CCLD POWERPOINT FFA

2017

# TABLE OF CONTENTS

### FOSTER FAMILY AGENCY ORIENTATION2017

1. CCL POWERPOINT FFA
2. DOCUMENT CHECK LIST
3. PROGRAM STATEMENT
4. CORE SERVICES MATRIX
5. NATIONAL ACCREDITATION
6. JOINT INFORMATION RELEASE
7. FFAMENO
8. DOJ CRIMINAL IDSTORY
9. FOSTER FAMILY AGENCIES
10. LIVE SCAN FORM
11. FINGERPRINT SCHEDULE
12. COMMONLY USED ACRONYMS
13. CCL COMMONLY USED PHONE LIST



Foster Family Agency

Orientation

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

[**WWW.CCLD.CA.GOV**](http://WWW.CCLD.CA.GOV/)



.HOUSEKEEPING

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* **Re st r oom s lo cation**
* **No food or drinks (exccp ! water)**
* **Pl ea se turn off ce ll phones or pager s**

**Please be respectful to everyone . a d isrupti on could lead to**

**exc l usion .**

* **You mu s t be present fo r t he ENT I RE s es sio n to rece ive yo ur**

**ce rti fica te**



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AGENDA

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* Community Care Licensing Div isi on (CCLD) Mission
* Overview of CCL
* Application Process
* **FFA Requirements**
* **Foster Care Rate s**

It is the mi s sion of CCLD to promote the hea lt h, safety and quality of life of each per son in communit y care through the administration of an effecti ve, coll aborat ive, regulatory enforcement system .

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CCLD MISSION STATEMENT



CCLD **MISSION** STATEMENT coNT.

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**Thh h accomplhhcd by promotin g Strucglcs to Increase Voluntar y Compliance**

**Working collabora th ·c l, ·"' ll h:**

* **Clie nt s**
* **The i r fo m i l ic.s**

**0 A d\'OC I IC.S**

**o C ore prnvi dcrs**

* **Rel a te d pro[tn ms ond rc gu l oto ry o p.c ncic s,**
* **Plocc mc n t o e-c ncics ond o t hers in volved in the com muni ty cor e O Pro v id i ne- lcchn i c ol os s i st oncc /c\>nsu l! i n p. w it h CBre pro \'id crs**
* **C o n sult i np. w i 1h s taff b)' CC L J u ri n[t. lhc lice ns i ng. proc e ss**
* **Prnmo ti ne- c o nti nu o us i mpr o \'cmcn ts ond c rrici cnc ) thro ue-ho ut th e c o mmun i ty co re l ic cn s i n p. s ys te m**



* CCL is a regulator y agency
* CCL role and responsibility :
  + Prevention
  + Compliance
  + Enforcement

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OVERVIEW OF CCL



PREVENTION

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Pre\'cntlon rcducu predictable

harm lo people In care by:

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Bad.ground checks

Screen out unqu alif ied

applicants

Plan of Operation &

Program Statement Application Process Fire clearance Staffing requirements Fi nancial verification Provide information

regarding laws and

regulations

·' I· ·.,...,.....,", ..,.....

Ex penses

Heath Screenings

Pre-licensing Yisil to inspect

physical plant

Pro\'ide information regarding laws and regulations Requires Accreditation



Part of compliance is vis i t s :

Pre -licensi ng visit - announced Post- licensing vi sit - unannounced Annual vi si t - unannounced

Comp l aint - unannounced

Case management - unannounced

Plan of correction - unannounced

COMPLIANCE

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Compliance ensures fac il ities are operating according to applicable laws & reg ula tio ns .

ENFORCEMENT

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Enforcement is maintained through:

Fin es & Civi l Penalties

* Non-comp li ance Office Conference/Compliance Plans Administrative Act io ns :

Denial of application Probationary license

Temporar y suspension of license (TSO} Re voc at io n of license

Licensee & employee exclusions



ENFORCEMENT CONT

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**Corrective action:**

**Results when a licensee fails to protect the health , safet y, and personal rights of ind iv id ua ls in ca re , or is unwilling or un ab le to maintain substantial compliance with licensing law s** & **re gulations.**

**Can also can be taken by the Accre ditati on body when the FFA is out of compliance through their st andards .**



APPLICATION PROCESS

1-- - - - - - - - - - --g-'-if.7\,,\_ 1

**Steps lo obta ining a l icense Important facts about a li cense Time frame for licensurc**

**Applicatioc and Supporting Documcntalion Checklist ( LI C 281 D)**

**FFA Pro gra m Statement ( LIC 9128)**

**Fingerprint clearance**



**STEPS TO OBTAINING A LICENSE**

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1. Complete Orientation (Components I, II, and III)

2. Submit completed application packet (within six months of today's orientation)

3. Facility number assigned for new app l icants . Application is rev ie wed : if incomplete= ret u rned , if complete = accepted

4 . Criminal Record Cle arance /CAC I required

5. CCL reviews and approves licensure





ORIENTATION-COMPONENT I

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Component I is today's ses on which will cover:

* Submission of a Complete Application
* Laws and Regulations for operation of an FFA
  + General Licensing Requirements
  + FFA Regulations
  + FFA Interim Licensing Standards



ORIENTATION£0MPONENT II

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* The FFA will be assigned an LPA who will sched u le a

**Face-to-Face visi t at the Co mmun it y Care Lice nsing Office afte r a complet ed application and supp orti ng docu ments are received**

* **A prov is iona l l ice nse will be iss ued to an FFA to obtain**

**accredi tation . An FFA has up to 24 months to get accredited .**

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**Pre-Licensing Visit:**

* **Occurs when the fac i lit y is read y to accept c l ients**

ORIENTATION-COMPONENT III

**What** it looks **like:**

* **Problems that may be encount e red when operating an FFA**
* **How an LPA completes an eva luat ion of the FFA**

