

FOSTER FAMILY AGENCY CERTIFIED HOME

Monthly Log of Newly Certified and De-certified Homes

LOG FOR THE MONTH/YEAR:	FFA NAME	E-MAIL ADDRESS
FFA LICENSE NUMBER	FFA ADDRESS	

Newly Certified Home
 De-certified Home
 No Newly Certified or De-certified

CERTIFIED PARENT(S) NAME

FIRST	MIDDLE	LAST NAME	SSN
FIRST	MIDDLE	LAST NAME	SSN

CERTIFIED HOME

ADDRESS	PHONE NUMBER
E-MAIL ADDRESS	DATE CERTIFIED/DE-CERTIFIED

REASON FOR DE-CERTIFICATION

STATE AGENCY USE ONLY		
FACILITY NUMBER	FACILITY TYPE	ASSIGNED LPA

Newly Certified Home
 De-certified Home
 No Newly Certified or De-certified

CERTIFIED PARENT(S) NAME

FIRST	MIDDLE	LAST NAME	SSN
FIRST	MIDDLE	LAST NAME	SSN

CERTIFIED HOME

ADDRESS	PHONE NUMBER
E-MAIL ADDRESS	DATE CERTIFIED/DE-CERTIFIED

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CERTIFIED HOME

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REASON FOR DE-CERTIFICATION

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**INSTRUCTIONS
FOSTER FAMILY AGENCY CERTIFIED HOME
MONTHLY LOG OF NEWLY CERTIFIED AND DE-CERTIFIED HOMES**

1. **Log for the Month/Year** - The month and year of the log report.
2. **FFA Name** - The name of the FFA as reflected on the license.
3. **E-mail Address** - The E-mail address of the FFA.
4. **FFA License Number** - The license number of the FFA as reflected on the license.
5. **FFA Address** - The physical facility address of the FFA.
6. **Newly Certified Home/De-certified Home/No Newly Certified or De-certified Checkbox** - Check the appropriate box to indicate whether the home is being newly certified, de-certified, or there are no newly certified or de-certified homes for that month.

CERTIFIED PARENT(S) NAME

7. **First** - The first name of the certified parent(s).
8. **Middle** - The middle name of the certified parent(s).
9. **Last Name** - The last name of the certified parent(s).
10. **SSN** - The Social Security Number of the certified parent(s).

CERTIFIED HOME

11. **Address** - The physical address of the certified home.
12. **Phone Number** - The area code and telephone number of the certified home.
13. **E-mail Address** - The E-mail address of the certified home.
14. **Date Certification/De-certification** - The date that the certified home is either newly certified or de-certified.
15. **Reason for De-certification** - The reason that the certified home was de-certified.

STATE AGENCY USE ONLY

These boxes are only for use by Community Care Licensing Division staff.

16. **Facility Number** - The facility number assigned in LIS.
17. **Facility Type** - The facility type code used in LIS (433).
18. **Assigned LPA** - The number of the evaluator assigned to the FFA.