)									
12 Child Supp Activities A-67 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				-			-		

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	TOTAL EXPENDITURES	FEDERAL SHARE	STATE SHARE	LOCAL SHARE
CARE	(1)	(2)	(3)	(4)
Family Assistance				
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

CERTIFICATE OF ADMINISTRATIVE OFFICER

been authorized by him/her, that the grantees schedules which are a part hereof were made, were made under the provisions of the Social amounts and those detailed in the supporting temporary assistance and care made during the stated herein.	to whom or in whose behalf the expenditure have been investigated and found in need o Services Law and the rules and regulations of schedules are a just, true and correct state month of20 and that no part of	tifies that the expenditures (and value of goods and services es which are a part hereof are just, true and correct and have is of temporary assistance and care shown above and in the fithe assistance or care provided, and that such expenditures of the State Department of Family Assistance; that the above tement of the Federal and State shares of expenditures for if such expenditures have been claimed previously, except as
Signature	Title	Date Signed
	CERTIFICATE OF FISCAL (OFFICER
care and administration thereof in the amounts on the authority of the administration official wh official independent of the administrative official Federal and State shares of expenditures are a	shown above and in the supporting schedule ose certificate appears herein (or, in the case I whose signature appears herein, by the aut ictually due and owing from the State of New	hat he has made expenditures for temporary assistance and as which are a part hereof; that such expenditures were made of public institutional care when provided by a social services thority of such other official; that the amounts stated above as York; that these amounts represent the claim of this county or ct; that no part thereof has been paid; that such amounts are
Signature	Title	Date Signed

LDSS-1272 Reverse (REV. 07/04)

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
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)	TATE AID (RF-2A) FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
Public Assistance Administration	0	O	0	
2. MA Administration	0	Oj	0	
3. State Children's Health Insurance Plus	0	0	0	
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	
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

been authorized by them that the grantees schedules which are a part hereof were may expenditures were made under the provision that the expenditures (and value of goods thereof, were necessary and required in the of the State Department of Family Assistar the supporting schedules are a just, true at	to whom or in whose behalf the exade, have been investigated and foons of the Social Services Law and and services supplied) for welfare administration of public assistance and that the amounts shown and correct statement of the Federal inth of	certifies that the expenditures (and value of goods and services go schedules which are a part hereof are just, true and correct and have expenditures for public assistance and care shown above and in the bund in need of the assistance or care provided and that such if the rules and regulations of the State Department of Family Assistance; administration as shown above and in Schedule D, which is a part e and care pursuant to the Social Services Law and rules and regulations be correct and approved; that the above amounts and those detailed in and State shares of expenditures for public assistance and care and and that no part of such expenditures have been	
SIGNATURE	TITLE	DATÉ SIGNED	
	CERTIFICATE OF	FISCAL OFFICER	
and administration thereof in the amounts on the authority of the administration official services official independent of the administrated above as Federal and State shares.	shown above and in the supporting al whose certificate appears herein strative official whose signature app of expenditures are actually due ar 20	tifies that they have made expenditures for public assistance and care a schedules which are a part hereof; that such expenditures were made (or, in the case of public institutional care when provided by a social pears herein, by the authority of such other official); that the amounts and owing from the State of New York; that these amounts represent the that the amounts stated herein are just, true and correct; that	
SIGNATURE	TITLE	DATE SIGNED	

LDSS - 2517 (07/04)

