



**Appendix: Required Actions for Foster Care, Kin-Gap and Adoption Assistance Program**

**Priority Level: 1**

**Background:**

During the conversion cutover from CalWIN to CalSAWS, the system will run a Batch EDBC job for all active CalWIN cases. If the CalSAWS Batch EDBC results match the last saved CalWIN EDBC result, the system considers the benefits a **match** and saves EDBC. If the CalSAWS Batch EDBC **does not match** the existing saved CalWIN EDBC, the case will be flagged with a Yellow Banner and the Batch EDBC is not saved.

**CalWIN Benefits will roll forward until the next EDBC is run in CalSAWS.**

This guide provides detailed actions that end-users will be required to take in order to update missing fields on Foster Care, Kin-GAP and Aid to Adoption Program (AAP) pages.

If a user attempts to run EDBC before updating these missing fields, the resulting EDBC will result in either a change in benefit amount, aid code, or a program discontinuance.

These cleanup areas have been broken down into 5 areas:

Guide Number	Name	Programs Impacted	EDBC Mismatch Reason(s)
1	<a href="#">Update AAP Summary Detail Page</a>	AAP	Program Discontinued, Benefit Amount Mismatch
2	<a href="#">Update Foster Care Child Welfare Services Authority Detail</a>	Foster Care	Program Discontinued, Benefit Amount Mismatch, Aid-Code Mismatch
3	<a href="#">Missing Fields on Foster Care Resource Pages</a>	Foster Care	Program Discontinued, Benefit Amount Mismatch
4	<a href="#">Update Infant Supplement Payments</a>	Foster Care, Kin-GAP	Benefit Amount Mismatch
5	<a href="#">Update Education Travel Reimbursements</a>	Foster Care	Benefit Amount Mismatch



**Note:** The examples provided in these guides do not represent every scenario that a user might encounter. The scenarios provided below are intended to direct users to the most commonly impacted areas on the Yellow Banner report. A full and thorough review of each case must be conducted to ensure that all of the information is entered as accurately as possible to allow for a correct determination to be made.

Details		Screenshots
1	<div>Update AAP Summary Detail Page</div> <p>Multiple mandatory fields are missing on the AAP Summary Detail Page. These fields are being converted as blank because the questions do not exist in CalWIN.</p> <p>The following mandatory fields are not complete on the AAP Summary Detail Page:</p> <ol style="list-style-type: none"><li>Did the child receive at least one Title IV-E Foster Care maintenance payment on behalf of the child's minor parent to cover the cost of the minor parent's child while in the foster parent's home or child care institution with the minor parent?</li><li>The child received Adoption Assistance Program benefits with respect to a prior adoption, the prior adoption dissolved, and child is again up for adoption?</li><li>The Child is an Indian child and the subject of an order of adoption based on tribal customary adoption of an Indian child?</li><li>Has the child been in foster care for at least 60 consecutive months?</li><li>Is a sibling of an "Applicable Child," if both are placed in the same prospective adoptive home?</li><li>Does the child meet the applicable age requirements any time before the end of the Federal Fiscal Year (FFY)?</li><li>The applicable child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either of the following:</li></ol>	

Figure 1 – AAP Summary Detail page



Details	
	<div><div><div>1. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child</div><div>2. A voluntary placement agreement or voluntary relinquishment</div></div><div>8. The child was residing in a foster family home or child care institution with the child's minor mother?</div><div>9. The child received Adoption Assistance Program with respect to a prior adoption that dissolved?</div><div>10. Is the child under the supervision of a county welfare department as the subject of legal guardianship or juvenile court dependency?</div><div>11. The child has been relinquished to a licensed California private or public adoption agency or another public agency operating at Title IV-E program on behalf of the state?</div><div>12. The child is committed to the care of the department or county adoption agency pursuant to Family Code Section 8805 or 8918?</div></div> <div>These questions will need to be answered prior to running EDBC as they will impact the eligibility determination. Impacted cases will appear on the Yellow Banner case report.</div> <div>EDBC Mismatch Reason: Program Discontinued, Benefit Amount Mismatch</div> <div>Clean-Up Instructions:<div><div>1. Place the Cursor over Eligibility on the Global Navigation Bar</div><div>2. Select Customer Information from the Local Navigator</div><div>3. Click the AAP link in the Task Navigation Bar</div><div>4. Click the AAP Summary link on the Task Navigation Bar to Access the AAP Summary List Page</div><div>5. Click the Type hyperlink to access the AAP Summary Detail Page (Figures 1 &amp; 2)</div></div></div>

