

NOTICE OF FORM CHANGE NO. 04-102

DATE

03/30/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 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 LIC 9141 (3/04) Vendor Application/Renewal - Administrator Certification Program

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/04	REPLACES 1/04	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" 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 immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11", 2-sided form.

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

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

VENDOR APPLICATION/RENEWAL

ADMINISTRATOR CERTIFICATION PROGRAM

Mail the application and fee to CDSS, ACS, 744 "P" Street, M.S. 19-47, Sacramento, CA 95814

www.cclid.ca.gov

(1) Type of Program: *(Check one box only; if applying for more than one program, submit applications separately.)*
 RCFE (Residential Care Facility for the Elderly)
 ARF (Adult Residential Facility)
 GH (Group Home)

(2) Type of Application: *(Check one box only) (IF RENEWAL, PROVIDE VENDOR APPROVAL NUMBER AND LIC 9139)*
 New
 Renewal
 _____ - _____ - _____
 LIC 9139 not enclosed
 (No CEU courses renewed)

(3) Type of Vendor: *(Check one box only)*
 35/40 Hour Vendor *(\$150 Processing Fee)*
 CEU Vendor *(\$100 Processing Fee)*

(4) Organization/Vendor Name _____ Business Email Address _____

(5) Contact Person/Authorized Representative (print) _____ Website _____ Business Phone Number _____ Business FAX Number _____

(6) Vendor Mailing Address (Street Address, City, State, Zip Code) _____

(7) Vendor is a/an

Individual
 University, College or School
 Provider Association
(Provide verification of Licensee Member Association)

Partnership
 Non-Profit Organization

Corporation
 Government Agency
 Other: _____
(Provide verification of incorporation)

(8) List each individual, contact person/Authorized Representative, partner, or board member and their title. (Board members include president, executive director, secretary, and treasurer.) Each person listed in this section must complete the back of this form (copy as needed).

NAME	TITLE	SOCIAL SECURITY NUMBER*

(9) **I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.**

(10) Print Name of Vendor/Authorized _____ Signature of Vendor/Authorized Representative _____

Title _____ Date _____

DO NOT WRITE BELOW THIS LINE

Application/Renewal has been approved by: _____ Date _____

Approval Number _____ - _____ - _____ Expires _____

Application/Renewal has been disapproved by: _____ Date _____

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.

PRINT NAME	
(11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license or certificate and number(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(12) Have you held or currently hold a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(13) Are you currently employed or were previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(14) Have you been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (11), (12), and (13) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I declare under penalty of perjury that the foregoing information is true.	
SIGNATURE	DATE

PRINT NAME	
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