

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

GROUP HOME PROGRAM COST REPORT (SR 3)

This form is to collect cost information for the group home program. Report actual allowable and reasonable costs. If the corporation operates more than one group home program and/or the program provides other activities, (example: day care, on-site education, adult services, foster family agency, etc.) costs **must be allocated** to the appropriate activity and only the allowable group home program costs for the program are to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in current regulations (MPP 11-402.8 et seq.). NOTE: A separate cost report form must be completed for each group home program operated by the corporation.

Number of months in cost reporting period _____

CORPORATE NAME:	PROGRAM NAME (IF DIFFERENT)	CORPORATE NUMBER	PROGRAM NUMBER	PROGRAM FISCAL YEAR (MO /YR - MO /YR)
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COST GROUPS		A	B	C	D	E	F
		TOTAL PROGRAM COSTS	OFFSETS	REASONABLENESS ADJUSTMENTS	FINAL COSTS (COL. A MINUS COLS. B & C)	PERCENTAGE OF TOTAL COSTS	CDSS USE ONLY
1	Child Care & Supervision						
2	Social Work Activity						
3	Food						
4a	Shelter Costs - Building Rent & Leases						
4b	Shelter Costs - Approved by Attorney General Self-Dealing Transactions Affiliated Leases						
4c	Shelter Costs - Acquisition Mortgage: Principal & Interest						
5	Building & Equipment						
6	Utilities						
7	Vehicles & Travel						
8	Child-Related						
9a	Executive Director Salary						
9b	Assistant Director Salary						
9c	Administrator Salary						
9d	All Other Admin. Salaries						
9e	Financial Audit Costs						
9f	Administration (Minus Admin. Salaries and Financial Audit Costs)						
	TOTAL						

CDSS USE ONLY	KDE DATE
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COST REPORT (SR 3)

PURPOSE:

The Group Home Program Cost Report (SR 3) captures monthly data on the actual, allowable and reasonable costs of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. If the non-profit corporation operates activities other than those of the group home program, (e.g., day care, on-site education, adult services, foster family agency) costs must be allocated to the appropriate activity and only the allowable group home program costs for one program is to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in the current Foster Care Group Home Regulations (MPP 11-402.8 et seq.). Please report all amounts to the nearest whole dollar amounts.

Corporate/Licensee Name: Enter the Corporate/Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Program Name: Enter the Program Name if different from the Corporate/Licensee name.

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by CDSS (e.g., 1234.00.01) or specify "No number assigned by CDSS yet."

Reporting Period: For an existing provider, each cost report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. The reporting period may differ from that on the Program Classification Report (SR 2) but must be the same as that on the Group Home Program Payroll and Fringe Benefit Report (SR 4). For a new provider, enter data from the first month of operation through the last month of the fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12" and enter the months for the time period covered in the space provided.

COSTS GROUPS: THE NINE COST GROUP DEFINITIONS ARE AS FOLLOWS:

1. **Child Care and Supervision (CCS):** All costs related to the hours of CCS reported in the Program Classification Report (SR 2) are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision of the caregiver. Do not include social work activities. Include payroll taxes and employee benefits.
2. **Social Work Activity:** All costs related to direct social work services which include development of needs, services and discharge plans, group and individual counseling and worker-child interaction. Include payroll, payroll taxes and employee benefits, and contract costs (if social worker is on contract).
3. **Food:** All cost related to food planning, preparation and service kitchen supplies and foodstuffs. Include food worker payroll, payroll tax and employee benefits, food expense and kitchen supplies.
- 4a. **Shelter Costs - Building Rent and Leases:** All costs related to actual lease or rental costs, use allowance for capital improvements, taxes, building insurance, and appraisals for leased or rented property.
- 4b. **Shelter Costs - Affiliated Leases, Self-Dealing Transactions:** Costs related to affiliated leases, self-dealing transactions.
- 4c. **Shelter Costs - Acquisition Mortgage Principal & Interest:** All costs related to property owned by the corporation for which the corporation has clear title or a mortgage or deed of trust. Acquisition mortgage and principle must be reported. Include mortgage loans associated with the original financing arrangement. Include use allowance for capital improvements, taxes, building insurance, and appraisals for owned property.
5. **Building and Equipment:** Include building equipment payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expense, expendable equipment and miscellaneous building and equipment expenses.
6. **Utilities:** Utilities include the cost of electricity, natural gas, water, garbage, and sewer.
7. **Vehicles & Travel:** Include vehicle leases, depreciation, operating costs and transportation of the child. Reasonable annual depreciation or lease costs for automobiles are subject to Internal Revenue Service guidelines for business use that are in effect at the time vehicle costs are incurred. Vehicle costs incurred from leaseback transactions are **unallowable**.
8. **Child Related:** Include clothing, personal and incidental expenses for the child, school supplies, planned activities and other child-related costs. County clothing allowances will offset these costs.
- 9a. **Executive Director Salary:** Report annual salary for person designated as the Executive Director, Include payroll, payroll taxes, and benefits (if applicable).
- 9b. **Assistant Director Salary:** Report annual salary for person(s) designated as an Assistance Executive Director. Include payroll, payroll taxes, and benefits (if applicable).