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagesDCFS ImagesLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Applicable Child Information

Has the child been in foster care for at least 60 consecutive months? \*

Is a sibling of an "Applicable Child," if both are placed in the same prospective adoptive home? \*

Does the child meet the applicable age requirements any time before the end of the Federal Fiscal Year (FFY)? \*Yes

FFY is October 1 through September 30th.  
The applicable child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either of the following: \*  
A) An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child.  
B) A voluntary placement agreement or voluntary relinquishment.

The child has met all medical or disability eligibility requirements for federal supplemental security income (SSI) benefits? \*No

The child was residing in a foster family home or child care institution with the child's minor mother? \*

The child received Adoption Assistance Program with respect to a prior adoption that dissolved? \*

State Funding

Is the child under the supervision of a county welfare department as the subject of legal guardianship or juvenile court dependency? \*

The child has been relinquished to a licensed California private or public adoption agency or another public agency operating at Title IV-E program on behalf of the state? \*

The child is committed to the care of the department or county adoption agency pursuant to Family Code Section 8805 or 8918? \*

Extended Benefits

Was the Initial AAP Agreement signed on or after the youth's 16th birthday? \*No

Does the AAP youth have a mental or physical disability that meets the requirements for extended benefits?No

Is the AAP youth meeting participation requirements for extended benefits?No

Which participation requirements is the AAP youth meeting? \*

Figure 2 – AAP Summary Detail page continued



Details		Screenshots
	<div>6. Click <b>Edit</b></div> <div>7. Select <b>Yes or No</b> from the drop downs selection for each mandatory question (mandatory questions are marked with a red asterisk)</div> <div>8. Click <b>Save to confirm</b> selection</div>	
2	<div>Update Foster Care Child Welfare Services Authority Detail</div> <div>The following mandatory fields are missing from the Child Welfare Services Authority Detail Page:</div> <div><b>Emergency Assistance (EA) Block:</b><ul style="list-style-type: none"><li>Date of Risk</li><li>Not to Exceed Date</li></ul></div> <div><b>Federal AFDC Linkage Information Block:</b><ul style="list-style-type: none"><li>YES/ NO value missing for the question, "Does the child meet all general AFDC-FC eligibility requirements as established on the JA2/SAWS 2 or FC2?"</li></ul></div> <div><b>EDBC Mismatch Reason:</b> Program Discontinued, Benefit Amount Mismatch, Aid-Code Mismatch</div>	

