

**FINANCIAL AUDIT REPORT TRANSMITTAL***(Include with Financial Audit Report)*

The Group Home (GH), Transitional Housing Placement Plus Foster Care (THP + FC) or Foster Family Agency (FFA) non-profit corporation should complete and submit this form, a Financial Audit Report for the most recent fiscal year and audited cost data to continue receiving an AFDC-FC program rate.

Please submit the documents to:  
 California Department of Social Services  
 Program and Financial Audits Bureaus  
 ATTENTION: Financial Audits Unit Manager  
 744 P Street, MS 8-13-23  
 Sacramento, California 95814

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	NAME OF EXECUTIVE DIRECTOR, ADMINISTRATOR, CEO
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	CORPORATE NUMBER
STATE TAX IDENTIFICATION NUMBER (FEIN)	PROVIDER PHONE NUMBER
STREET ADDRESS	PROVIDER FAX NUMBER
MAILING ADDRESS	CORPORATION FISCAL YEAR
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

Financial Audit Report submitted as required. Below are the individual program numbers (e.g., 1234.00.01) for the GH and/or FFA programs(s) covered by the Financial Audit Report:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Federal Expenditures From All Sources	Non-Federal Portion (State, county, etc.)

Items included:

\_\_\_\_\_ Financial Audit Report

\_\_\_\_\_ Audited cost data for each program (SR 3, SR 4, THP + FC, and /or FCR 12FFA) with written documentation from independent Certified Public Accountant confirming that the cost data were audited. (Covers same reporting period as Financial Audit Report)

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

\_\_\_\_\_  
 PRINTED NAME OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER

\_\_\_\_\_  
 SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER

\_\_\_\_\_  
 TITLE OF PERSON LISTED ABOVE

\_\_\_\_\_  
 DATE