



WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

## IMPORTANT NOTICE

### FOSTER FAMILY AGENCY BIENNIAL RATE REQUEST REQUIREMENTS AID TO FAMILIES WITH DEPENDENT CHILDREN - FOSTER CARE (AFDC-FC) PROGRAM, OCTOBER 2012 FILING

Dear Provider:

Providers are required to submit a biennial rate request in accordance with Welfare and Institutions Code 11463 (k)(1). This letter serves as a courtesy reminder that your Foster Family Agency's (FFA) biennial rate request is **due postmarked on or before October 1, 2012.**

Pursuant to Manual of Policy and Procedures section 11-403(f)(3), biennial rate applications not submitted on or before the due date of October 1, 2012 and rate requests that are incomplete are considered late rate requests and subject to a monetary penalty equal to three (3) percent of the rate applied to the agency's administrative rate component of the rate per child. The assessed penalty is based upon the number of months the rate request is late beginning on either the rate effective date (December 1, 2012) or the date the rate was re-established (if terminated). **If your application is not received by October 1, 2012, your rate will be subject to termination.**

Please use this link to access the Foster Care Rates Bureau, Biennial Rate Application Requirements website: <http://www.childsworld.ca.gov/PG1359.htm>

If you need assistance with your biennial rate request, please contact your rates consultant by phone or email. The phone numbers and email addresses are located here: <http://www.childsworld.ca.gov/Res/pdf/ConsultantsCntyAssListconve.pdf>. You can contact our main office at (916) 651-2752.

Sincerely,

NANCY LITTLEFIELD, Manager  
Foster Care Rates Unit

## **COMPLETE BIENNIAL FOSTER FAMILY AGENCY RATE REQUEST**

A complete rate request must be submitted for each foster family agency program in operation (treatment and non-treatment). A complete rate request is one that contains all the required documents necessary to set the rate. This means that data is required for the corporation's prior two fiscal years. Please refer to the regulations and the instructions on the reverse side of each FFA form when preparing the rate request. The instructions will assist you in completing the rate request package correctly. Please use the most current forms found on-line to complete the biennial reporting information. **The forms and documents listed in Sections 1, & 2 are required for a complete FFA rate request.**

### **SECTION 1: REQUIRED FORMS**

FCR forms:

- FCR 1FFA: Foster Family Agency Data and Certification Sheet** with original Signature;

Please ensure that you complete items #7d and 8c (EMAIL) on this form. Information regarding foster care rates will be sent out to providers with email addresses on file. To receive updated information, please print clearly and legibly, or type in the address by using the form on-line.

- FCR 2FFA: Program Description Checklist;**
- FCR 3FFA: Days of Care Schedule-** Two separate FCR 3FFAs are required; **one for each reporting period.** Use actual data, do not average or estimate;

### **SECTION 2: OTHER REQUIRED DOCUMENTS**

- 1.) A list of the corporation's Board of Directors on *corporation letterhead* including full **names, titles, mailing addresses, phone numbers, e-mail address;**
- 2.) Non-Profit Declaration Statement: a statement signed and dated by the non-profit corporation's Board of Directors;
- 3.) A copy of all current Community Care Licensing (CCL) licenses for each office, including sub-offices;
- 4.) Tax-Exempt status letter from either the Internal Revenue Service (IRS) or the Franchise Tax Board (FTB) designating the organization as tax exempt;
- 5.) A copy of your social workers' degrees as specified in Health and Safety Code Section 1506-only submit degrees of the social workers **who were hired during the biennial rate periods** (last two fiscal reporting periods);

*Note: A foster family agency is to immediately notify the Department if the agency ceases to operate on a nonprofit basis, becomes inactive, suspended, or otherwise is not in good standing with the California Secretary of State (SOS).*

- 6.) Copy of the Articles of Incorporation filed with the Secretary of State.

**PLEASE NOTE:** *If item #6, is already on file in another program's (i.e. group home program) biennial or was submitted in a previous FFA biennial, you **do not** have to submit this document again; however, please indicate on a cover letter that this item is on file (either in your group home program's biennial application or in your previous FFA biennial) and indicate that there have been no changes since the last submission.*

**For online forms or sample documents please refer to the Foster Care Rates Bureau, Rate Application/Request Requirements website located here:**

**<http://www.childsworld.ca.gov/PG1359.htm>**

#### **WHERE TO SEND APPLICATION**

A complete rate request should be mailed to the attention of your rates consultant at the following address:

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
Foster Care Rates Bureau  
744 P Street, M.S. 9-6-74  
Sacramento, CA 95814**

**NON-PROFIT DECLARATION STATEMENT**

**We, the Board of Directors of \_\_\_\_\_, Inc. do hereby declare that the organization will operate during the biennial rate periods in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve, or expand its operations.**

\_\_\_\_\_  
President, Board of Directors

Date: \_\_\_\_\_

\_\_\_\_\_  
Secretary, Board of Directors

Date: \_\_\_\_\_

\_\_\_\_\_  
Treasurer, Board of Directors

Date: \_\_\_\_\_

\_\_\_\_\_  
Board Member

Date: \_\_\_\_\_