Figure 3 – Child Welfare Services Authority Detail Page



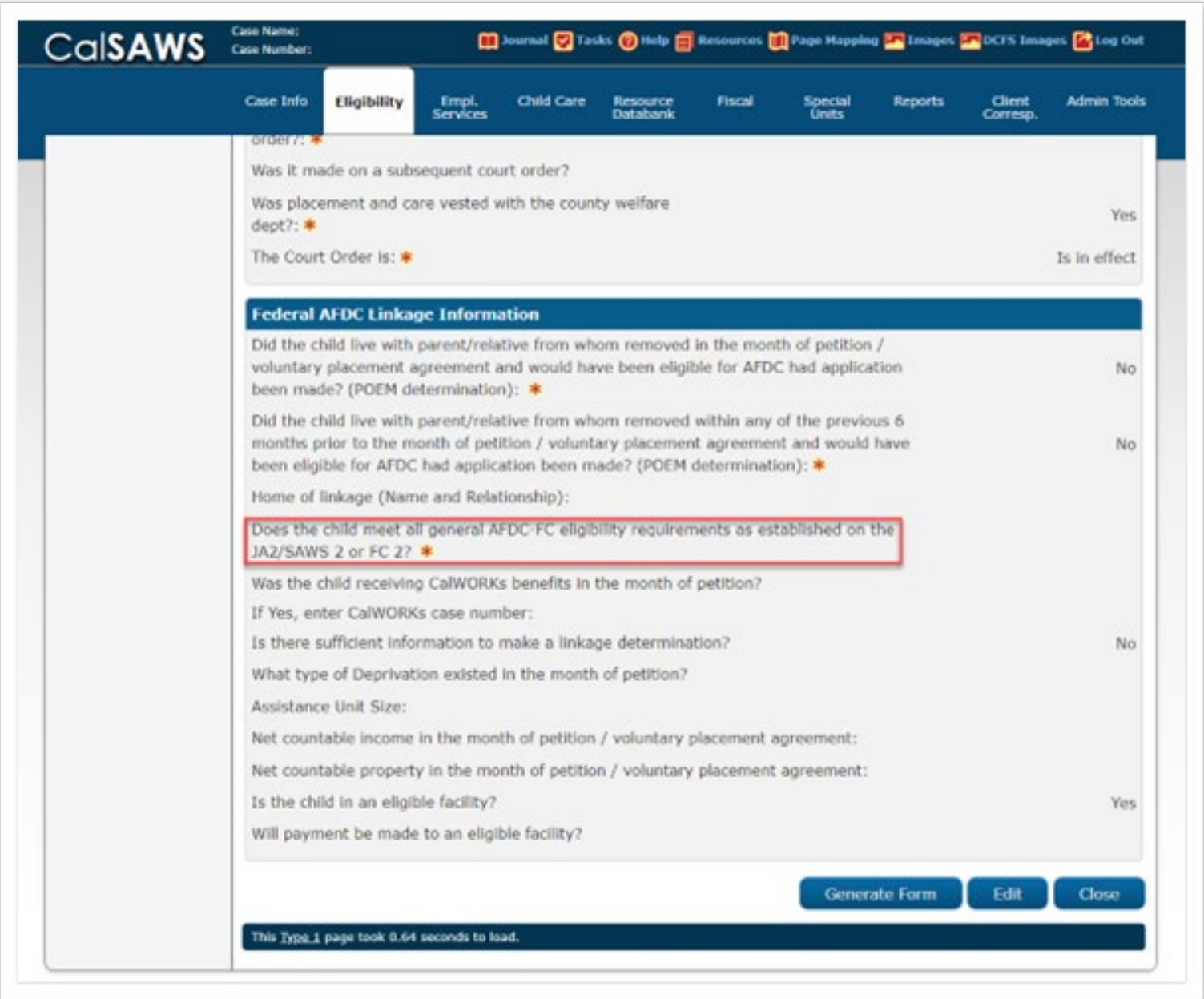
Details	Screenshots
<p><b>Clean-Up Instructions:</b></p> <ol style="list-style-type: none"><li>1. Place the cursor over <b>Eligibility</b> on the Global Navigation bar</li><li>2. Select <b>Customer Information</b> from the Local Navigator</li><li>3. Click <b>the Foster Care</b> link in the Task Navigation bar</li><li>4. Click the <b>Placement Authority</b> link in the Task Navigation bar to access the Placement Authority List page</li><li>5. Click The <b>Type Hyperlink</b> for the current Placement Authority listing to access the Child Welfare Services Authority Detail Page (Figures 3 &amp; 4)</li><li>6. Click <b>Edit</b></li><li>7. Complete the missing <b>mandatory fields</b> (note: Emergency Assistance information may not be applicable to all cases)</li><li>8. Click <b>Save</b> to confirm updates</li></ol>	 <p>The screenshot displays the CalSAWS Eligibility page. The top navigation bar includes links for Journal, Tasks, Help, Resources, Page Mapping, Images, DCFS Images, and Log Out. The main navigation bar has tabs for Case Info, Eligibility (selected), Empl. Services, Child Care, Resource Databank, Fiscal, Special Units, Reports, Client Corresp., and Admin Tools. The page content includes several sections with questions and answers:</p> <ul style="list-style-type: none"><li><b>ORDER 7:</b> Was it made on a subsequent court order? (Yes)</li><li>Was placement and care vested with the county welfare dept?: (Yes)</li><li>The Court Order is: (Is in effect)</li><li><b>Federal AFDC Linkage Information:</b><ul style="list-style-type: none"><li>Did the child live with parent/relative from whom removed in the month of petition / voluntary placement agreement and would have been eligible for AFDC had application been made? (POEM determination): (No)</li><li>Did the child live with parent/relative from whom removed within any of the previous 6 months prior to the month of petition / voluntary placement agreement and would have been eligible for AFDC had application been made? (POEM determination): (No)</li><li>Home of linkage (Name and Relationship):</li><li>Does the child meet all general AFDC-FC eligibility requirements as established on the JAZ/SAWS 2 or FC 2? (Highlighted with a red box)</li><li>Was the child receiving CalWORKs benefits in the month of petition? (No)</li><li>If Yes, enter CalWORKs case number:</li><li>Is there sufficient information to make a linkage determination? (No)</li><li>What type of Deprivation existed in the month of petition?</li><li>Assistance Unit Size:</li><li>Net countable income in the month of petition / voluntary placement agreement:</li><li>Net countable property in the month of petition / voluntary placement agreement:</li><li>Is the child in an eligible facility? (Yes)</li><li>Will payment be made to an eligible facility?</li></ul></li></ul> <p>Buttons at the bottom: Generate Form, Edit, Close.</p> <p>This Type 1 page took 0.64 seconds to load.</p>

