

APPLICATION TO BECOME A TRANSITIONAL HOUSING PROGRAM (THP)-PLUS-FOSTER CARE PROVIDER

I _____ am applying with
Applicant's Name

County(ies) Name

to become a THP-Plus-Foster Care provider. As part of the application process, I am providing the following information:

1. APPLICATION

I am attaching the following:

- Completed Application.
- Application signed by Executive Director, Chief Executive Officer, or a member of the Board of Directors.
- Articles of Incorporation are attached.
- The following disclosures are attached:
 1. Board members, Executive Director has had prior or current participation on another non-profit's Board of Directors;
 2. Member of Board of Directors or Executive Director holds beneficial ownership of ten percent or more of THP-Plus-FC facility or other licensed facility;
 3. Information about revocation of approval or other disciplinary action that was or is currently being taken against the applicant, a member of the Board of Directors, an officer of the non-profit or applicant's employee;
 4. A copy of a Board of Director's Minutes stating that the applicant is authorized to apply for approval to be a THP-Plus-FC provider;
 5. Information including background and Child Abuse Central Index (CACI) clearances, employment history, educational and character references obtained within the last _____ years.
- Written statement attached describing how the Board of Directors performs duties.
 1. Include other duties that are outside the scope of the Board of Directors.
- An attached Plan of Operation.
- Copy of the most recent A-133 audit report.
- Written verification of availability of three months of operating capital and witnessed by the Executive Director or delegated Member of the Board of Directors.
- A Secondary County Letter of Support indicating that the applicant will provide services in its county
- If approved, the applicant agrees to cooperate with investigations conducted by the lead/secondary county approving or placing agencies; agrees to enter into corrective action plans pertaining to violations of approval standards; and agrees to come into compliance with approval standards in order to remain as a THP-Plus-FC provider.

2. CRIMINAL RECORD/CACI CLEARANCES

- Criminal Record and CACI records per Welfare and Institutions Code section 11403.25 have been obtained for the provider and staff working with non-minor participants, including exemptions if necessary.

3. INSPECTION OF PROVIDER'S FACILITY

After inspecting provider's facility, it was noted that the provider had:

- Employee's employment history and educational background documentation;
- Medical screening requirements;
- Employee duty statements;
- Volunteer records;
- Criminal record clearance and CACI check results;
- Record of background clearance exemption requests;
- System of record retention of non-minor dependent (NMD) case files;
 1. Maintain a List of funds and personal effects being held at the request of the NMD.

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4. PROVIDER PLAN OF OPERATION, ONSITE INSPECTION OF THE LIVING SITE

- Applicant confirms that it will use the on-site inspection checklist (SOC 174) of the living site, including the building and grounds that will ensure the health and safety of NMDs living in the placement.

5. CHILD'S PERSONAL RIGHTS

- The provider agrees to respect the personal rights of the non-minor dependent in foster care as outlined in Welfare and Institution's Code section 16001.9.

6. COMPLETION OF ORIENTATION/TRAINING

- The provider has obtained a copy of Provider Approval Standards and completed the county orientation.

SIGNATURE OF THE CHIEF EXECUTIVE OFFICER OR HIS/HER DESIGNEE

(DATE)

NAME OF PROVIDER