

NOTICE OF FORM CHANGE NO. 05-099

DATE

08-02-2005

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 **FCR 16 (2/05)**
Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey

ORDER UNIT MASTER ONLY	<input checked="" 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 checked="" type="checkbox"/> Revised	DATE OF FORM 2/05	REPLACES 12/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" 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 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.cahwnet.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).

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

FACILITY INFORMATION SHEET

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**:

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

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

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

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

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

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

TITLE

DATE

**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.