

TRANSITIONAL HOUSING PROGRAM-PLUS-FOSTER CARE (THP-PLUS-FC) APPLICATION - APPROVAL/DENIAL/DENIAL PENDING CHECKLIST

Pursuant to the provisions outlined in the Provider Approval Standards, the following has been assessed to approve/deny application requesting to provide THP-Plus-FC services:

1. APPLICATION

The following has been received:

- Completed Application.
- Application signed by Executive Director, Chief Executive Officer, or Board of Director Member.
- Articles of Incorporation is attached.
- Circle that any one or all disclosures are attached to application regarding:
 1. Prior or current participation on another non-profit's Board of Directors;
 2. Any Board of Directors or Executive Director that holds beneficial ownership of ten percent or more of THP-Plus-FC facility or other licensed facility;
 3. Any revocation of approval or other disciplinary action that was or is currently being taken against the applicant, a member of the Board of Directors, a Corporate Officer, or employee;
 4. A copy of a Board of Director's Minutes stating that the applicant is authorized to apply for approval to be a THP-Plus-FC provider;
 5. Information about the applicant and/or employees including criminal background and Child Abuse Central Index (CACI) clearances, employment history, education history, and character references obtained within the last _____ years.
- Written statement attached describing how the Board-of-Directors performs duties
 1. Include other duties that are outside the scope of the Board of Directors
- An attached Plan of Operation.
- Copy of the most recent A-133 audit report.
- Verification, in writing, of availability of three months of operating capital.
- A Secondary County Letter of Support indicating that the applicant will provide services in its county.
- If approved, the applicant agrees to cooperate with investigations conducted by the lead/secondary county approving or placing agencies; agrees to enter into corrective action plans pertaining to violations of approval standards; and agrees to come into compliance with approval standards in order to remain as a THP-Plus-FC provider.

2. CRIMINAL RECORD/CACI CLEARANCES

- Criminal Record and CACI records per Welfare and Institutions Code section 11403.25 have been obtained for the provider and staff working with non-minor participants, including exemptions if necessary.

3. INSPECTION OF PROVIDER'S FACILITY

After inspecting provider's facility, it was noted that the provider had:

- Employees employment history and educational background documentation.
- Medical screening requirements.
- Employee duty statements.
- Volunteer records.
- Criminal record clearance and CACI check results.
- Record of background clearance exemption requests.
- System of record retention of non-minor dependent case files.
 1. Maintain a List of funds and personal effects being held at the request of the non-minor dependent.

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4. PROVIDER PLAN OF OPERATION, ONSITE INSPECTION OF THE LIVING SITE

- Applicant confirms that it will use the on-site inspection checklist (SOC 174) of the living site, including the building and grounds that will ensure the health and safety of non-minor dependents living in the placement.

5. YOUNG ADULT'S PERSONAL RIGHTS

- The provider agrees to respect the personal rights of the non-minor dependent in foster care as outlined in Welfare and Institutions Code section 16001.9.

6. COMPLETION OF ORIENTATION/TRAINING

- The provider has obtained a copy of Provider Approval Standards and completed the county orientation.

I certify that the above named applicant meets the requirements as a provider of THP-Plus-FC services as outlined in the program's Approval Standards.

REVIEWER'S SIGNATURE (DATE)

The applicant has not completed the application process as required. The following is incomplete:

REVIEWER'S SIGNATURE (DATE)

The applicant has resubmitted the application and has included the information that was incomplete. The applicant is therefore approved to provide THP-Plus-FC services.

REVIEWER'S SIGNATURE (DATE)

The provider has not corrected the incomplete application and therefore DOES NOT meet the requirements of the THP-Plus-FC approval standards.

REVIEWER'S SIGNATURE (DATE)

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Review Comments**