**On-goi ng compl i ance i ssues (e .g. record keeping , qualified social**

worker(s ), etc)

#### Slide 14

##### **JK2** Is the provisional license issued after component II or III?

Jasbir Kaur, 2/23/2017

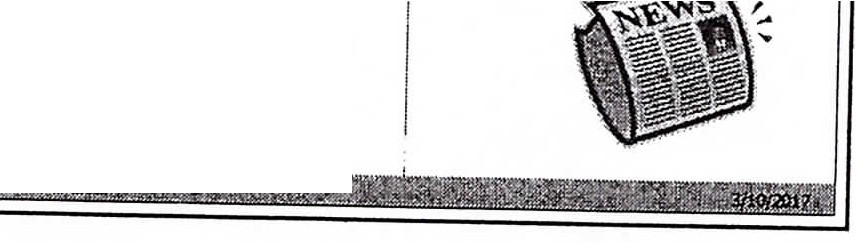
#### Slide 15

##### **JKl** Is this part of componenet II or III or both?

Jasbir Kaur, 2/23/2017

##### **JK3** Are the following things an LPA will go over with a provider during the

Jasbir Kaur, 3/3/2017



IMPORTANT FACTS ABOUT A LICENSE

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FFA must be a non-pr ofit corporation

* Licensee has agreed to

r ··Location change requiresa

new license

* Facility number must be on comply with regulations and advertisements (e . g.

FFA interim li ce nsing websites, business cards ,

standards · etc . )

License cannot be so ld License is not transferable

* License is perpetual



TIME FRAME FOR LICENSURE

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* Goal for review - 90 days
* Reasons for de lays:
  + lnsufficienr operational funds
  + Exemptions
  + Poor cred it history
  + Unqualified staff
  + Fingerprints/OOJ/FBI/Child abuse no t c le r ed
  + Incomplete or inappropriate Program Statement
  + Submission of falsified documents
  + Failure to submit documentation



APPLICATION AND SUPPORTING DOCUMENTATION QHECKLIST- LIC 281D

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The LIC 281D is intended to help yo u file an application for an FFA license .

* It is a tool that can be used to verify yo u ha ve incl uded all the necessary documentation to complete the packet sent to CCL for approval.
* A complete copy of all do cume nts on the LIC 281 D plus the application fee must be submitted to CCLD

0 Applicelions submiued wilhout the fee wi ll be sen t beck wi1hou1 re, ·ie w. The application fee is non-refundable.



**APPLICATION AND SUPPORTING DOCUMENTATIONq\_ rnc KLIST** LIC 281D

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**I. Application LIC 200**

**2. Orientation Ccrtific.ite**

**3 County Letter of Recommendation**

**.i. Applicant Information LIC 115**

**s. Designationof Administratirc Responsibility UC 308**

1. **Affidavit Regarding Client Cash**

**Resources LIC 400**

1. **Swe ty Bond LIC .ao2**
   1. **Monthly Operating SuHcmcnt LIC 401**

***9.* SupplcmcnlaJ FinanciaJ LIC 401a**

**10. Balance Sheet LIC 403**

1I. **Balance Sheet supplemental Schedule**

**LIC403a**

**12. Financial Infonnation Release and Verificat ion LIC 404**

**1.3. Personnel Rcpon LIC 500**

I . **Personnel Record LIC 501**

IS. **Heallh Screening Report Facility Personnel LIC 503**

**16. Criminal Record Slatement LIC 508 17. Emergency Disaster Plan LIC 610C Ia. Con1rol of Real Property**

1. **Applicationor documcnmion of**

**Accreditation**

1. **Plan of()peration/Progrnm Statement**

UC 9 128



LIC 200- APPLICATION

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Application

* LIC 200 Application
  + Read before completing
  + Make copies
  + All applicants must sign
  + Should contain original signatures



ORIENTATION CERTIFICATE

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* Original orientation certificate must be submitted with the Application and Supporting Documentation and will be valid in defi n itely .



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COUNTY LETTER OF, RECOMMENDATION

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**An** application sha ll:

* **Obtain at least one letter of recommendation from a county placing agency for its program .**
* **Pro vi de a list of all the county pla cing agencie s to whom 1he applicant submitt ed their program statement to .**
* **Pro vi de copies of documentati on received by t he applicant from all county placing age ncie s in res pons e to the applicant's request for a letter of recommend.at ion .**



APPLICATION AND SUPPORTING DOCUMENTATION

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* LIC 215 Applicant Information
  + Corporation- CEO or designated board member
* LIC 308 Designation of Administrative Responsibility
  + Identifies the Administrator
  + Board resolution required
* LIC 309 Administrative Organization
  + Completed by nonprofit corporations
  + All board members must be identified
  + Principal address other than facility's address must be provided



APPLICATION AND SUPPORTING DOCUMENTATION

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* LIC 401 Monthly Operating Statement
  + Cost must be reasonable
* LIC 401a Supplemental Financial Statement
* LIC 403 Balance Sheet
  + Reflects assets and liabilities
  + Figures must be realistic
* LIC 403a Balance Sheet Supplemental



APPLICATION AND SUPPORTING DOCUMENTATION

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* LIC 404 Financial Information Release and Verification
  + 3 months of operating cost
  + Line of credit from a reputable financial institution is acceptable



APPLICATION AND SUPPORTING DOCUMENTATION

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* LIC 500 Personnel Report
  + All staff must be listed
  + Must be reflective of all necessary hours needed for staff coverage
* LIC 501 Personnel Record
  + Required for administrator, supervising social worker
  + All others kept on file for review

