

GROUP HOME PROGRAM RATE APPLICATION (SR 1)**SUBMIT ONE FOR EACH PROGRAM (PRINT OR TYPE)**

TYPE OF APPLICATION (Check one only)		☐ NEW PROGRAM
☐ ONGOING	☐ NEW PROVIDER	☐ PROGRAM CHANGE
PROPOSED EFFECTIVE DATE		☐ LIC. CAP. CHANGE
YEAR		☐ RELOCATION
MONTH	YEAR	☐ REINSTATE

(1) PROVIDER/LICENSEE NAME			
(2) PROGRAM NAME, IF ANY			(3) PROGRAM NUMBER
(4) MAILING ADDRESS - NUMBER, STREET			
(5) CITY	(5a) STATE	(5b) ZIP CODE	
(6) EXECUTIVE DIRECTOR NAME	(6a) PHONE ()	(6b) FAX ()	(6c) E-MAIL
(7) CCL APPROVED ADMINISTRATOR NAME	(7a) PHONE ()		
(8) CONTACT PERSON FOR THIS RATE APPLICATION, IF OTHER THAN ABOVE	(8a) PHONE ()	(8b) E-MAIL	
(9) AGENT FOR SERVICE	(9a) PHONE		
(10) BOARD PRESIDENT	(10a) PHONE		

(11) THE AGENCY IS A NON-PROFIT ORGANIZATION NO ☐ YES ☐(12) DOES THIS AGENCY OPERATE ANY OTHER BUSINESS? NO ☐ YES ☐

(13) IF YES, SPECIFY TYPE OF BUSINESS: _____

(14) Does this agency operate more than one group home program? NO ☐ YES ☐

(15) If Yes, number of other programs: _____

NOTE: A separate application must be completed for each program.

(16) Total licensed capacity of facility(ies) used by this program: _____ (List facility(ies) on Page 2 of SR 1.)

CERTIFICATIONS:

I certify that all information contained in the program statement previously submitted remains the same. YES ☐ NO ☐
If no, attach a new program statement. (LIC 9106)

I understand that the information contained in this document is correct to the best of my knowledge and that submission of false or misleading information may be prosecuted as a crime.

(17) SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	(18) TITLE
(19) COUNTY AND STATE WHERE SIGNED	(20) DATE

CDSS USE ONLY

PROGRAM IDENTIFIER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST
. .	- -	- -	- -			

RATE TYPE ☐
DISPOSITION:NO. OF GH PROGRAMS ☐Present RCL ☐ Rate per month \$ ☐ Effective Date ☐ - ☐ - ☐ Notification Date ☐ - ☐ - ☐Projected RCL ☐ Rate per month \$ ☐ Effective Date ☐ - ☐ - ☐ Notification Date ☐ - ☐ - ☐CLAIMING RATIOS: FED Eligible ☐ . ☐ % NON-FED Eligible ☐ . ☐ %

ANALYST	SUPERVISOR	KDE DATE
		- -

GROUP HOME FORMS

SR 1

- Line 1 Licensee/Corporate Name: Enter the licensee/corporate name shown on the group home license. If the provider has licenses with different names, use the organization or corporate name.
- Line 2 Program Name: Enter program name, if any.
- Line 3 Program Number: Enter 8 digit number previously assigned by the Department. For a new provider application: leave blank.
- Line 4 Mailing Address: Enter the number and street (or post office box).
- Line 5 City: Enter name of the City.
- Line 5a State: Enter the two digit abbreviation for the State.
- Line 5b Zip Code: Enter the zip code.
- Line 6 Executive Director Name: Enter the name of the Executive Director or authorized Board Officer of the organization.
- Line 6a Phone: Enter the telephone number.
- Line 6b Fax: Enter the fax number.
- Line 6c E-mail: Enter the email address of the person identified in Line 6.
- Line 7 CCL Approved Administrator Name: Enter name of current administrator who has been approved by CCL.
- Line 7a Phone: Enter the telephone number of the administrator.
- Line 8 Contact Person For This Rate Application, If Other Than Above: Enter the name of the person who prepared the rate application and to whom questions concerning the application should be addressed.
- Line 8a Phone: Enter the telephone number of the contact person.
- Line 8b E-mail: Enter the email address of the contact person.
- Line 9 Agent for Service: Enter the name of the Agent for Service as identified for the Secretary of State.
- Line 9a Phone: Enter the telephone number of the Agency for Service.
- Line 10 Board President: Enter the name of the corporation's Board President.
- Line 10a Phone: Enter the telephone number of the Board President.
- Line 11 Section 11400(h) of the Welfare and Institutions Code defines "Group Home" as a non-detention privately operated residential home organized on a nonprofit basis only. As such, check the appropriate box to indicate status.
- Line 12 Agency Activities: Check the appropriate box in response to the question "Does this agency operate any other businesses?" Examples of other businesses are: daycare, on-site school, adult care, Foster Family Agency, Thrift Shop.
- Line 13 If yes, specify type of activities. (Remove the second line)
- Line 14 Check the appropriate box in response to the question "Does this agency operate more than one group home program?"
- Line 15 If yes, enter number of other programs.
- Line 16 Enter total licensed capacity of facilities used by this program.

CERTIFICATION SECTION:

After the Group Home Program Rate Application (SR 1) is prepared, the executive director or authorized officer must sign the application.

- Line 17 Signature: Enter signature of Executive Director or authorized officer.
- Line 18 Title: Enter title of person who signed #17.
- Line 19 County and State: Enter County and State where application signed.
- Line 20 Date: Enter date application signed.

PROGRAM NUMBER	PROPOSED EFFECTIVE DATE
• •	MONTH YEAR

24. Data for each facility location for this group home program. Attach additional pages if needed.

LICENSE NUMBER	NUMBER, STREET	CITY	ZIP CODE	LICENSED CAPACITY

LIST PLACEMENT AGENCIES USING THIS PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

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