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

DISTRICT	
REPORT MONTH	

Section 1 - AVAILABLE COLLECTIONS

	ITEM	TOTAL 1	CURRENT IV-A ASSISTANCE 2	CURRENT IV-E ASSISTANCE 3	FORMER IV-A ASSISTANCE	FORMER IV-E ASSISTANCE 5	SAFETY NET FNP ASSISTANCE	MEDICAID NEVER ASSISTANCE 7	OTHER NEVER ASSISTANCE 8
1	IRS Tax Offset	<u>'</u>	2		7	J	0		
2	State Tax Offset						,		· · · · · · · · · · · · · · · · · · ·
3	UIB Offset			Maria de Caracteria de Caracte	l inspilanti il inspilanti il grigi il il il il i				
4	Withholding of Wages	10,000							
5	Other Sources	900		terania angkaratana pamahana ang banahan			hateled a constant of the cons		
6	Other States	-					.]		
7	Total Collections Received for Month	10,900		The state of the s	a the state of the				
8	Collections forwarded to Other States	-		i i i i i i i i i i i i i i i i i i i					
9	Collections Available for Distribution	10,900							·
Sect	ion 2 - DISTRIBUTED COLLECTIONS		· · · · · · · · · · · · · · · · · · ·		I	•	<u> </u>		•
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	TIVE PAYMENT	S/OTHER COLLECT	ION INFORMATION	<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-6 1,300	800		500				
17	Balance	1,400	900		500				
18	Less: Disregards	100	100		9 99 3				
19	Balance	1,300	800		500				
20	State Share	To: Schedule D-8 650	400	• n	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.	T	
2.) Disregard amount for Safety Net Federally Non-Participating cases		
3) Eges recovered by other states for local district collection		

LDSS-1040 (rev. 10/01)

SCHEDULE C

EXPENDITURES FOR SAFETY NET ASSISTANCE

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITYASSISTANCE

District	
Month	

										
		FUNDED	UNDER	THE STAT	E SAFET	Y NET PR	OGRAM			HER DITURES
ITEM	GRAND TOTAL	RENT SUPPLEMENTS	FAMILY SHELTER	VIOLENCE SHELTER	SECURITY DEPOSITS	TRANSITIONAL SERVICES	DIVERSION TRANSPORTATION	DIVERSION	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								
2. Cancellations & Refunds (2a+2b+2c+2d)	300					-		-		300
a. Federal Participating										
b. Federal Non-Participating MOE	······································					· · · · · · · · · · · · · · · · · · ·		-		1
c. Federal Non-Participating Non MOE	300									300
d. Non-Reimbursable		<u> </u>								
3. Net Expenditures (Sum of Lines 3a+3b+3c+3d)	700									700
a. Federal Participating (1a-2a)										1
b. Federal Non-Participating MOE (1b-2b)										
c, Federal Non-Participating Non MOE (1c- 2c)	700				-					700
d. Non-Reimbursable (Line 1d-2d)									<u> </u>	
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

New	York	State	Department	of Family	Assistance
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DISTRICT	
MONTH	

SCHEDULE K - FOSTER CARE

Reimbursement Claim For Foster Care and Adoption Expenditures

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

LDSS- 3479 Reverse (rev. 07/04)

		GRC A				GR(GR(DUP			GROUP D	
SECTION 2	T	OTAL EXP	NDITURE	S	CAN	CELLATION	IS & REFU	JNDS		NET EXPE	NDITURES	3	1	SHARES	
	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	TOTAL	FP	FNP	NR	FEDERAL	STATE	LOCAL
ITEM	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1. JD/PINS	1,500	1,500	-	-	900	900	-	-	600	600		-	300	300	-
a) Maintenance/Tuition															<u></u>
b) Service Component															
c) Administrative Component		<u> </u>													
2. IV-E & CWFC															
Agencies															
a) Maintenance											L				
b) Service Component														,	
c) Administrative Component															
DSS Operated Group													T		
Care				1											
d) Maintenance													1		İ
e) Service Component	l														
f) Administrative Component												-			
Foster Homes															
a) Regular					1				1						
b) JD/PINS		I													
Adoption Subsidies									1				T		1
a) 75% Placements	l	L		1											
b) 75% Medical							•								1
c) 100% Excess	1			Ī											
5. Committee on Special									1					· · · · ·	
Education															
a) 50% Blind and					1										
Handicapped								ļ	i l						
b) 40% All Other															
Tuition for Foster Children															
7. Residential Treatment Facilities															
- Tuition Only	1		L	1	1				1 1						
8. Total	1,500	1,500	-	Ī	900	900	-		600	600	-	-	300	300	-

