

## GROUP HOME EXTENSION REQUEST FOR THE RATE CLASSIFICATION LEVEL (RCL) SYSTEM

This form is to request an RCL extension (pursuant to WIC section 11462.04) on behalf of a group home provider and must be signed by a child welfare director, chief probation officer, or designee and sent to the Foster Care Audits and Rates Bureau (FCARB).

Name of County: \_\_\_\_\_ Check One: Host  Placing County

Non-Profit Corporation name (group home provider): \_\_\_\_\_

Corporation's program number given by FCARB: \_\_\_\_\_ RCL: \_\_\_\_\_

Corporation's headquarter address: \_\_\_\_\_  
Street County Zip Code

Extension to the RCL system is requested for: \_\_\_\_\_ months.

This RCL extension is based on the following criteria. Check all that apply:

- The group home is in the process of converting to a Short-Term Residential Therapeutic Program.
- The provider is not continuing with CCR, and needs more time to transition youth out of the group home.
- There are insufficient home based placements and/or services to transition youth out of group care.

\_\_\_\_\_  
Child Welfare Services Director or Chief Probation Officer/or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Contact Name

\_\_\_\_\_  
Phone Number

Send to: California Department of Social Services  
 Foster Care Audits and Rates Branch  
 Foster Care Rates Bureau  
 744 P Street, M.S. 8-11-74  
 Sacramento, California 95814

Or email the form  
 to [fosterca@dss.ca.gov](mailto:fosterca@dss.ca.gov)

**RATES USE ONLY:**

APPROVE  DENY  \_\_\_\_\_

\_\_\_\_\_  
Rates Consultant

\_\_\_\_\_  
Date