



JOHN CHIANG
California State Controller

Division of Accounting and Reporting
April 5, 2013

To: County Auditor-Controller
City Finance Director

The forms for **Local Health and Welfare Trust Fund's 2012-13 second quarter reports** are enclosed. These reports are to be completed and returned to our office by May 3, 2013.

Welfare and Institutions Code section 17609.05 requires reports to be filed with the Controller for verification of trust fund deposits and expenditures. Failure to file these reports by the date stated above could result in the withholding of your future allocations.

County matching general purpose revenues are required to be deposited monthly pursuant to Welfare and Institutions Code sections 17608.05, 17608.10, and 17608.15. In compliance with these statutes, if deposits are determined to be insufficient, the county will be notified. If required, future allocations will be withheld until proof of the appropriate deposit is received.

For your assistance, instructions are provided for each of the reports. Please include all deposits and disbursements made from the health and welfare trust fund accounts for the 2012-13 second quarter. Please send the completed reports to:

State Controller's Office
Division of Accounting and Reporting
Local Apportionments Section
Attn: John Bodolay
P. O. Box 942850
Sacramento, CA 94250

Thank you for your cooperation. Forms are now located on our website at http://www.sco.ca.gov/ard_payments_realign.html. If you have any questions concerning these forms or instructions, please call John Bodolay of the Local Apportionments Section at (916) 323-2154.

Sincerely,

KELLY MARTELL, Manager
Local Apportionments Section

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250
STREET ADDRESS 3301 C Street, Suite 740, Sacramento, CA 95816
PHONE (916) 445-8717, FAX (916) 323-4807

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2012-13 Second Quarter Report.

- ◆ Reports must be returned by **May 3, 2013**, 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 2012-13 second quarter deposits made October through December 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17601
In the columns titled "October", "November", and "December", enter the total amounts deposited October 26, November 27, and December 27, 2012, respectively.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601
In the columns titled "October", "November", and "December", enter the State Hospital Service contract offset amounts from October through December 2012, respectively.
 - c. Less: Managed Care Offset
In the columns titled "October", "November", and "December", enter the Managed Care Program offset amounts from October through December 2012, respectively.
 - d. Less: State Hospital Excess Use
In the columns titled "October", "November", and "December", enter the State Hospital Excess Use amount from October through December 2012, respectively.
 - e. Total Sales Tax Revenue
Enter the total of lines 1a, 1b, 1c, and 1d.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05
In the columns titled "October", "November", and "December" enter the amount of local matching funds deposited from October through December 2012, respectively, in accordance with the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Collection
Allocation
In the columns titled "October" and "December" enter the amount deposited in October and December 2012, 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 second 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.

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2012-13 Second Quarter Report

- ◆ Reports must be returned by **May 3, 2013**, 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 Health and the County/City Auditor-Controller.
- ◆ Report 2012-13 second quarter deposits made October through December 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603
In the columns titled "October", "November", and "December", enter the total amounts deposited October 26, November 27, and December 27, 2012, respectively.
 - b. Less: CMSP Offset
W & I Code Sec. 17603.05
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Sales Tax Revenue
Enter the total of lines 1a, and 1b.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a)
In the columns titled "October", "November", and "December", enter the amount of local matching funds deposited from October through December 2012, respectively, in accordance with the schedule shown in W & I Code Section 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation
W & I Code Sec. 17604
In the columns titled "October", "November", and "December", enter the amount of county/city matching funds deposited October 26, November 27, and December 27, 2012, respectively, as Vehicle License Fees.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05
In the columns titled "October", "November", and "December", enter the amount of the County Medical Services Program offset from October through December 2012, respectively.
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 1c, 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 second 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. 17600.20
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
 2nd Quarter Report for the 2012-13 Fiscal Year

For the County/City of _____

DEPOSITS	OCTOBER	NOVEMBER	DECEMBER	TOTAL
1. Sales Tax				
a. Allocation				
b. Less: CMSP Offset				
c. 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				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. CMSP Payments				
7. Other (identify)				
8. Total Funds Disbursed				
TRANSFERS				
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

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2012-13 Second Quarter Report.

- ◆ Reports must be returned by **May 3, 2013**, 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 Social Services and the County Auditor-Controller.
- ◆ Report 2012-13 second quarter deposits made October through December 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17602 In the columns titled "October", "November", and "December", enter the total amounts deposited October 26, November 27, and December 27, 2012, respectively.
 - b. Stabilization
W & I Code Sec. 17602(b)(1) In the column titled "November", enter the amount deposited November 27, 2012.
 - c. Total Sales Tax Revenue Enter the total of lines 1a, and 1b.
2. Vehicle License Fees
 - a. Vehicle License Fees
Annual Base
W & I Code Sec. 17604 In the columns titled "October", "November", and "December", enter the total amounts deposited October 26, November 27, and December 27, 2012, respectively.
3. CalWORKs Maintenance of Effort
 - a. Allocation
W & I Code Sec.
17601.20(a) In the columns titled "October", "November", and "December", enter the total amounts deposited October 26, November 27, and December 27, 2012, respectively.
4. Other (identify) Enter and identify all miscellaneous deposits.
5. Total Funds Deposited Enter the total of lines 1c, 2a, 3a and 4.

Disbursements

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

Transfers

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