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

OSS-2547 Rev. (1/	90	

SCHEDULE D-8 ALLOCATION FOR CLAIMING

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

District	MONTH/YFAR

SECTION 2 EXPENDITURE ALLOCATION AND CALCULATION OF FEDERAL AND STATE REIMBURSEMENT

PROCEDURES		TOTAL	ADMINISTI	RATION	COLLECTION	& DISTRIBUTION	LOC OF ARS PARENTS	EST OF PATERNITY	EST OF SUPPORT O	DBLIG & ENF COL
ITEM		(1) F8	(2) FB 1	(3) FB 1a	(4) F8 2	(5) F8 2a	(6) F8 3	(7) F8 4	(8) F85	(9) F8 5a
1 TOTAL CHILD SUPPORT EXPENDITURES					† · · · · · · ·		1	104	F03	ro Ja
(From Schedule D, Line 23, Column 6)			<u></u>							
2 TITLE IV-D SALARY AND FRINGE BENEFITS (From Summary of Salanes & Function Assign.)				ļ						
3 DISTRIBUTION PERCENTAGES		100%		·			 			
		100 /6						i		
4 OVERHEAD COSTS DISTRIBUTED (Tot from Sch. D Cal. 8 Lines 11 13, 16 & 18)					[
Line 3% x Line 4, Col. 1 5. NON-SALARY COSTS										
(From Sch. LOSS-923A, Codes 10-29 Less Code 18 2)							l			
S LABORATORY PATERNITY DETERMINATION COSTS				,						
(From Schedule LDSS 923A, Code 18 2) 7 REFUNDS OF LABORATORY PATERNITY DETERMINATION COSTS			3 Tare + 1			······································				
				4			Living	i		
NET LABORATORY PATERNITY DETERMINATION COSTS			77 477 11 11 14 14 14 14 14 14 14 14 14 14 14							
SUB TOTAL TITLE IV DICOSTS								<u> </u>		
	į	,]		1	l i	ì	
10 SUB TOTAL SUPPORT COLLECTION UNIT COSTS			2.7							
1) TITLE IV-D COSTS DISTRIBUTED					ļ					
SECTION 1 PERCENTS for IV-D	A TANE	J		l-•				1	i	
TANF OR NON-TANF x Line 9					1		1			
AN ALIFORNIA COLLEGY CORTA CITY	B NON-TANE				ļ	·	 			
12 SUPPORT COLLECT COSTS DIST SECTION 1 PERCENTS FOR SCU	A TANE]		
SUPPORT COLLECTION UNIT	B NON TANE			† · · · · · · · · · · · · · · · · · · ·	<u> </u>		,			
TANE, NON-TANE OR NON-IV-D x Line 10	C NON IV D									
PANE NON-TANE OR NON 19-D K LIRB 10	C NON IV D									
13 COOPERATIVE AGREEMENT	A TANF-31 1									
(FROM SCH. LOSS-923A SUMMARY	B NON-TANE 31.2				1					
·	1			11.1				i		
CODES 31.1 31.2 AND 31.3]	C NON-IV-D-31 3									
14 P Ó S FROM GOVERNMENT AGENCIES	A TANE 32 1				 			h		
	1									
(FROM SCH. LOSS-923A SUMMARY	B NON-TANE-32 ?							ĺ		
CODES 32 1, 32 2 AND 32 3)	C NON-IV-D-32 3		-,,,,,,,-	 	 		 			
<u> </u>					1					
15 POS FROM PRIVATE AGENCIES	A TANE 33 1									
(FROM SCH. LÚSS-923A SUMMARY	B NON-TANE-33 2			<u> </u>	 			 		
				المستحدث المستحد						
CODES 33 1, 33 2 AND 33 3)	C NON-IV-D-33 3									
16 TOTAL TANF EXPENDITURES				 	 					
A VOVA HOLEVILLE EUROPENINGER				ļ						
17 TOTAL NON-TANE EXPENDITURES										
8 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 CALCU	THINK 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

4) (5) (6) (7) (8) 82 F82A F83 F84 F85 F	(9) F8 5A
	•