APPLICATION AND SUPPORTING DOCUMENTATION

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* LIC 503 Health & TB Screening Report
  + Required for CE0/Designee
  + Applicant/Licensee
  + Administrator
  + Supervising Social Worker
  + Any additional staff hired



, APPLICATION AND SUPPORTING DOCUMENTATION \_,

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* LIC 610 Disaster and Mass Casualty Plan

o Complete for administrativeand sub-office

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* Facility Sketch
  + Administrative office
  + Sub-office



**PLAN OF OPERATION**

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1. Admission Policies and Procedures
2. Admission Agrecmcnl

C Adm in is tra l ivc Organization (LIC 309), inc l udin g Parcnl Orga nization ,

ir app li cab le

1. Staffing Plan and Organizational Stralcgies for Staff
2. Coordination with Community Resources
3. Continuous Quality J mpro \'e mcnt

U. Policies Regarding Chi ld Abuse/Neglect Reporting H. Removal Policies end Procedures

Facilit y Sketches (LIC 999)

1. Policies Regarding Hand ling Personal Properly, and Valuables
2. Plan for the use of Delayed Egress Devices by Certified Pa rents and

Resou rce d Families

L. ConOict or Interest Mitigation Plans

M. Program State me n t (LIC 9128)



M. PROGRAM STATEMENT- LIC 9128

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1. Gooborlh,Prognm , g

2. Population to be Served

l . Ability 01 Suppon Oilf Needs or Children/Nonminor Dependents

4. Plan ror Supenision. Trainini nnd fa al uation of Sia ff

*$.* VolW'lloers Assistini the Foster Family Aiency

1. AssessmentlDe\'-clopment of the Needs and Scnices Pion
2. ency Participation in the Child and Family Team I Emcrp.ency Response Services

9 C ulturally Rclew nt Services

10. Core Services and Supporu

I I. Services Dunntt Placement and Pos1 PCfT1lllnency

12. Traosponation Arranicmcnts

I l . Recruitment/Retention

14. Trcauncnt Ser.ices

IS. Services to be Provided to Families

1. Supportini Families *in* the Child and Family Team Process
2. Training. Supervision and Suppon of Cmifie.d Families



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LIC 9128-TABLE OF CONTENTS

II . Resource Family Appro\'al

1. Con\"crsion Plan
2. C uhunil Hwnili!)' and Scnsiti,ity
3. ComplainlS and Oric\'ances
4. Participation and Assistance in lniliati\'cs 10 lmpro\'c the Child Wclfnrc System 2l. Family VisiLOtion1ind Other Communication

H. Planned Aclivitics/Usc of Community Rc:sourcc:,;

1. Community En@Jle-cment
2. Trawno Wonned lntcn-ention ond Treatment Pr.ic1iccs

27 House Rules for Childm-i 11.nd Nonminor DcpcndenlS

21. Nutri1ion/Clothin@llncidenLDls

1. PCZ"SOnal Righls
2. DisciplincPolicies

JI . Docwnmtation of Accrcdi101ion

1. Modico.1/Dcnl.D.I
2. . Access to Mental Health Scnices
3. Contracted Services



LAWS THAT GOVERN FFAs

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Community Care Facilities

**Act**

* Commencing with 1 5 00 of the Health ond Safety Code, ct seq.

Regula lions

* Ch. 8. 8 Foster Familv

Agencies (Article 1-8)

AB 403

o (Stats. 20 1 5, Ch . 773)

AB 1997

o (St Dls. 20 1 6 , C h . 612)

FFA Interim Licensing Sta n da rds

* Article 9. CCR
* Subchapter I, RFA



ASSEMBLY BILL AB 403/1997

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CONTINUUM Ql1-\_CARE REFORM

Emphasizes the 1mpononce of II co m prehensi ve m11111I 1u s essmen 1 10 pro111de for approprio.te

pl1ccmco1 and services

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Requ ir ed s1ate w1de 1mplemcnl1H1on of the Resource Fa m tl} A ppro val (RFA) Proe,n m bee.mnane,

January I , 20 17 .

Requires probation departments, in consultalion with COSS, 10 assess lhe capacity and quali1y of placemen, options for probation you th in foster care.

Reforms lhe rale slruc1ures for

licensed providers o.nd corce,i\'crs

Requires 1he developmenl of II new rate S)S lcm , mcludme. 1hc d1sconunu111on of lhe Rate

Cl o.ss 1f1c1 11on Level lRCL) S \'s \em

* Requ1res COSS lo de, clop an 1n1ce,ra1cd o,ers1e,h1 n stem , m coo rdm a t1on ,, ith lhe Deporlmenl of Health Care Services tD HC S) , os well as additional perform ance and outcome mco.sures

Enhances trainine, requirements .

I nc l ude s AB 12 Nonminor Depende nts .

Diffcrenl personal rie,hu Ae,c limi ts for co ne,rc e.a te



"Foster Family Agency" means any public agency or private organization, organized and operated on a nonp rofit basis , engaged in any of the following :

1. Recruiting , certify ing , ap pr o ving, and training of, and providing professional suppo rt to, foster parents and resource fam ilies .
2. ) Coordinating with cou nt y placing age nci es to find home s for foster children in need of care .
3. Pro vid in g supp .a rts and services to licensed or certified foster parents , county-approved resour ce families , and

c hild re n 10 the extent authorized by state and federal l aw .

