

COMPLETE BIENNIAL GROUP HOME RATE APPLICATION

A complete rate application must be submitted for each Group Home and Community Treatment Facility (CTF) program in operation. A complete rate application 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 group home form when preparing the rate application. The instructions will assist you in completing the rate application 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 group home program rate application.*

SECTION 1: REQUIRED FORMS

A. SR & FCR forms:

SR 1 - Group Home Program Rate Application with original signature;

In completing the SR1, one of the areas highlighted is the Certifications section: In checking the "yes" box you are certifying that your program operation is consistent with your program statement on file with Community Care Licensing and Foster Care Rates.

PLEASE ensure that you complete items # 6c and 8b (EMAIL) on this form. In order to receive e-mail information, please print clearly and legibly, or **type** in the address by using the form on-line.

SR 2 - Program Classification Report –Two separate SR 2s are required for the previous two reporting periods. Use actual data, do not average or estimate. **On Line 16 of the second reporting period, project your average points and RCL for the upcoming reporting period;** your SR 2 identifies your hours in the 3 program components: **Child Care, Social Work, and Mental Health**, and should be consistent with your program statement (plan of operation).

New providers, who began operating in either the first or second reporting period, must report actual data from the date of first placement through the end of your reporting period(s).

SR 5 - Group Home Program Days of Care Schedule – **Two separate SR 5s are required. Use actual data from the two previous reporting periods**, do not average or estimate;

FCR 16- Self-Dealing Transaction Declaration - **Signed** by the group home's Board President or authorized designee;

SECTION 2: OTHER REQUIRED DOCUMENTS

- 1.) A complete listing of the corporation's Board of Directors on *corporation letterhead* including **full names, titles, mailing addresses, phone numbers, and e-mail addresses**;
- 2.) Copy of Community Care Licensing (CCL) licenses for **all** facility locations under each program;
- 3.) Non Profit Declaration Statement: A statement **signed and dated by all members** of the Board of Directors;

*Note: A group home provider is to immediately **notify FCRB** if the group home ceases to operate on a non-profit basis, becomes inactive, suspended, or otherwise is not in good standing with the Secretary of State.*

- 4.) A training plan for the corporation's **next two reporting periods** for each program for which the additional .10 weighting is claimed for child care workers and supervisors. If the training weighting was not claimed during the biennial rate periods, a statement to that effect must be included with the rate application;
- 5.) A copy of the latest **Statement of Information (SI 100) form** filed with the California Secretary of State (SOS);
- 6.) Copy of the Articles of Incorporation endorsed by the Secretary of State;
- 7.) Tax-Exempt status letter from either **Internal Revenue Service (IRS)** or Franchise Tax Board (FTB). Initial letter is sufficient if there has been no change in your tax exempt status;
- 8.) Copies of **all** facility lease/rental agreements on all group home facilities (only if non-profit corporation rents or leases properties). If corporation owns properties, submit copy of **deed** with non-profit corporation's name on document. Corporation does not have to submit rental agreements on owned properties; however, please indicate corporation owns properties on FCR 16 (item #4) form;
- 9.) Current CCL-Approved Group Home **Administrator's Certificate**.

All items are required for a complete Group Home rate request.

For RCL 13/14 Group Homes Only:

- RCL 13/14 Mental Health Certification
- Signed statement of accepting children w/IPC.

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#GH>

WHERE TO SEND APPLICATIONS

A complete rate application **must 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. 8-11-74
Sacramento, CA 95814**