

**NOTICE OF FORM CHANGE NO. 06-011**

DATE

02/17/2006

**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 Certified Public Accountants

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 SR 10 - Certification of Audited Cost Data

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/06	REPLACES	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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 2/06

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is a master only on the internet

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

## CERTIFICATION OF AUDITED COST DATA

The Group Home or Foster Family Agency corporation should have their Certified Public Accountant (CPA) complete and submit this form as part of the required financial audit if the CPA has not otherwise provided written documentation which clearly shows that the required cost data reports were audited and that the information was fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Please have the completed and signed form sent to:  
 California Department of Social Services  
 Program and Financial Audits Bureau  
 ATTENTION: Financial Audits Unit Manager  
 744 P Street, MS 9-23  
 Sacramento, California 95814.

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	PROGRAM NUMBERS(S)
STREET ADDRESS	PROGRAM FISCAL YEAR (MO/YR-MO/YR)
CITY, STATE, AND ZIP CODE	PROVIDER PHONE NUMBER

The attached supplementary cost data reports are presented for the purposes of additional analysis and are not a required part of the basic financial statements but are required as supplementary information by the California Department of Social Services in accordance with Manual of Policies and Procedures Section 11-405.214. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Check only the forms which apply:      SR 3\_\_\_ SR 4\_\_\_ FCR 12FFA\_\_\_

**In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that the information on this form is true and correct.**

PRINTED NAME OF CPA	SIGNATURE OF CPA	DATE
ADDRESS		
CITY, STATE AND ZIP CODE		