DEFINITION OF FOSTER FAMILY AGENCY

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* Reg1onal centers
* School referrals
* County mental health agencies

Private placem ent s

County social servi ces

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Probation departments

WHO PLACES CHILDREN INTO FFAs

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FFA Requirements

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* Staffing Requirements
* Core Services
* Mental Health Services
* Physical environment
* Complaint Investigations
* Resource Family Approval



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* Master's degree or higher/Bachelor's degree
* Related employment experience
* Knowledge of FFA operations
* Training in programs provided by FFA
* Administrator's qualifications approved by licensing

Administrator's Qualification



Social Worker Supervisor

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**Qualifications**

* Must have master's degree or higher in specific areas
* Education and experience necessary to competently participate in the assessment and evaluation of an applicant or Resource Family

**Duties**

* Orientation and training of new SWs
* Reviews and oversees social work personnel casework



Social Worker Personnel

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**Qualifications**

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* Master's degree in specific areas
* Education and experience necessary to competently participate in the assessment and evaluation of an applicant or Resource Family

**Duties**

* Conducts Orientations
* Evaluation & assessment of an applicant or Resource Family
* Placement of children with Resource Families
* Responsible for obtaining & updating needs and services plan for children



Social Worker Personnel (cont)

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* Supervises child's placement
* Support services to Resource Families
* Train and recruit Resource Families
* Responsible for evaluating, inspecting and assessment of Resource Families



CORE SERVICES

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SPECIALTY MENTAL HEAL TH-refer s to "for children who meet medical nccessitr criteria for specialty ment a l health se rvices under th e Medi-Cal Ea rly a nd Periodic Screening. Diag no sis , and

Trea tmcnl program, as the c ri teria a rc described in Sec tion 18 30. 2 1 0 of Tille 9, of the Cnl iforn i a Code of Regulations ."

TRANSITION SERYICES-Refcrs to " supp o n services for Chi ldre n, youth. and fami l ies upon in i tia l e ntr y and placement chan ges and for families who assume permanenc y th rough re unific at ion , adoption , or guard i ansh i p. "

CORE SERVICES

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J . E DUC ATIO N, PHYSI CA L, BEHAVIORAL, MENTAL HEA LTH,

EXTRA CU RRICl lLAR Sl lPPORTS- Refers to "educational a nd physi ca l. behaviora l , and mental health supports, i ncludin g ex tracurr ic ular ac t i vi t ies a nd socia l s uppo rt s."

... T RA SITIO N TO ADUL T.HOOD SERVICES-Refers to " ac ti v i ti es des ig ned to support tra ns i t ion- ag e yo uth a nd nonmin or dependents i n achie"ing a success fu l adulthood ."



**CORE SERVICES**

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s. PERMANENCY Sl l PPORT SERVICES-R ef ers 10 "s er v ices lo achieve

pe rma nenc y, in cludi ng suppo r ti ng efforts to reuniry or achic, ·c adoption or guardianship and efforts to m aintain or establish rela tio nships with parents, siblings , extended fa mil y membe rs , t ribes , o r olhers important to the ch ild or yo uth , as appropr ia te .

, . INDIAN CHILD SERVICE S- Refers to "when se rv i ng Indian children . as defined in s ub d i vi sions (a) and (b) of Section 224 . 1 , 1he core sen·iccs specified in subparagraphs (A) to (E), in cl us i ve , shall be pr o,·idcd to eligible children consistent wit h active effor1s pursuant to Sect ion

361.1 ,"



**MENTAL HEALTH SERVICES**

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An FFA shall ensure children and nonm inor dependents have access to Mcnlal Health Ser vices , consistenl with the child or nonminor d e pend ent s care plan .

Sha ll 11ssess Mentnl he all h Se r vices through a Medi ·Ca l m anaged care plan . ree for sen ·ice prov ider , or Co un ly Mental Health Plan . when deemed med ic a lly necessar y.

An FF A me y dir ect ly provide Specia ll y M e n ta l H e alth Scn •iccs only wilh II current Medi-Cal Cert i ricet io n as an organizational provider of n co unt y mental health plan .

A n FFA that has not ob ta ined a Medi-Cnl Certification shall

provide ch ildren a nd nonm in or dependent s access to ap propria te mental health ser vices .



**PHYSICAL ENVIRONMENT**

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Prov ide privacy for interviewing Conveniently loc a ted for the publ ic

Con fide n tia l records sha ll be maintai ned in locked file cabi net s

* Serv ic es pro vi ded to chil dre n or homes not located more than two hours by car from the admin istr a t ive office or sub office(s)

provid ing the service

* The adm i ni s tr a t ive office and each suboffice sha ll pro vid e an environment that is affi rm i ng and respectful of all cu lt u res .



COMPLAfNT fNVESTIGATIONS

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* Conducted by CCL and/or placement age n cy IO day visit to the Resource Family
* FFA cannot inform Resource Family of a pending unannounced

site visi1 to the ho me .



**REPORTfNG REQUIREMENTS**

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Resource Families are mandated reporters

* Resource Families must report unusua l incidents to FFA and/or CCL
* FFA must report incidents to CCL and placement agency
* An FFA is required to provide the Department with a l og of the resource families approved or rescinded during the month by the tenth day of the following mo nth . *A FFA may satisfy this*

*requ ir ement by using the FFA Web App lication .*



**RESOURCE FAMILY APPROVAL**

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Effective 1/ 1/1 7 , all l icensed foster family agencies s ha ll approve

resou r ce families in lieu of certifying foster homes , as set forth in Health & Safety Code section 15I 7 and Subchapter 1 of the FFA Interim Licensing Standards .

