NOTICE OF FORM CHANGE NO. 03-233

DATE: March 12, 2004

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 Foster Care Group Homes

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

FC 9 EXIT (11/02) Foster Care Group Home Audit Record Of Exit Conference

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☑ Free ☐ Sold		☐ Yes ☑ No
☑ New ☐ Revised	DATE OF FORM 11/02	REPLACES	☐ Obsolete

REQUIRED FORM-
☑ No Change Permitted
REQUIRED FORM-
☐ Substitute Permitted With Prior DSS Approval
☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ 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 11/02

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, 2 sided.

Check on the Internet to see if forms are available at www.dss.cahwnet.gov.

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FOSTER CARE GROUP HOME AUDIT
RECORD OF EXIT CONFERENCE

PROVIDER:	PROGRAM NO.:	FY:

DATE AND TIME:	LOCATION:

CDSS AUDIT STAFF:

PROVIDER STAFF:	TITLE:
PROVIDER STAFF:	TITLE:
PROVIDER STAFF:	TITLE:

1. Was provider given a copy of:
   - Personnel File Review: _____
   - GH Program Audit Report (SR 2G/SR 2P): _____
   - Other Documentation: _____

2. Did the auditor explain:
   - Program Audit Findings: _____
   - Audit Report Procedures: _____
   - Administrative Review Procedures: _____

3. Summary of discussion of findings:

SIGNATURE OF AUDITOR-IN-CHARGE

4. Is the provider required to submit additional information/documentation prior to the Final Audit Report (**non-provisional only**)? ☐ **YES** ☐ **NO**
   If so, what is the due date?_____

   List all records required to be submitted:

SIGNATURE OF AUDITOR-IN-CHARGE:	MANAGER SIGNATURE:

I have received copies of all pages of the Record of Exit Conference and agree that the items listed above were discussed at the Exit Conference.

PROVIDER SIGNATURE:	DATE