

NOTICE OF FORM CHANGE NO. 04-157

DATE

05/28/2004

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 837 - Request for Audit Services

ORDER UNIT MASTER ONLY	<input 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 type="checkbox"/> Revised	DATE OF FORM 3/02	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

This form is no longer available on the internet.

REQUEST FOR AUDIT SERVICES

LICENSEE NAME: BUSINESS NAME + (Attach Facility Profile)	Complete for Part A and Part B Only CHECK ONE
SERVICE REQUEST <input type="checkbox"/> Trust Audit <input type="checkbox"/> Solvency Audit <input type="checkbox"/> Other	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
FOCUS OF REQUEST:	Safety risk situation for Licensing staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
FACILITY LICENSE NUMBER(S):	Is administrative action planned? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROBLEM DESCRIPTION (IF MORE SPACE IS NEEDED ATTACH SEPARATE SHEET.)	Date Statement of Facts signed. _____
_____	Denial of new application planned?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	District Attorney involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Referred to Investigations?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date Referred _____
_____	Investigative Case No. _____

Type of Service Requested

PART A - TRUST AUDIT

- LIC 405 Record of Clients/Resident's Safeguarded Cash Resources (if in Possession)
- Attach LIC 402 - Surety Bond
- LIC 802, LIC 9099 and LIC 809 relating to the problem.
- LIC 809 Licensing Reports re: relating to Problem Solvency Audit

PART B - SOLVENCY AUDIT

- Attach recent LIC 809's which cite for physical plant, food & staffing violations.
- LIC 401 Monthly Operating Statement LIC 404 Financial Information Release
- LIC 401a Supplemental Financial Information LIC 802 Complaint Report
- LIC 403 Balance Sheet LIC 9099 Complaint Investigation Report
- LIC 403a Balance Sheet Supplemental

PART C - REQUIRED-CREDIT CHECK (Check one)

- Sole Proprietor (include both husband and wife)
- Partnership (includes husband and wife)
- Business Reports

Name(s) (last, middle, first name(s))	Addresses(current/former)	(Zip Code)	SS#	Birthdate
1.				
2.				
3.				

PART D - REQUIRED-GROUP RESIDENCE LOCATOR (GRL) (Provides requestor with SSI recipients at a specified address)

A GRL will provide information from the Social Security Database on which residents are receiving SSI at a specific address. List address you want checked. Address must include a zip code.

Address	City	State	Zip Code	County
Address	City	State	Zip Code	County

PART E - CERTIFICATE OF GOOD STANDING/CERTIFICATE OF SUSPENSION (PERTAINS TO CORPORATIONS ONLY)

- LIS - Facility Profile Attached

REGIONAL OFFICE/OUTSTATION OFFICE	M.S.:	PHONE NUMBER: ()
LPA:	PHONE:	LUM:
	PHONE:	REGIONAL PROGRAM MANAGER:
		DATE SIGNED:

CONTROL

AUDIT SECTION USE ONLY

Audit Case #: _____

Priority Assigned (1) (2) Auditor Assigned

Date Assigned

Signature of Audit Supervisor

INSTRUCTIONS FOR USE AND ROUTING OF SERVICE REQUEST - FORM LIC 837

GENERAL INSTRUCTIONS

Prior to assembling and forwarding the required documentation, the LPA may want to contact Audit Section for advice.

Requests must be accompanied by an LIS-Facility Profile and any pertinent documents which support the reason for the audit request.

Submit a separate service request for each type of service being requested.

Complete in triplicate. Mail the original and one copy to the Audit Section.

ADDITIONAL INSTRUCTIONS BY TYPE OF REQUESTS

Part A & B. Trust or Solvency Audit

The problem description should specify as much detail as possible.

For additional information about Audit Section, please refer to the Enforcement Actions Section 1-0700 of the Evaluator Manual.

Part C. Credit Checks

Note: Credit checks may only be obtained on applicants and licensees. We are NOT permitted by law to request credit checks on the corporate officers. Assistance with interpreting the information on credit reports is available by contacting Audit Section. Business reports may be obtained on the corporation. For business reports, please provide the name and address of the corporation.

Part D. Group Residence Locator Information - Provides information regarding who is receiving SSI at a particular address.

For additional information concerning this type of request the Guide for Obtaining and Interpreting the Group Residence Locator System is available by contacting Audit Section or referring to the Intranet Site for Audit Section.

Part E. Certificate of Good Standing/Certificate of Suspension

Certificates of Good Standing/Certificates of Suspension for corporations are available through the Audit Section.