



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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

**QUALIFIED AGENCY CERTIFICATION APPLICATION CHECKLIST**

*\*This checklist must accompany all application packages when returned to CDSS.*

- Verified Completed Application (Form SOC 2250) – (Signed, Dated, Notarized)
  - Application Fee - \$10,000 (New), \$3,000 (Automatically Certified) or \$10,000 (Re-certification), \$10,000 (Automatically Certified **first time** Geographical Expansion or Service), \$5,000 (Subsequent Geographical Expansion or Service Additions), \$100 per calendar day past re-certification deadline
  - Current geographical location(s) in which services are provided
  - Provide a list of services available to recipients
  - Provide Legal Name of Agency
    - o DBA or Business Name
    - o Federal Employer Identification Number (FEIN)
    - o Social Security Number (SSN) (individuals or sole proprietorships only)
    - o Attach Fictitious Name Statement
    - o Articles of Incorporation
  - Organizational Chart, List of Directors, Officers and Owners
  - Three (3) References or Letters of Recommendation *(must submit balance sheets and*
  - Three (3) Most Recent Audited Financials – years 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_ *income statements)*  
*(or other independently verified documentation showing liquid assets to cover 180 days of IHSS operating expenses. Public entities may submit a “letter of support” in lieu of financial statements)*
  - Business Plan and Budget Narrative
  - W-9 Form *(if applicable)*
  - Bank Account Statements *(Past 12 months)*
  - Proof of Insurance
    - o General and Professional Liability *(\$1 million per occurrence/\$3 million aggregate)*
    - o Worker’s Compensation *(\$1 million total compensation)*
    - o Motor Vehicle Liability *(\$1 million which includes uninsured motorist and medical)*
  - Provide copy of current contract with the county or Public Authority *(if applicable)*
  - Letter from Managed Health Care Plan
- \* CDSS reserves the right to request additional information as deemed appropriate.

**COMMENTS:**

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You will be notified by CDSS confirming a Completed Application for Certification was received with an Official File Date Letter or a letter requesting further information. Please send completed package to:

**California Department of Social Services  
Contract Mode and Certification Unit (CMCU)  
Attn: CMCU, Manager  
744 P Street, MS 9-9-04, Sacramento, California 95814**