



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

### GROUP HOME AND FOSTER FAMILY AGENCY- REGIONAL CENTER BIENNIAL RATE REQUIREMENTS – AID TO FAMILIES WITH DEPENDENT CHILDREN – FOSTER CARE (AFDC-FC) PROGRAM OCTOBER 2012 FILING

Dear Provider:

In accordance with Foster Care Audits and Rates Letter (FCARL) #06-03, completion of biennial rate application is necessary for a regional center group home and/or foster family agency program to continue the use of your assigned program number. This letter serves as a courtesy reminder that your regional center group home (GH) and/or foster family agency (FFA) biennial application/s are **due postmarked on or before October 1, 2012.**

Regional Center programs which do not submit a rate application/request by the due date shall be subject to termination of the program number. Once a program number is terminated, a new program number can only be obtained by submitting a new complete application/request. Group Home Regional Centers are subject to the rate moratorium and will need an approved exception letter from the County in order to have their program number reinstated.

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

**GH/FFA-Regional Center Program Biennial Application/Request Checklist:**

A complete rate application/request must be submitted for each group home-regional center program or foster family agency-regional center program in operation to continue to have a program number. **A complete rate application/request is one that contains both Section 1 and Section 2 listed below.** Please submit all the requested documents and indicate your program number on application/request. If you are unsure of your program number, please refer to the Foster Care Rates Listing website: <http://www.childsworld.ca.gov/PG1343.htm#Lists>.

**SECTION 1: REQUIRED FORMS**

- 1.) SR1 for GHs or FCR 1FFA for FFAs;

FFAs please ensure that you complete items #7d and 8c on the FCR 1FFA form. GHs please ensure items #6c and 8b are completed on the SR1 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.

**SECTION 2: REQUIRED DOCUMENTS**

- 2.) Non Profit Declaration Statement: a statement signed and dated by the Board of Directors;
- 3.) Copy of all Community Care Licenses;
- 4.) List of current members of the Board of Directors. Please include full **names, titles, mailing addresses, telephone numbers, and e-mail address;**
- 5.) Franchise Tax Board or Internal Revenue Service tax exempt status letter;
- 6.) Copy of the Articles of Incorporation filed with the Secretary of State.
- 7.) Copy of the **regional center vendorization**/contractual agreement letter.

***PLEASE NOTE: If item 6 (above) is already on file with our Department, you do not have to submit this document again; however, **please indicate on a cover letter that this item is on file and there have been no changes since the last submission.*****

**GROUP HOME ONLY**

- Community Care Licensing (CCL) **Administrator's Certificate** - if provider is waiting for certification from CCL, please submit copies of: 1.) letter to CCL, Administrator Certification Unit (ACU), 2.) Course certificates, and 3.) Copy of check to ACU;
- Copy of Facility Leases/Rental Agreements - if corporation owns property, please submit copy of deed indicating corporation name on deed;
- FCR 16 – Group Home Shelter Costs, Self-Dealing Transactions Declaration/Survey.

**For online forms or samples please refer to the Foster Care Rates Bureau, Rate Application Requirement website located here:**

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

**WHERE TO SEND APPLICATIONS**

A complete rate application/request should be mailed to 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: \_\_\_\_\_