

# FOSTER FAMILY AGENCY – DATA AND CERTIFICATION SHEET (FCR 1FFA)

*SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED*

A. DATA SECTION		AGENCY FISCAL YEAR	
		MO	YR
		-	MO
		YR	
1. LICENSEE NAME	11. AGENT FOR SERVICE OF PROCESS		
2. AGENCY NAME	11a. MAILING ADDRESS		
3. MAILING ADDRESS – NUMBER, STREET, P.O. BOX	11b. CITY, STATE, ZIP CODE		
4. CITY, STATE, ZIP CODE	12. BOARD PRESIDENT		
5. BUSINESS ADDRESS – NUMBER, STREET	12a. PHONE NUMBER		
6. CITY, STATE, ZIP CODE			
7a. ADMINISTRATOR'S NAME (LAST NAME, FIRST NAME)	7b. TELEPHONE NUMBER (    )	7c. FAX (    )	7d. E-MAIL
8a. CONTACT PERSON (LAST, FIRST) (IF DIFFERENT THAN ADMINISTRATOR)	8b. TELEPHONE NUMBER (    )	8c. E-MAIL	
9. NAME OF PROGRAM			
10. IDENTIFY OTHER CCL LICENSES HELD BY LICENSEE			

10a. PROGRAM NAME	
TYPE OF LICENSE	LICENSED CAPACITY
10b. PROGRAM NAME	
TYPE OF LICENSE	LICENSED CAPACITY
10c. PROGRAM NAME	
TYPE OF LICENSE	LICENSED CAPACITY

**CDSS USE ONLY**

PROGRAM NUMBER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST
_ _ _ _ _ _ _	_ _  -  _ _  -  _ _	_ _  -  _ _  -  _ _	_ _  -  _ _  -  _ _	_ _ _	_ _ _	_ _ _ _

**B. CERTIFICATION SECTION**

1.     YES     NO    The program of services is the same as submitted to the Department in the previous rate period. *(If no, attach new amended program statement.)*

2.            The FFA rate contains no administrative or other costs duplicated in a group home rate set by the Department. *(If no, attach explanation.)*

*I hereby certify that I have examined the rate request package and to the best of my knowledge and belief, it is a true and correct statement of the information required.*

SIGNATURE OF PERSON PREPARING RATE REQUEST	TITLE	DATE
SIGNATURE OF ADMINISTRATOR	TITLE	DATE
COUNTY AND STATE WHERE SIGNED		

# FCR 1FFA, FOSTER FAMILY AGENCY DATA AND CERTIFICATION SHEET

## PURPOSE:

The Foster Family Agency Data and Certification Sheet serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate request.

## INSTRUCTIONS FOR COMPLETION:

Each provider should complete one form for each program for which a rate is requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2002 – 06/2003).

## PART A, DATA SECTION:

- Line 1. **Licensee Name:** Enter the licensee name listed on the FFA license.
- Line 2. **Agency Name:** Enter the name by which the FFA is commonly known, if different from licensee name.
- Lines 3 & 4. **Mailing Address:** Enter the number and street (or post office box), city, state and zip code where mail is received.
- Lines 5 & 6. **Business Address:** Enter the street address of the program's office.
- Line 7a. **Administrator's Name:** Enter the name of the chief administrator or executive director of the organization.
- Line 7b. **Telephone Number:** Enter the telephone number of the person identified on Line 7a.
- Line 8a. **Contact Person:** Enter the name of the person who prepared the rate request and to whom questions may be addressed.
- Line 8b. **Telephone Number:** Enter the telephone number of the person listed on Line 8a.
- Line 9. **Name of Program:** Enter the identifying name of the program for which a rate is being requested.
- Line 10 a - c. **Other CCL Licenses:** Enter the name and type of license for other types of programs operated by the provider and the licensed capacity.  
**Examples would include:** Children's Group Home, Day Care, Adult Residential, etc.
- Line 11 **Agent for Service of Process:** Enter the name of the person designated as Agent for Service as submitted to the Secretary of State.
- Line 11a **Mailing Address:** Enter the mailing address for the Agent of Service.
- Line 11b **City, State, Zip:** Enter the City, State, Zip for the Agency of Service.
- Line 12 **Board President:** Enter the name of the corporation's Board President.
- Line 12a **Phone Number:** Enter the telephone number for the corporation's Board President.

## PART B, CERTIFICATION SECTION:

1. If there has been no change in this FFA program, and all program material is on file with the Department, check **YES**. If there has been a change, check **NO** and submit any explanatory material.
2. Check **YES** if none of the AFDC-FC funds received for children placed with the FFA are used for operation of an AFDC-FC funded group home. Check **NO** if AFDC-FC funds are used and attach an explanation.

After the rate request package has been prepared and examined, the person preparing the report and the administrator must sign on the lines provided. Enter their titles, date signed, county and state where the certification took place. Forward the **original** of this form to the Department with the completed rate request package.