



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 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 Person(s):	<p>Regions 1-4 Virginia Scala (OTDA) at 518-474-7549 e-mail: (Virginia.Scala@otda.state.ny.us) Fax No.: (518) 486-6350</p> <p>Region 5 Michael Borenstein (OTDA) at 631-854-9704 e-mail: (Michael.Borenstein@otda.state.ny.us) Fax No.: (212) 961-8244</p> <p>Region 6 Marian Borenstein (OTDA) at 212-961-8250 e-mail: (Marian.Borenstein@otda.state.ny.us) Fax No.: (212) 961-8244</p>	
Attachments:	Yes	
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-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

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.

- a. 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 Velasquez refund amounts. In these examples the Velasquez 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	<u>\$200.00</u>
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 Velasquez 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 Velasquez refunds.

Attachment #3 - Supplemental "Velasquez Refund" Claim

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

In the example, the total PA/FC Velasquez 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 Velasquez refunds as well as the \$200 in NPA/purged Velasquez 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 (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. 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

The undersigned of the (County or City) _____ certifies that the expenditures (and value of goods and services supplied) for temporary 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 him/her, that the grantees to whom or in whose behalf the expenditures of temporary 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 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 temporary assistance and care 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 he has made expenditures for temporary 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__; 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 _____

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (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
FEDERAL AND STATE AID (RF-2A)**

ADMINISTRATIVE EXPENDITURES	TOTAL (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. Public Assistance Administration	0	0	0	0
2. MA Administration	0	0	0	0
3. State Children's Health Insurance Plus	0	0	0	0
4. Working Disabled Buy-In Program	0	0	0	0
5. Child Support Administration	13788	8000	1794	2344
6. TANF Employment Administration	0	0	0	0
7. USDA Food Stamp Administration	0	0	0	0
8. Food Stamp Employment & Training	0	0	0	0
9. USDA Food Stamp Fraud & Abuse	0	0	0	0
10. Training Cap	0	0	0	0
11. FNP Employment Program	0		0	0
12. NR Admin and FNP/NR A-87	0			0
13. Child Care Block Grant Administration	0			
14. Family Type Homes for Adults Admin.	0		0	0
15. EAF Child Preventive and Protective	0	0	0	0
16. EAF Foster Care	0	0	0	0
17. EAF Services (All Other)	0	0	0	0
18. Title 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	0
22. IV-E Foster Care Administration	0	0	0	0
23. IV-E Adoption Administration	0	0	0	0
24. Grand Total (Lines 1-23)	13788	8000	1794	2344

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) 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 _____ 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 _____

**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							

Section 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

Section 3 – SHARES COMPUTATION / INCENTIVE PAYMENTS/OTHER COLLECTION INFORMATION

14 Federal Share of Collections	1,200	700		500				
15 Estimated Incentive Payments	100	100						
16 Net Federal Share of Collections	To Schedule D-B 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-B 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	

SECTION 2	GROUP A				GROUP B				GROUP C				GROUP D		
	TOTAL EXPENDITURES				CANCELLATIONS & REFUNDS				NET EXPENDITURES				SHARES		
	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	-	-	600	600	-	-	900	900	-	-	450	450	-
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	-	-	600	600	-	-	900	900	-	-	450	450	-

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

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			
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11. A-87 COSTS ALLOCATED			
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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
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18. FEDERAL SHARE			
19. STATE SHARE	1,000		1,000
20. LOCAL SHARE			

CERTIFICATE OF ADMINISTRATIVE OFFICIAL

The undersigned of the _____ (County/City) certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules and rolls 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 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, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and the rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that no part of the expenditures stated above and in the attached schedules have been claimed previously except as stated herein.

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)

Title _____

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

ADMINISTRATIVE EXPENDITURES	TOTAL (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
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)

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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____. 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

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

The undersigned of the (County or City) _____ certifies that the expenditures (and value of goods and services supplied) for temporary 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 him/her, that the grantees to whom or in whose behalf the expenditures of temporary 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 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 temporary assistance and care 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 he has made expenditures for temporary 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__; 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 _____

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (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							

Section 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

Section 3 – SHARES COMPUTATION / INCENTIVE PAYMENTS/OTHER COLLECTION INFORMATION

14 Federal Share of Collections	200	200						
15 Estimated Incentive Payments								
16 Net Federal Share of Collections	To Schedule D-8 200	200						
17 Balance	200	200						
18 Less: Disregards								
19 Balance	200	200						
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	

SECTION 2	GROUP A				GROUP B				GROUP C				GROUP D		
	TOTAL EXPENDITURES				CANCELLATIONS & REFUNDS				NET EXPENDITURES				SHARES		
	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.

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				
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

The undersigned of the (County or City) _____ certifies that the expenditures (and value of goods and services supplied) for temporary 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 him/her, that the grantees to whom or in whose behalf the expenditures of temporary 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 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 temporary assistance and care 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 he has made expenditures for temporary 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__; 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 _____

COMPUTATION AREA

PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (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
FEDERAL AND STATE AID (RF-2A)**

ADMINISTRATIVE EXPENDITURES	TOTAL (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. Public Assistance Administration	0	0	0	0
2. MA Administration	0	0	0	0
3. State Children's Health Insurance Plus	0	0	0	0
4. Working Disabled Buy-In Program	0	0	0	0
5. Child Support Administration	13788	7800	1694	2344
6. TANF Employment Administration	0	0	0	0
7. USDA Food Stamp Administration	0	0	0	0
8. Food Stamp Employment & Training	0	0	0	0
9. USDA Food Stamp Fraud & Abuse	0	0	0	0
10. Training Cap	0	0	0	0
11. FNP Employment Program	0		0	0
12. NR Admin and FNP/NR A-87	0			0
13. Child Care Block Grant Administration	0			
14. Family Type Homes for Adults Admin.	0		0	0
15. EAF Child Preventive and Protective	0	0	0	0
16. EAF Foster Care	0	0	0	0
17. EAF Services (All Other)	0	0	0	0
18. Title 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	0
22. IV-E Foster Care Administration	0	0	0	0
23. IV-E Adoption Administration	0	0	0	0
24. Grand Total (Lines 1-23)	13788	7800	1694	2344

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) 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 _____ 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 _____

**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							

Section 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

Section 3 – SHARES COMPUTATION / INCENTIVE PAYMENTS/OTHER COLLECTION INFORMATION

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						
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	

SECTION 2	GROUP A				GROUP B				GROUP C				GROUP D		
	TOTAL EXPENDITURES				CANCELLATIONS & REFUNDS				NET EXPENDITURES				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)
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.