To develop a uni fied , family fr ie nd l y, and child centered resource family a ppro val process that :

Eliminates dupl icat ion Increases appro v al standards

Incorporates a com pre hensi ve ps ycho social ass essment of all families

Includes appro val for : foster care , adoption , guard iansh i p



RFA KEY MESSAGES

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* Nadditional assessment for adoption or guard iansh i p.
  + Considers ability to meet the needs of vulne rab le c h il dre n .
  + Families are better prepared and suppor ted.
  + Less intrusive to family .
  + Training and support for all families - more stability. fewer moves .
  + Eliminates redundant processes .



RFA REQUIREMENTS

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88300-GENERAL

Fosccr Family Agencies th a t

a ppro ve Resource Families shall be go\'crncd by 1hc provisions in this Subchaptcr as we ll as those requ i remen t contained in Arliclc

9. u n l ess otherwise spcciricd .

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8 8301-DEFI NI TIO NS

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* Defini1ions contained nrc spcciric to s ubcha pter .

Resource Families approved by a rosi e r fa m il y age ncy s hall be

go ve r ned by the pro \'i sions in lh is

subc hap1cr.

Unless ot herwise s peci fied . reference, to a certified f a mi ly home in Ch. 8. 8 1ball include a resource famlly .



MANDATORY- RFA FORMS

l- - - - - - - - - - - - -, ',. 1 1

Mandatory Forms

LIC 01A: Resource Fa mily Application

LIC S080 : Out -of -State Disclosure and C ri m i na l Record S ta teme n t

LIC 1988 : Resource Family Out-Of-Stale Child Ab use /N eg lec t Report Request

LIC O IC : Resource Fam i ly App l ication - Con fide n t ial

LIC 03 : Resource Family Home Health and Safety Assessm ent Checklist

Forms webpage: htt p'/ w/ ww cdss ca e;ov/inforesources/Fomr s­ Broch ures/Forms-AIPhabet ic-List/1-L# Iic



OPTIONAL-RFA FORMS

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* RF A -0 2: Resou rce Fam ily Backgro un d C heck l is t an d Out -o f-Slate C h ild Ab us e Regis tr y Check list

RF A -0 4: Reso ur ce Famil y Risk Asses s ment

R FA-0 5 : Reso urce Fami ly A ppro va l Wri tte n Re port LI C-0S A : Resource Fami ly A ppro\ ·a l Certificate

R FA- 06 : Reso urce Fam il y App roval Upda te Repo rt R FA- 07: Hea h h Sc ree nin g

* RFA - 08: Tuberc ul osis ( TB) Scree n i n g Ques t ionn ai re



ASSESSMENT & APPROVAL PROCESS

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Ke y Compone nts :

Have ap plicant co m pl ete Resou rce Fa m il y A p pl ica ti o n. L I C-O I A a nd obta in /s u bmit su pp o rt i ng d oc u mentat i o n .

* Co nd uc t ref er e n ce check of a p pl ica nt' s p rio r li ce ns i ng h istor y.
* Ini t ia te co mp re h e nsi ve ass ess m e n t.



COMPREHENSIVE ASSESSMENT

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* **Home** Environment Asse s sm e nt
* P e r m a nenc y **Assessment**
  + Psychosocial assess men t
  + Pr e-a p proval ! rai ning





**HOME ENVIRONMENT ASSESSMENT**

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The FFA shall conduct a home environment assessment that in cl udes :

* Background check
* Health and safety assessment of the home and grounds, outdoor activity space , and storage areas of the applicant's hom e.
* A fire clear ance
* Description of the physical features of the home

BACKGROUND CHECK

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A background check shall include all of the following:

I. A review of an indi\'idual's stat e and rcderal crim i na l record information (LJC 508D)

2. Child Abuse Central Index check

O I r the 1pplic1n1 or an y aduh ru id i n& in lhc hom e h:is lived in 11 not her s lolc wi th in five yn n before lhc 1pp/it11n\ ho s oppl icd for Ru ou rcc Fu 1i ly App ron l. then on ou1-o r- 1111c child obusc ,nd ncslccl rc1i1 t r)' chccl. m111 1 be conducted u1i n1 LI C 1989

3 Megan 's Law reg istered se x offender che ck

4 . Departmenl of Motor Vehicles check on the app lic a nt and any ad u lts li\'ing in lhe home who may freque ntl y transporl a child or nonminor depend en t.

S. Legal Adm i nis tra ti ve Ac tion Records System (LAA RS) check

6. Licensing Information System (LIS} Check



Originating Agency Identifier (ORI)

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Originating Agency Identifier (QRI)

An FFA mu st be authorized by the Departme nt of Justice (DOJ ) to obtain criminal h is tor y info rmatio n necessar y to complete the comprehensin assessment requ i red for Resource Family Approval

* To become autho rized , an FFA musl estab lish and obtain an ORI code by completing the application package which can be (ound on th e Atto rne y General ' s websi te .

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PERMANENCY ASSESSMENT

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A permanency assessment shall i ncl ude all of the following :

Verification thel an applicant completed prc·ap pro va l tra i n in g.

A psychosocial ass essmenl.

Veri fication of the completion of any o ther act i ,· i t ies re lated to an applicant's ability lo achieve permanency with a child or nonminor dependent



PSYCHOSOCIAL ASSESSMENT

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children and nonminor dcpcndc 1111 . re1idin g in the home or an 1pp liu nt.

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Foster Family Agency Orientation 20

PRE- APPROVAL TRAINING

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A foster family agency shall require an applicant *to* complete a minimum of 12 hours of pre-approval training prior lo Resource Family Approval. Training shall include:

* Orientation

Courses identified in WIC 165 19 . S{g) Opt ion s for permanenc y

Birth parent relationships and safety issues regarding contact

Knowledge and skills related to reasonable and prudent parent standard

* CPR



WRITTEN REPORT

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MONITORING RESOURCE FAMILIES

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A foster family agency shall monitor Resource Families through the following :

Conducting annual updates as requ i re d by Sec t ion 8837 1

Conducting periodic C\·a l uati on s an d home e nv ironme nt assessments , as necessa ry.

