

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

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

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

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Group Home Program Current Month Audit Report (SR 2H) Instructions

PROVIDER NAME: Enter the provider/licensee name shown on the Group Home Program Rate Application (SR 1).

PROGRAM NUMBER: Enter number assigned by FCRB.

CURRENT MONTH AUDIT: Enter period that was audited.

AUDITED MONTH/YEAR: Enter appropriate month being audited and year.

COLUMN (1) - 90% OF LICENSED CAPACITY, Minimum is 5.4:

Calculate 90 percent of licensed capacity for the audited month and enter.

CHILD CARE & SUPERVISION

COLUMN (2) - VERIFIED HOURS:

Enter the verified number of paid-awake hours for all staff providing child care and supervision as entered on the Child Care And Supervision Component Program Worksheet (SR 2A), Col. B, TOTAL.

COLUMN (3) - WEIGHTED HOURS:

Enter the weighted hours for all staff providing child care and supervision as calculated on SR 2A Child Care And Supervision Component Program Worksheet, Col. G, GRAND TOTAL.

COLUMN (4) -

Divide Column 3 by Column 1, enter points

SOCIAL WORK ACTIVITIES

COLUMN (5) - VERIFIED HOURS:

Enter the verified number of paid-awake hours for all social work professionals providing social work activities as entered on the Social Work Component Worksheet (SR 2B), Col. B, or Col. C(2), TOTAL.

COLUMN (6) - WEIGHTED HOURS:

Enter the weighted hours for professional level as calculated on the SR 2B, Col. E, TOTAL.

COLUMN (7) -

Divide Column 6 by Column 1, enter points.

MENTAL HEALTH ACTIVITIES

COLUMN (8) - VERIFIED HOURS:

Enter the verified number of paid-awake hours for all mental health professionals as entered on the Mental Health Component Program Worksheet (SR 2C), Col. B, TOTAL.

COLUMN (9) - WEIGHTED HOURS:

Enter the weighted hours for professional level as calculated on the SR 2C, Col. D, TOTAL.

COLUMN (10) -

Divide Column 9 by Column 1, enter points

COLUMN (11) - AUDITED POINTS PER PROGRAM PER MONTH:

Enter the results of adding Columns 4, 7, and 10.

COLUMN (12) - AUDITED RCL:

Enter RCL related to the points in Col. 11.

TOTALS: ENTER TOTALS FOR EACH COLUMN.

AVERAGE:

Enter the result of dividing each column by the number of months audited during the reporting period. Decimals should be entered using two decimal places (hundredths). (Example: Calculation results in 220.32445. Enter 220.32).