

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies 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

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input 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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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 _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

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

The Group Home (GH) or Foster Family Agency (FFA) corporation should complete and submit this form with the financial audit report to continue receiving an AFDC-FC rate.

Please send the completed form and financial audit report to CDSS, FCARB, Financial Audits and Investigations Bureau, 744 P Street, MS 19-24, Sacramento, California 95814.

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	NAME OF EXECUTIVE DIRECTOR, ADMINISTRATOR, CEO (<i>CIRCLE ONE</i>)
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	STATE TAX IDENTIFICATION NUMBER
STREET ADDRESS	PROVIDER PHONE NUMBER
MAILING ADDRESS	PROVIDER FAX NUMBER
CITY, STATE AND 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:

COST REIMBURSEMENT CLAIM SECTION

Some corporations are eligible for partial cost reimbursement of the financial audit in accordance with Welfare and Institutions Code Section 11466.21(c).

INDICATE COST REIMBURSEMENT SELECTION BELOW (NOT ELIGIBLE/ELIGIBLE – REQUESTED/NOT REQUESTED)

An application for reimbursement can be approved only if the request meets the requirements set forth in MPP Section 11-405.221 regarding documents necessary to validate the claim and MPP Section 11-405.222 regarding an acceptable financial audit report.

Check the boxes which apply to your corporation:

NOT ELIGIBLE FOR COST REIMBURSEMENT

- Total federal revenue from all sources is \$300,000 or more during the most recent fiscal year
- Licensed capacity greater than 12 beds

ELIGIBLE FOR COST REIMBURSEMENT:

- Group Home only:** Total federal revenue from all sources less than \$300,000 AND licensed capacity 12 beds or less.
- Foster Family Agency providing treatment services:** Total federal revenue from all sources less than \$300,000.

 COST REIMBURSEMENT REQUESTED

The required documents listed below must be enclosed or submitted within 30 days of the financial audit report submission date.

- Payee Data Record, STD 204 (REV. 2-00)
- Invoice(s) for audit services showing cost of audit
- Proof of Payment(s): Proof of audit cost paid in full

Failure to submit required information timely may result in the inability to provide reimbursement since funding for financial audit cost reimbursement is limited and allocated on an annual basis in the State Budget Act.

 COST REIMBURSEMENT NOT REQUESTED (For any reason)

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

Printed Name of Executive Director, Administrator, or CEO	Signature of Executive Director, Administrator, or CEO	Date
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