Dc\'c lo pi n g co rrec liv c aclion plnns Lo co r rcc1 idcn l if ie d deficiencies of Resource Fami lies .

Requir i ng Resou rce Families to com pl y wilh corrccl i vc action pl ans .



RESOURCE FAMILY CASE RECORD

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An FFA shall maintain a case record for each resource fam il y. The case record shall in cl ude :

A cop y or Lhc app lic ation and s up po rt ing document s Docu ment s pertaining to the comprehe n s i ve ass e ssme nt Documents pertain in g to t he annual update

Veri ficat io n o r tra i n ing

A co py of the· w ritten Report

Copies of complai nt i nvesti gat ion rep orts and act ions, if a ppli cab le

* Among 01her. things (Sec 88369. 7 for addi 1io na l requireme nt s) .



ANNUAL UPDATES

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At least annually a foster family agency shall update the approval or a Resource Family that in cl udes :

Updated home cn,·ironment and psychosocial assessment Ensure pos t - approval tr11ining is completed

Verification of subsequent arrest notification (rap back) service (s i n place for all adults li ving in the home .

Updated assessment shall begin a ne w annual period

A foster family agency shall provide a copy of the annual update to the Resource Family upon completion



ANNUAL TRAINING

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A foster family agency shall ensure a Resource Family completes a minimum of 8 hours of annual post-approval training , provided by qualified sources that shall include the fo llow ing :

Trauma inform e d core and attachmcnl. Core Practice Model.

Crisis in tcr \'en ti on. Behavior Management.

Supponing children and nonminor dependents in school.

Effects of drug and alcohol abuse on children and nonminor dependents .

* Administration of psychotropic medicati ons . Emancipation and independent living .



APPLICANT REQUIREMENTS

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An appllcanl shall be : \\_

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An applicant shall dernonslrale all of lhe follo 'ft·lng:

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CONTINUING REQUIREMENTS -

RESOUR fAMILIES

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0 Reporting Requirements

0 Records Requirements

0 Bedroom Sharing Policies

0 Emergency Procedures D Transporution

0 Reasonable and Prudent Parent Standard

0 Responsibility for Pro, ·idi ng Care OCooperation and Compliance



**HOME BASED FAMILY**

**FOSTER CARE RATES**

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NEW RATE STRUCTURE

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Converting to a new rate structure comprised of:

A single rate for Sharl Term Residential Therapeutic Progr ams . A Resource Family rate structure based on le vel of care and tied 10 the needs of the child/ youth . Age is no longer sole

factor for rate increases .

Basic Levels of Care (LOC) rates will be paid to Resource Families and is no longer distinguished by funding and family types .

Intensive Treatment Foster Care expands lo lnlcnsive Scr\'ices Foster Care . The rate will supporl specinl henlth care

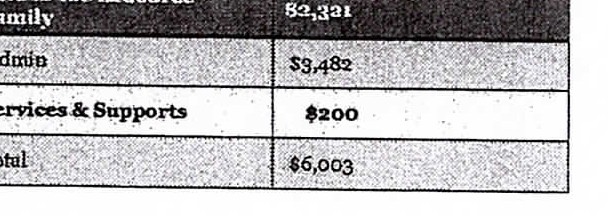
. popu lat io ns . MTFC . Therapeutic Foster Care , prob ation . step down ahcrnali\'c from. and pre ven t ion to higher needs placement.

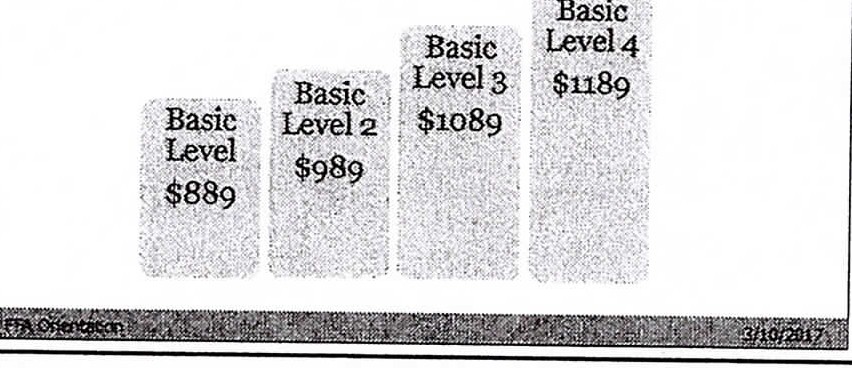
Sen •ices Only Rate Count y Option to support non FFA famil ies .

#### Slide 68

**JKS** Please determine which slides for rates is necessary. (68-75)

Jasbir Kaur, 3/3/2017

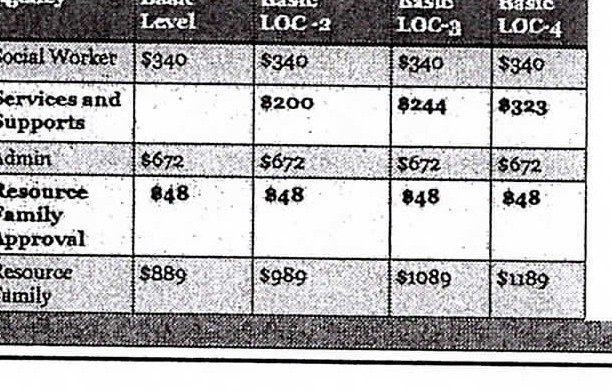




HOME BASED FAMILY CARE RATE

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Care and Supervision Rate is paid to the Resource Family and determined by a Level of Needs - using an assessme nt process .



