NOTICE OF FORM CHANGE NO. 05-099

TO: County Welfare Director
Supply Clerk / Forms Coordinator

FROM: Forms Management Unit
(916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

<table>
<thead>
<tr>
<th>FORM NUMBER AND TITLE</th>
<th>FCR 16 (2/05) Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDER UNIT</td>
<td>MASTER ONLY</td>
</tr>
<tr>
<td></td>
<td>□ Free</td>
</tr>
</tbody>
</table>
| INITIAL SUPPLY SENT   | □ Yes    | □ No   | REQUIRED FORM-
|                       | □ No Change Permitted | □ Substitute Permitted With Prior DSS Approval | □ Recommended Form |
|                       | □ New    | □ Revised | DATE OF FORM |
|                       |             |             | REPLACES |
|                       |             |             | 2/05 |
|                       |             |             | 12/01 |
|                       | □ Obsolete |

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

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 2/05

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

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

For camera-ready copies of English, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at:
GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY

Licensee/Corporate Name: __________________________________________________
Program Number: __________________________________________________________
(new providers leave blank)
Mailing Address: __________________________________________________________
E-Mail Address: ____________________________________________________________
Contact Person: _______________________ Telephone Number: ( ) __________________

PLEASE USE CURRENT DATA TO RESPOND TO THIS SURVEY

1. ___ Enter the number of facilities currently licensed and pending licensure under your
corporate name for this group home program.

2. ___ Enter the number of facilities owned by the corporation for which the corporation
has clear title or has a mortgage/deed of trust.

3. ___ Enter the number of facilities for this program for which the corporation has a
contractual (rental or lease) agreement:

3a. ____ Enter the number of facilities for this program for which there is no
self-dealing transaction for shelter costs (no member of the Board of
Directors and/or their spouses or family members have a financial
interest in the property being leased or rented). On the attached
Facility Information Sheet, please list the facility license number and
street address for each facility you identified on Line 3a, for which
there is no self-dealing transaction for shelter costs.

3b. ____ Enter the number of facilities for this program for which the
corporation has a self-dealing transaction for shelter costs, rental or
lease agreement (a member of the Board of Directors and/or their
spouses or family members have a financial interest). On the
attached Facility Information Sheet, please list the facility license
number and street address for each facility you identified on Line 3b,
as having a self-dealing transaction for shelter costs.

Lines 3a. and 3b. should equal the total of Line 3.
Lines 2 and 3 should equal the number on Line 1.

4. Yes ___ No___ Do you have any other shelter cost that is the result of self-dealing
transactions for shelter costs, (a member of the Board of Directors
and/or their spouses or family members have a material financial
interest). If yes, identify and describe the transaction(s).

____________________________________________
____________________________________________
____________________________________________
Licensee/Corporate Name: _______________________________________________

Group Home Program Number: ___________________________________________
(new providers leave blank)

Please list below the community care license number and street address for each facility that you have identified on **line 3a:**

<table>
<thead>
<tr>
<th>License No.</th>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
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</tbody>
</table>

Please list below the community care license number and street address for each facility that you have identified on **line 3b:**

<table>
<thead>
<tr>
<th>License No.</th>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td></td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

If additional space is needed, you may duplicate this survey sheet.
CERTIFICATION:

I hereby certify under penalty of perjury that the information contained in this Declaration and Survey is true and correct.

SIGNATURE OF PRESIDENT OF THE BOARD OR AUTHORIZED BOARD OFFICER

<table>
<thead>
<tr>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
</table>

FAILURE TO RESPOND TO THIS SHELTER COSTS, SELF-DEALING TRANSACTIONS DECLARATION AND SURVEY WILL RESULT IN A RATE NOT BEING SET FOR YOUR GROUP HOME PROGRAM.
INSTRUCTIONS
DECLARATION AND SURVEY FOR SHELTER COSTS, AND SELF-DEALING TRANSACTIONS

Welfare and Institutions Code Sections 11462.06(d)(1) and (d)(2) states that “(1) Commencing July 2, 2003, any group home provider with an affiliated lease shall not be eligible for an AFDC-FC rate.

(2) Notwithstanding paragraph (1), providers that received an approval letter for a self-dealing lease transaction for shelter costs during the 2002-03 fiscal year from the Charitable Trust Section of the Department of Justice shall be eligible to continue to receive an AFDC-FC rate until the date that the lease expires, or is modified, extended, or terminated, whichever occurs first. These providers shall be ineligible to receive an AFDC-FC rate after that date if they have entered into any self-dealing lease transactions for group home shelter costs”.

Please enter the requested information on the Declaration and Survey, including the Facility Information Sheet for each facility address. If you enter zero (0) on Line 3, do not complete Lines 3a and 3b. The Declaration and Survey must be signed by the President of the Board or a member of the Board of Directors.

If you have identified a self-dealing transaction for shelter costs on Line 3b, please contact the Foster Care Rates Bureau to discuss your options.

Please return your completed Declaration and Survey via mail to:

California Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S., 9-74
Sacramento, California 95814

Failure to respond to this Declaration and Survey will result in a rate not set for your group home program.

If you have any questions or if you need assistance completing the form, you may contact your Foster Care Rates Consultant at (916) 651-9158.