Figure 4 – Child Welfare Services Authority Detail Page Continued



Details		Screenshots
3	<div>Missing Fields on Foster Care Resource Pages</div> <p>The following mandatory fields may be missing from the Foster Care Resource Detail Page and License Detail page:</p> <p><b>Foster Care Resource Detail Page:</b></p> <ul style="list-style-type: none"><li>Physical Address *</li><li>Phone Information *</li><li>Update Frequency **</li><li>Next Review Date **</li></ul> <p><b>Foster Care License Detail Page:</b></p> <ul style="list-style-type: none"><li>License Status *</li><li>License Number *</li><li>Begin Date *</li></ul> <p>* These items may be missing if the information was not entered in CalWIN</p> <p>** These Items will always be missing as these fields did not exist in CalWIN</p> <p>The mandatory fields on the Foster Care License Detail page must be updated to run and save EDBC. The program will fail if these fields are not completed.</p> <p><b>EDBC Mismatch Reason: Program Discontinued, Benefit Amount Mismatch</b></p>	
	<p>Figure 5 – Child Placement List Page</p>	



Details

Clean-Up Instructions:

- 1. Place the Cursor over **Eligibility** on the Global Navigation Bar
- 2. Select **Customer Information** from the Local Navigator
- 3. Select the **Foster Care** link form the Task Navigation Bar
- 4. Click the **Child Placement** link in the Task Navigation Bar to access the **Child Placement List Page**
- 5. Click the **Name** hyperlink (Figure 5) for the desired placement to access the **Child Placement Detail Page**
- 6. Click the **Placement Name** hyperlink (Figure 6) to access the Foster **Care Resource Detail Page** (Figure 7)
- 7. Click the **Edit** button
- 8. Review and update all mandatory fields as necessary (Physical Address, Phone Information, Update Frequency, Next Review Date)
- 9. Click **Save** to confirm all updates to the Foster Care Resource Detail Page
- 10. Click the **License Information** link in the Task Navigation Bar to access the **Foster Care License List Page** (Figure 8)
- 11. Click **Add**
- 12. Complete the mandatory fields per county policy (License Status, License Number, Begin Date)
- 13. **Click Save and Return** to confirm selections

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case Info

Eligibility

Empl. Services

Child Care

Resource Databank

Fiscal

Special Units

Reports

Client Corresp.

Admin Tools

Customer Information

Case Number:  
  
Go

Person Search

Non Financial

Financial

Foster Care

Placement Authority

Child Placement

Deprivation

Re-Evaluation

Placement Verification

Permanency Plan Court Order

Non-Minor Dependent

Verifications

MC 355

EBT Account List

MAGI Verifications

MAGI Eligibility

Run EDBC

Manual EDBC

Needs

Service Arrangements

ABAWD

EDBC Results

Child Placement Detail

\*- Indicates required fields

ImagesEditClose

Child Name:Placement Name: \*Placement Type: \*  
Relative Home

Payee:Same as PlacementCare Provider Relationship to Child:

Use County Funds: \*  
Yes

Begin Date: \*  
10/19/2020End Date:

Placement ID:

Rate List \*

Type	Rate	Level Of Service	Level of Care	Begin Date	End Date
Standard State Rate		Basic Level Rate		10/19/2020	

Infant Supplement

Infant Name	Begin Date	End Date
No Data Found		

Special Care Increment

Type	Amount	Begin Date	End Date
No Data Found			

Figure 6 – Child Placement Detail Page



Details

Screenshots

Figure 7 – Foster Care Resource Detail Page



Details

Screenshots

CalSAWS

Case Name:  
Case Number:

Journal

Tasks

Help

Resources

Page Mapping

Images

DCFS Images

Log Out

Case Info

Eligibility

Empl. Services

Child Care

Resource Databank

Fiscal

Special Units

Reports

Client Corresp.

