

**CERTIFICATE OF APPROVAL
(for certified family homes)**

Note: The Community Care Facilities Act beginning with Section 1500 of the California Health and Safety Code authorizes the State Department of Social Services to license agencies to engage in home finding functions. The Foster Family Agency listed below is authorized by the Community Care Licensing Division of the State Department of Social Services to recruit, train, select and certify for exclusive use certain homes that meet state licensing standards and are suitable for the Foster Family Agency's placement need. A residential home selected and approved for exclusive use for the reception and care of children placed by the Foster Family Agency is exempt from the requirement of licensure, but must otherwise meet licensing standards. This form is used as an authorization by the Foster Family Agency to verify that a selected home is certified for exclusive placement. The original is to be posed or maintained in the home. A copy shall be maintained in file at the agency.

In accordance with applicable provisions of the Health and Safety Code of California and regulations of the California State Department of Social Services, the licensed Foster Family Agency shown below hereby grants certification to:

Home Provider:

Home Address:

This Certificate of Approval:

1. Does not permit the acceptance of children for care from any other agency, individual, parent or guardian.
2. Is not transferable; is limited to the terms of the certificate, and is valid for one year but may be terminated earlier at the discretion of the Foster Family Agency.
3. Is granted upon the following conditions:

Capacity: _____

Age Range of Children: _____

Ambulatory Status of Home: _____

Client Preferences:

Specific Limitations:

Effective Date: _____

Expiration Date: _____

I hereby certify that the above named facility meets the licensing standards in California Administrative Code, Title 22, Division 6.

Foster Family Agency: _____

License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Foster Family Agency Representative: _____

Title: _____