HOME BASED FAMILY AGENCY RATE

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Paid to the FFA is a rate that correlates to each LOC . The services and supports are not l i mited to IV-E allowable ac tiv it ies .



INTENSIVE SERVICES FOSTER CARE

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This ITFC rate is now Intensi ve Scr\'iccs Foster Care is intended to accommodate probation placement s, MTFC, special hea lth care or certa i n me dic a l placements, an altcrnati\'c to or step down from residential care, Therapeutic Foste r Care or other special populat ions . The Resource family must meet a level of specified t rainin g and competencies to matched to the child ' s needs .



SERVICES ONLY

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County can contract with an FFA or a community based

organiz at io ns for services and suppor ts .

The rate is triggered at the Basic Level of Care 2. The assumption is that child ren/youth that are at the Basic Level should be able to get their needs met by the Resource Pare nt and the Child Placing Agency Soc ial Worker or Pr obation .



LEVEL OF CARE PROTOCOL

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The Leve l of Care (LOC) Protoco l will be based on Five

Domain s.

Physica l, Healt h, Educat io n. Behavioral/Emotional includes one for Static factors that identify those ch i l dr en/yo uth that will automatically be LOC 4.

The Protocol is designed to interact w i t h other assessment tools and It wi ll have weighted scor i n g to determi ne the rate .

The ne xt LOC workgroup will occur the week of t he 19 1h to

review the tool.

There wi ll be a test i ng period before a final release a nd then training will be o ffered . Th e goa l is to ha ve this finalized before the end of the Year.



IMPLEMENTATION SEQUENCE OF RATE

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E f fecti ve 1/1/2017 - Automation will implement as fo llo ws: FFA rate still negotiating with automation

FFHs.(includes ARC) NRLGs, NFREM , NMDs in SILP paid less than S889 will get rate increase to the Basic Level of $889 .

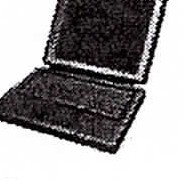
KinGap and AAP - stays the same (new AAP ge t Basic} STRTP - Inte r im Rate of $11,770 if licensed as a STRTP. Wrapa round - Single Rate of $8,573

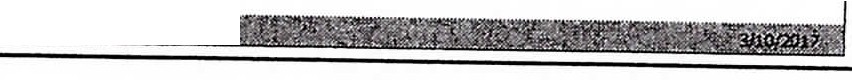
Intensive Treatment Foster Care - stays the same

Level of Care Assess ments and Leve ls 2-4 will be imp le mented once full automation is in place .

STR\_U,'\_7Qs'i'.URE

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WHERE TO GET M.,-ORE INFORMATION

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CCL Website : WWW ccld ca gov Title 22 Regu lat io ns fo r:

* Foster Famil y Agency Foster Family Homes General Licensing

CCR Website : WWW ch ildsworld ca g9v/pg2976 htm Statutes for:

* + AB 403
  + AB 1997

Jf you have any que sti ons, please send to: ccr1kdss ca.gov

or craca'idss ca go v

**FOSTER FAMILY AGENCY ORIENTATION**

Document Check List

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENC Y

CALIFORN IA DEPARTMENT OF SOCIAL SER VICE S COMMUNITY CARE LICENSING DIVISION

**APPLICATION AND SUPPORTING DOCUMENTATION CHECKLIST**

**Foster Family Agency**

*This checklist is intended to assist an applicant in completing and submitting an initial application package and may also be used to submit revised/updated information to the Department by a licensed Foster Family Agency.*

**FACILITY INFORMATION** (Please type or print clearly.)

**Applicant/Licensee Name**

**Facility License Number , If known**

**Applicant/Licensee Mailing Address**

|  |  |  |
| --- | --- | --- |
| **Contact Person Name** | **Title** | **Phone Number** |

*For each form or document submitted, please check "initial" for new application. For a current licensee, please check "revised" and note the revision date, if you are updating information contained in any of the forms or documents listed below.* ***The following pages of the Application and Supporting Documentation Checklist include a detailed description of the***

***content below.***

|  |  |  |
| --- | --- | --- |
| . '  **AP\_PLICATIONAND SUPPORTING DOCUMENTATION** | | |
| **LICENSING FORMS AND DOCUMENTATION**  (Title 22 CCR § 80018 , 88018, See Section 88218, Art 9 of the Interim Licensing Standards) | | |
| 1. AQQlication for a Communit)l Care Facilit)l (LIC 200) | 0 Initial /0 Revised | Date: |
| 2. Orientation Certificate | Date Completed: | |
| 3. County Letter of Recommendation | Date of Letter: | |
| 4. AQQlicant Information (LIC 215) | 0 Initial /0 Revised | Date: |
| 5. Designation of Facilit)l ResQonsibilit)l (LIC 308) | 0 Initial /0 Revised | Date: |
| 6. Affidavit Regarding Client Cash Resources (LIC 400) | 0 Initial /0 Revised | Date: |
| 7. Suret)l Bond (LIC 402) | 0 Initial /0 Revised | Date: |
| 8. Monthlll OQerating Statement **(LIC 401)** | 0 Initial /0 Revised | Date: |
| 9. SuQQlemental Financial Information (LIC 401A) | 0 Initial /0 Revised | Date: |
| 10. Balance Sheet (LIC 403) | 0 Initial /0 Revised | Date: |
| 11. Balance Sheet SUQQlemental Schedule (LIC 403A) | 0 Initial /0 Revised | Date: |
| 12. Financial Information Release And Verification (LIC 404) | 0 Initial /0 Revised | Date: |
| 13. Personnel ReQort (LIC 500} | 0 Initial /0 Revised | Date: |
| **14.** Personnel Record (LIC 501) | 0 Initial /0 Revised | Date: |
| 15. Health Screening ReQort Facil it)l Personnel (LIC 503) | 0 Initial /0 Revised | Date: |
| 16. Criminal Record Statement (LIC 508) | 0 Initial /0 Revised | Date: |
| 17. Emergencll Disaster Plan (LIC 61OC) | 0 Initial /0 Revised | Date: |
| 18. Control of Property | 0 Initial /0 Revised | Date: |
| 19. Application or Documen tation of Accreditation | 0 Initial /0 Revised | Date: |
| 20, **Plan of Operation/Program Statement (LIC 9128)** | 0 Initial /0 Revised | Date: |

