

**NOTICE OF FORM CHANGE NO. 06-023**

DATE

02/06/2007

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SR 8 - Financial Audit Report Transmittal

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 1/06	REPLACES 10/04	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 1/06

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is a Master Only

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**FINANCIAL AUDIT REPORT TRANSMITTAL***(Include with Financial Audit Report)*

**The Group Home (GH) or Foster Family Agency (FFA) non-profit corporation should complete and submit this form, a Financial Audit Report for the most recent fiscal year and audited cost data to continue receiving an AFDC-FC program rate.**

Please submit the documents to:  
 California Department of Social Services  
 Program and Financial Audits Bureau  
 ATTENTION: Financial Audits Unit Manager  
 744 P Street, MS 9-23  
 Sacramento, California 95814

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	NAME OF EXECUTIVE DIRECTOR, ADMINISTRATOR, CEO
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	TITLE OF PERSON LISTED ABOVE
STATE TAX IDENTIFICATION NUMBER	CORPORATE NUMBER
STREET ADDRESS	PROVIDER PHONE NUMBER
MAILING ADDRESS	PROVIDER FAX NUMBER
CITY, STATE ZIP CODE	E-MAIL ADDRESS

Financial Audit Report submitted as required. Below are the individual program numbers (e.g., 1234.00.01) for the GH and/or FFA programs(s) covered by the Financial Audit Report:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Please provide information below for the corporation's most recent fiscal year:**

Federal Revenue From All Sources	Non-Federal Portion (State, County, etc.)

Items included:

\_\_\_\_\_ Financial Audit Report

\_\_\_\_\_ Audited cost data for each program (SR 3, SR 4, and/or FCR 12FFA) with written documentation from independent Certified Public Accountant confirming that the cost data were audited. (Covers same reporting period as Financial Audit Report)

**In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that the information on this form is true and correct.**

\_\_\_\_\_  
 Printed Name Executive Director or Authorized Board Officer

\_\_\_\_\_  
 Signature of Executive Director or Authorized Board Officer

\_\_\_\_\_  
 Title of Person Listed Above

\_\_\_\_\_  
 Date Signed