Admin Tools

Foster Care

Foster Care Resource Search

Foster Care Resource Information

Vendor Information

Approved for County Use

License Information

Foster Care Facility Ratios

County Impact List

FFA Certified Homes

Resource Placements

Notification List

Foster Care License Detail

\*- Indicates required fields

Save and Return

Cancel

License Type:  
Relative Home, Foster Family Home

License Status: \*  
- Select -

License Number: \*

Begin Date: \*

End Date:

Comments:

Save And Return

Cancel

This Type 1 page took 0.64 seconds to load.

Figure 8 – Foster Care License Detail Page



Details

4

Update Infant Supplement Payments

CalWIN does not have an area to set up an Infant Supplement Payment. Infant supplements are automatically issued to the Kin-Gap or Foster Care case when an infant is added to the case in the CalWIN system. In CalSAWS, the infant must be pended to the program and the infant supplement must be added in the rate summary page.

EDBC Mismatch Reason: Benefit Amount Mismatch

Clean-Up Instructions:

Adding the Infant to the Case:

- 1. Add the Infant to the Case per your county policy. See **Job Aid: Add a Person to an Existing Case and Existing Program for more information**
- 2. On the Case Summary Page, Click **View Details** on the Foster Care Program Block to access the **Foster Care Detail** page
- 3. Click **Edit**
- 4. Enter the **Beginning Date of Aid** in the Date field and Click **View Date**
- 5. Click **Add** on the Program Persons section
- 6. Select the desired **infant**, enter the **Application Date**, and the **Beginning Date of Aid**
- 7. Click **Save and Return**
- 8. Click **Save and Return** again to confirm choices and return to the Case Summary Page
- 9. Place the Cursor over **Eligibility** on the Global Navigation bar and select **Customer Information** from the Local Navigator
- 10. Complete the following tabs from the Task Navigation bar for the infant per county policy: Individual Demographics, Vital Statistics, Household Status, Relationship, Absent parent

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Customer Information

Case Number:  
 Go

Person Search

► Non Financial

► Financial

▼ Foster Care

Placement Authority

Child Placement

Deprivation

Re-Evaluation

Placement Verification

Permanency Plan Court Order

Non-Minor Dependent

Verifications

MC 355

EBT Account List

MAGI Verifications

MAGI Eligibility

Run EDBC

Manual EDBC

Needs

Service Arrangements

► ABAWD

EDBC Results

Child Placement Detail

\*- Indicates required fields

ImagesSave and ReturnCancel

Child Name:  
Angiolillo, Stany 15M

Placement Name: \*  
Select

Placement Type: \*  
Short Term Residential Tr▼

Payee:  
Same as Placement

Care Provider Relationship to Child:  
▼

Use County Funds: \*  
No▼

Begin Date: \*  
06/23/2022

End Date:

Placement ID:  
880057450

Rate List\*

Type	Rate	Level Of Service	Level of Care	Begin Date	End Date	
Standard State Rate		STRTP		06/23/2022		Edit
						Add

Infant Supplement

Infant Name	Begin Date	End Date	
No Data Found			Add

Special Care Increment

Type	Amount	Begin Date	End Date	
No Data Found				Add

Figure 9 – Foster Care Child Placement Detail Page



Details

- Issuing Infant Supplement Payment for Foster Care:**
- 1. Place the cursor over **Eligibility** on the Global Navigation bar
  - 2. Select **Customer Information** from the Local Navigator
  - 3. Expand the **Foster Care** section of the Task Navigation bar
  - 4. Click the **Child Placement** link on the Task Navigation bar
  - 5. On the Child Placement List Page, Click the **Edit** button for the desired placement to access the Child Placement Detail Page
  - 6. Click the **Add** button in the Infant Supplement page section (Figure 9)
  - 7. On the Infant Supplement Detail page (Figure 10):
    - a. Select the infant form the **Infant Name** drop list
    - b. Select **Yes/No** from the “**Is the infant paced in a Whole Family Foster Home?**” drop list
    - c. Select **Yes/No** from the “**Do the caregiver and the minor dependent parent have a shared responsibility plan?**” drop list
    - d. Select **Yes/No** from the “**Is there a Parenting Support Plan (PSP) on file?**” drop list
    - e. Enter the desired date in the **Begin Date** field
    - f. Click **Save and Return** to confirm choices
  - 8. **Run EBDC** for all available months to issue the Infant Supplement