STATE OF CALIFORNI A - HEALTH AND HUMAN SERVICES AGEN CY

CALI FORNIA DEPART MENT OF SOCIAL S ER VICES COMMUNITY CARE LICENSING DIVISION

## INTRODUCTION

These instructions are intended to help you file an application for a Foster Family Agency (FFA) license. The above checklist guides an applicant in filing the application. Before a license can be issued, the licensing agency must review the Application and Supporting Documentation submitted to verify you meet the minimum requirements for th·e license.

The initial application fee plus all Application and Supporting Documentation must be completed and sent to the licensing agency as a packet. **The application fee is non-refundable.** Your application cannot be started until all the forms are filed with the licensing agency. The FFA shall submit a copy of its program statement to all county placing agencies with which placements are coordinated or services provided for, including the county in which the facility is located, for optional review when the FFA updates its plan of operation/program statement. Once the letter of recommendation(s) has been recei ved, the initial application (UC 200) must be filled out with the attached Letter of recommendation(s) , and submitted to the licensing agency for review. ·

Submit two complete copies of all Application and Supporting Documentation in the same sequence as they are listed above, tabbed and in binders. If the forms are incomplete, the licensing agency will return the entire packet to you. To prevent delays, be sure that you have all the necessary information completed, properly signed, with original signatures, and dated. Make a photocopy of your Application and Supporting Documentation before you give it to the licensing agency.

**CREDIT REPORT** - The purpose of a consumer credit report is to report your credit history and whether or not you repay loans on time for the things you buy.

Your rights of privacy are protected by law. The Department of Social Services obtains credit reports per Section 604 of the Fair Credit Reporting Act:

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other :...(3) To a person which it has reason to believe.. . (D) intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status:..."

Your consumer credit report is maintained in the confidential section of your facility file which is maintained in your local regional office.

**REGULATIONS** - The regulations that govern FFAs covered by these application instructions are under California Code of Regul ations, Title 22, Division 6 and interim licensing standards, Chapter 8.8 Foster Family Agencies, Articles 9,

and Subch apter1.

Copies of the regulations and amendments can be downloaded from [**http://www.cdss.ca.gov/cdssweb/PG71.htm.**](http://www.cdss.ca.gov/cdssweb/PG71.htm)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

## APPLICATION AND SUPPORTING DOCUMENTATION - DESCRIPTIONS

###### APPLICATION FOR A COMMUNITY CARE FACILITY LICENSE (UC 200)

* + All items are filled out completely.
  + All applicants must sign the application.
  + The application should contain original signatures. The licensing agency will not accept photocopied signatures on this form.
  + If the application indicates that the applicant previously held a license for a facility, the licensing agency will compare the Applicant Information Form (LIC 215), and verify that the applicant is not subject to disciplinary action.
  + All persons signing the application must be authorized by the board resolution and the board resolution must be submitted with this form .

###### ORIENTATION CERTIFICATE

* + Proof of attendance to the Community Care Licensing FFA Orientation **MUST** be submitted with an application.

###### COUNTY LETTER OF RECOMMENDATION

* + Prior to submitting an application, a FFA shall obtain at least one letter of recommendation in support of its program from a county placing agency.
  + The applicant must submit a list of all county placing agencies they sent their program statement to.
  + If the applicant submits their application without a letter of recommendation in support of its program, the department shall cease review of the application.

###### APPLICANT INFORMATION (UC 215)

* + The form is completed for the person designated to act for the board, the signatory and the administrator.
  + If the applicant previously held a license, held a beneficial ownership of 10 percent or more or was an administrator, general partner, corporate officer, or director of a licensed facility, the licensing agency will research to determine if the applicant is subject to disciplinary action. ·
  + The form must contain original signatures. The licensing agency will not accept photocopied signatures on this form.
  + Reference statements must be current and should not be from relatives.
  + This form will be used as necessary to verify qualifications when an applicant also intends to be in the Administrator/Director.

###### DESIGNATION OF FACILITY RESPONSIBILITY (LIC 308)

* + At least one individual must be designated as the authorized person of the FFA to act in the licensee's absence.

**A LICENSEE CANNOT DESIGNATE HIM OR HERSELF.** More than one staff person may be designated on a form.

* + A board resolution must authorize the delegation and be submitted with this form.
  + The form must contain the original signatures of the applicants/licensees. The licensing agency will not accept photocopied signatures on this form.

###### AFFIDAVIT REGARDING CLIENT CASH RESOURCES (UC 400)

* + Make sure the form is completed and the appropriate box is checked.
  + Make sure a bond is obtained if needed.
  + The form must contain the original signatures of the applicants/licensees. The licensing agency will not accept photocopied signatures on this form.

