



# MENTAL HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2009-10 Fourth Quarter Report

- ◆ Reports must be returned by **September 17, 2010**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2009-10 fourth quarter deposits made April through June 2010.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales tax
  - a. Allocation  
W & I Code Sec. 17601 In columns titled "April, May, and June" enter the total amount allocated April 27, May 27, and June 25, 2010, respectively.
  - b. Less: State Hospital Offset  
W & I Code Sec. 17601 In columns titled "April, May, and June," enter the State Hospital Service contract offsets made in April through June 2010.  
Note: Counties making direct payments should enter -0- and refer to line 6.
  - c. Less: Managed Care Offset In columns titled "April, May, and June," enter the Managed Care Program offset amounts made in April through June 2010.
  - d. State Hospital Adjustments In column titled "April" enter the State Hospital Adjustments made in April 2010.
  - e. Total Sales Tax Revenue Enter the total of lines 1a, less 1b, 1c and 1d.
2. County/City Matching Funds
  - a. Mental Health Match  
W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from April through June 2010 in accordance with the schedule developed by the State Department of Mental Health.
  - b. Vehicle License Fees  
Annual Base In the columns titled "April, May, and June," enter the amount deposited on April 27, May 27, and June 25, 2010, respectively.
  - c. Total Matching Funds Enter the total of lines 2a, and 2b.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1e, 2c, and 3.

### Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the fourth quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

### Transfers

8. Transfers In (Out) to Other  
Trust Funds  
W & I Code Sec. 17600.20 Enter the transfers In (Out) between trust fund accounts.

**Office of the State Controller of California**  
**Division of Accounting and Reporting**  
**Report of Local Health and Welfare Trust Funds**  
**Health Trust Fund**  
**4th Quarter Report for the 2009-10 Fiscal Year**

For the County/City of \_\_\_\_\_

DEPOSITS	APRIL	MAY	JUNE	TOTAL
1. Sales Tax				
a. Allocation				
b. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Health Match				
b. Vehicle License Fee				
i. Allocation				
ii. Less: CMSP Offset				
c. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
<b>DISBURSEMENTS</b>				
5. Transfers to Operating Funds				
6. CMSP Payments				
7. Other (identify)				
8. Total Funds Disbursed				
<b>TRANSFERS</b>				
9. Transfers In (Out) to Other Trust Funds				

Questions concerning the preparation of this report should be directed to \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Certification:

As Health Director for the County/City of \_\_\_\_\_, I certify that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Health Director Telephone No. Date

As Auditor-Controller for the County/City of \_\_\_\_\_, I concur with the Health Director that the amounts stated on this report are true, accurate, and complete.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Auditor-Controller Telephone No. Date

# HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2009-10 Fourth Quarter Report

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- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2009-10 fourth quarter deposits made April through June 2010.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation  
W & I Code Sec. 17603  
In columns titled "April, May, and June" enter the total amount allocated April 27, May 27, and June 25, 2010, respectively.
2. County/City Matching Funds
  - a. Health Match  
W & I Code Sec. 17608.10(a)  
In columns titled "April, May, and June" enter the gross amount of local matching funds deposited from April through June 2010, based on the schedule shown in W & I Code Section 17608.10.
  - b. Vehicle License Fee  
W & I Code Sec. 17608.10(b)
    - i. Allocation  
Enter the amount of county/city matching funds deposited as Vehicle License Fees in the columns titled "April, May, and June," enter the total amount allocated on April 27, May 27, and June 25, 2010, respectively.
    - ii. Less: CMSP Offset  
W & I Code Sec. 17604.05  
In the columns titled "April, May and June" enter the amount of the County Medical Services Program offset from April through June 2010. Note: Counties making direct payments should enter -0- and refer to line 6.
  - c. Total Matching Funds  
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)  
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited  
Enter the total of lines 1a, 2c, and 3.

### Disbursements

5. Transfers to Operating Funds  
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments  
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)  
Enter and identify any other disbursements made during the fourth quarter.
8. Total Funds Disbursed  
Enter the total of lines 5, 6, and 7.

### Transfers

9. Transfers In (Out) to Other Trust Funds,  
W & I Code Sec. 17600.  
Enter the transfers In (Out) between trust fund accounts.



# SOCIAL SERVICES TRUST FUND INSTRUCTIONS

## Instructions for the 2009-10 Fourth Quarter Report

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- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2009-10 fourth quarter deposits made April through June 2010.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

### Deposits

1. Sales Tax
  - a. Allocation In columns titled "April, May, and June" enter the total amount allocated April 27, May 27, and June 25, 2010, respectively.
2. Vehicle License Fees
  - a. Vehicle License Fees Annual Base In columns titled "April, May, and June" enter the total amount allocated April 27, May 27, and June 25, 2010, respectively.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

### Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the fourth quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

### Transfers

8. Transfers In (Out) to Other Trust Funds Enter the Transfers In (Out) between trust fund accounts.  
W & I Code Sec. 17600.20