Screenshots

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Imaging Log Out

Case Info Eligibility Empl. Services Child Care Resource Databank Fiscal Special Units Reports Client Corresp. Admin Tools

**Customer Information**

Case Number:  Go

Person Search

- Non Financial
- Financial
- ▼ Foster Care
- Placement Authority
- Child Placement
- Deprivation
- Re-Evaluation
- Placement Verification
- Permanency Plan Court Order
- Non-Minor Dependent

Verifications

- MC 355
- EBT Account List
- MAGI Verifications
- MAGI Eligibility
- Run EDBC
- Manual EDBC
- Needs
- Service Arrangements
- ABAWD
- EDBC Results

**Infant Supplement Detail**

\*- Indicates required fields

Save and Return Cancel

Infant Name: \*

Is the infant placed in a Whole Family Foster Home? \*

Do the care giver and the minor dependent parent have a shared responsibility plan? \*

Begin Date: \*  End Date:

Save and Return Cancel

Last Updated On 08/17/2022 4:51:47 PM By: [1030944](#)

This [Type 1](#) page took 0.51 seconds to load.

Figure 10 – Infant Supplement Detail Page



Details

- Issuing Infant Supplement Payment for Kin-GAP:**
- 1. Place the cursor over **Eligibility** on the Global Navigation bar
  - 2. Select **Customer Information** from the Local Navigation bar
  - 3. Expand the **Kin-GAP** section of the Task Navigation bar
  - 4. Click the **Rate Summary** link on the Task Navigation bar
  - 5. On the Kin-GAP Rate Summary page (Figure 11), click the **Add** button in the Infant Supplement page section
  - 6. On the Kin-GAP Infant Supplement Detail Page (Figure 12):
    - a. Select the infant from the **Infant Name** drop list
    - b. Select **Yes/No** from the “**Is the infant placed in a Whole Family Foster Home?**” drop list
    - c. Select **Yes/No** from the “**Do the caregiver and the minor dependent parent have a shared responsibility plan?**” drop list
    - d. Enter the desired date in the **Begin Date** field
    - e. Click **Save and Return** to confirm choices
  - 7. **Run EBDC** for all available months to issue the Infant Supplement

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Customer Information

Case Number:  
 Go

Person Search

Non Financial

Financial

Kin-GAP

Summary

Rate Summary

Non-Minor Dependent

Verifications

MC 355

EBT Account List

Run EBDC

Manual EBDC

Needs

Service Arrangements

ABAWD

EBDC Results

Kin-GAP Rate Summary

Child's Name: \*

Rate List

Type	Rate	Level of Care	Begin Date	End Date
<a href="#">Standard State Rate</a>	0.00	Basic Level Rate	11/04/2020	<div>Edit</div> <div>View History</div> <div>Add</div>

Infant Supplement

Infant Name	Begin Date	End Date
No Data Found		

Add

Special Care Increment

Type	Amount	Begin Date	End Date
No Data Found			

Add

Figure 11 – Kin-GAP Rate Summary Page



Details

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Customer Information

Case Number:  
 Go

Person Search

► Non Financial

► Financial

▼ Kin-GAP

Summary

Rate Summary

Non-Minor Dependent

Verifications

MC 355

EBT Account List

Run EDBC

Manual EDBC

Needs

Service Arrangements

► ABAWD

EDBC Results

Kin-GAP Infant Supplement Detail

\*- Indicates required fields

Save and Return

Cancel

Infant Name: \*

- Select - ▼

Is the infant placed in a Whole Family Foster Home?: \*

Do the caregiver and the minor dependent parent have a shared responsibility plan?: \*

Begin Date: \*

End Date:

- Select - ▼

- Select - ▼

Save and Return

Cancel

This Type 1 page took 1.38 seconds to load.

Figure 12 – Kin-GAP Infant Supplement Detail Page



Details

5

Update Education Travel Reimbursements

This guide provides detailed actions that end-users will be required to take in order to update Education Travel Reimbursement rate amounts.

Counties Impacted:

- 01 – Alameda
- 37 – San Diego
- 40 – San Luis Obispo
- 57 - Yolo

The impacted counties utilized generic Education Travel Reimbursement (ETR) Descriptions for Foster Care cases receiving an ETR. Because of this, some of the ETRs were mapped to CalSAWS incorrectly.

In CalSAWS, ETR information is captured in the Child Placement Detail Page.

The following values were unable to be mapped correctly and were mapped to a default Value of “8 - 24 miles or more” in the CalSAWS Education Travel Reimbursement Detail Page:

- County 01 Value - 0T Education Travel Reimburse
- County 37 Value - 2B Education Reimbursement
- County 40 Value - 1E Education Travel Reimbursement
- County 40 Value - 2A FC Educ. Reimburse Non-Recur
- County 40 Value - 2B FC Educ. Reimburse Recur
- County 57 Value - 1A Education Mileage Reimbursement

**EDBC Mismatch Reason: Benefit Amount Mismatch**

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Customer Information

Case Number:  
 Go

Person Search

Non Financial

Financial

Foster Care

Placement Authority

Child Placement

Deprivation

Re-Evaluation

Placement Verification

Permanency Plan Court Order

Non-Minor Dependent

Verifications

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EBT Account List

MAGI Verifications

MAGI Eligibility

Run EDBC

Manual EDBC

Needs

Service Arrangements

ABAWD

EDBC Results

Child Placement Detail

\*- Indicates required fields

ImagesEditClose

Child Name:

Placement Name: \*

Placement Type: \*

Payee:

Care Provider Relationship to Child:

Use County Funds: \*

Begin Date: \*

End Date:

Placement ID:

Rate List\*

Type	Rate	Level Of Service	Level of Care	Begin Date	End Date
Standard State Rate		STRTP		06/23/2022	

Infant Supplement

Infant Name	Begin Date	End Date
No Data Found		

Special Care Increment

Type	Amount	Begin Date	End Date
No Data Found			

Education Travel Reimbursement

Type	Rate	Begin Date	End Date
Mileage	\$58.00	08/01/2022	

Figure 13 – Child Placement Detail Page



Details

Clean-Up Instructions:

- 1. Place the cursor over **Eligibility** on the Global Navigation bar
- 2. Select **Customer Information** from the Local Navigator
- 3. Click the **Foster Care** link on the Task Navigation bar
- 4. Click the **Child Placement** link on the Task Navigation bar to access the **Child Placement List** page
- 5. Click the **Name** hyperlink for the desired placement on the Child Placement List page to access the **Child Placement Detail** Page
- 6. Scroll down to the **Education Travel Reimbursement** section (Figure 13) to verify the rate
- 7. If the rate is incorrect, Click **Edit** to access the **Education Travel Reimbursement Detail** Page
- 8. Select the **Type** from the drop-down list and the corresponding **Distance to School of Origin/Rate** from the second dropdown, as well as the **Begin Date** (Figure 14)
- 9. Click **Save and Return**
- 10. **Run EDBC** for the desired months to issue the corrected rate

Screenshots

CalSAWS

Case Name:  
Case Number:

JournalTasksHelpResourcesPage MappingImagingLog Out

Case InfoEligibilityEmpl. ServicesChild CareResource DatabankFiscalSpecial UnitsReportsClient Corresp.Admin Tools

Customer Information

Case Number:  
 Go

Person Search

► Non Financial

► Financial

▼ Foster Care

Placement Authority

Child Placement

Deprivation

Re-Evaluation

Placement Verification

Permanency Plan Court Order

Non-Minor Dependent

Verifications

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EBT Account List

MAGI Verifications

MAGI Eligibility

Run EDBC

Manual EDBC

Needs

Service Arrangements

► ABAWD

EDBC Results

Education Travel Reimbursement Detail

\*- Indicates required fields

ImagesSave and ReturnCancel

Child Name:

Type: \*  
Mileage

Distance to School of Origin: \*

Begin Date: \*

End Date:

ImagesSave and ReturnCancel

This Type\_1 page took 0.45 seconds to load.

Figure 14 – Education Travel Reimbursement Detail Page