



PATRICIA S. PLOEHN, LCSW  
Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

July 16, 2008

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Dear Prospective Applicant:

**ADDENDUM NUMBER ONE TO REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)  
FOR EMERGENCY SHELTER CARE SERVICES (CMS# 07-075)**

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Emergency Shelter Care (ESC) Services RFSQ CMS# 07-075 released on July 10, 2008. Addendum Number One amends sections of the RFSQ as provided below.

A prospective contractor's failure to incorporate the requirements of this Addendum Number One may result in the Statement of Qualifications (SOQ) not being considered, as determined at the sole discretion of the County.

The following changes/additions are being made to the RFSQ for ESC Services #CMS 07-075:

1. Add the following Conference date and location to PART A, OVERVIEW, Section 3.0 ESC SERVICES APPLICANT CONFERENCES – QUESTIONS AND ANSWERS, Sub-section 3.1.3:

**Friday, July 25, 2008 from 9:00 A.M. to 1:00 P.M. at DCFS/Lakewood – 4060 Watson Plaza Drive, Lakewood, CA 90712.**

2. Delete in its entirety, Form 1 of PART D, STATEMENT OF QUALIFICATIONS (REQUIRED FORMS), and replace it with the attached revised Form 1.
3. Delete in its entirety, Exhibit A-6 CONTRACTOR'S INVOICE of PART H, STATEMENT OF WORK, and replace it with the attached revised Exhibit A-6.

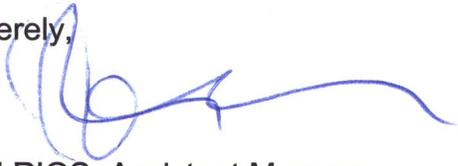
Except as provided by addendum, all other terms and conditions of the RFSQ remain unchanged.

Should you have any questions, please contact John Wehrly, Contract Analyst at (213) 351-5731.

*"To Enrich Lives Through Effective and Caring Service"*

Addendum Number Two  
November 15, 2007  
Page 2

Sincerely,

A handwritten signature in blue ink, appearing to be 'Ron Rios', with a long horizontal flourish extending to the right.

RON RIOS, Assistant Manager  
Contracts Administration

RR:JW

Attachments (2)

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

*Please type or print each filed legibly, and put "N/A" for each field that does not apply*

**APPLICANT INFORMATION**

1. Name of ESC Services Applicant applying to become Emergency Shelter Care Services (ESC) Provider (Use same name indicated on California State Foster Care License):

\_\_\_\_\_

First Name	Middle Name	Last Name
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2. Date of Birth: \_\_\_\_\_ (mm/dd/year)

3. California State Foster Care License Number: \_\_\_\_\_

4. Did you attach a copy of your California State Foster Care License?    Yes     No

5. Present Home Address: \_\_\_\_\_  
Number and Street Address

\_\_\_\_\_

City	State	Zip Code
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Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

6. Identify the Service Planning Area (SPA) you will be serving, based on your ZIP CODE listed in Table 1, "ZIP CODES with Associated SPA, City/Area Names, and DCFS Offices" (found in Part D of this RFSQ): \_\_\_\_\_

7. How long have you been a Foster Parent under your current license? \_\_\_\_ Years \_\_\_\_ Months

Do you have six-months active experience in Los Angeles County as a foster parent with a valid license issued by CCL/CDSS?    Yes     No

If yes, provide name of the agency you are/were working under and their contact information.  
\_\_\_\_\_

8. If you have ever been a Licensed Foster Parent in another County or State in the past, please list:

Previous license number: \_\_\_\_\_    Number of years with previous license: \_\_\_\_\_

County/State: \_\_\_\_\_

9. Primary Foster Parent's Social Security Number: \_\_\_\_\_

10. Primary Foster Parent's California Driver's License (CDL) Number: \_\_\_\_\_

11. If no CDL, list your California DMV Identification Number: \_\_\_\_\_

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

12. Did you attach a copy of your CDL or California DMV Identification Card? Yes  No

13. If you own your home, did you attach a certificate of Homeowners Liability Insurance?

Yes  No

14. If you rent your home, did you attach a certificate of Renters Liability Insurance?

Yes  No

15. If you work outside of your home, please provide:

The name of your employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Number and Street Address

City State Zip Code

Work Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

16. Is this part-time or full-time work? Full Time  Part-time

17. List the number of hours you work per week: \_\_\_\_\_

18. What is your work schedule?

	Start Time	End Time
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

19. Do you operate a child day care business in the same home or property where you intend to provide ESC Services? Yes  No

A) ESC Services Providers cannot operate a child daycare business within the same physical structure or on the same property where ESC Services are to be provided; B) ESC Services Applicant and Co-Applicant (if applicable) must certify that he/she shall not operate a child daycare business within the same physical structure or on the same property where ESC services are to be provided (refer to Form 1 - ESC Services Provider Certification page); and C) If ESC Services Applicant and Co-Applicant (if applicable) cannot certify to this, ESC Services Applicant must re-submit their application when he/she can certify to this.

20. If you are currently licensed to do so, do you currently have medically fragile (F Rate) children placed in your home? Yes  No

**APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER**

A) ESC Services Providers cannot have "F" Rate foster children or youth in their home at the same time as an ESC Services placement (AFDC-FC "B" and/or "D" category foster children or youth); B) ESC Services Applicant and Co-Applicant (if applicable) must certify that AFDC-FC medically fragile "F" category foster children or youth will not be housed or otherwise accepted in their home for any reason at the same time as AFDC-FC "B" and/or "D" category foster children or youth (refer to Form 1 - ESC Services Provider Certification page); and C) If ESC Services Applicant and Co-Applicant (if applicable) cannot certify to this, ESC Services Applicant must re-submit their application when he/she can certify to this.

**CO-APPLICANT INFORMATION**

21. Name of ESC Services Co-Applicant applying to become Emergency Shelter Care (ESC) Services Co-Provider (Use same name indicated on California State Foster Care License), if applicable:

\_\_\_\_\_

First Name	Middle Name	Last Name
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22. Date of Birth for Secondary Foster Parent: \_\_\_\_\_(mm/dd/year)

23. List your California Driver's License (CDL) Number: \_\_\_\_\_

24. If no CDL, list your California DMV Identification Number: \_\_\_\_\_

25. Did you attach a copy of your CDL or California DMV Identification Card?    Yes     No

26. Relationship to Primary Foster Parent, if any: \_\_\_\_\_

**ALTERNATE ESC SERVICES PROVIDER INFORMATION**

27. For emergency purposes, please list the name of your Alternate ESC Services Provider, if applicable:

\_\_\_\_\_

First Name	Middle Name	Last Name
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28. Does Alternate ESC Services Provider reside in your home?    Yes     No

Relationship to you, if any \_\_\_\_\_

29. Alternate ESC Services Provider's CDL or California DMV Identification Number: \_\_\_\_\_

30. Please attach a copy of your Alternate ESC Services Provider's California Driver's License or California DMV Identification Card.

Do you have a written clearance from the State of California Community Care Licensing for your childcare alternate?    Yes     No

31. Please attach a copy of a written clearance from Community Care Licensing for your alternate with this application.

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

**OTHER PEOPLE RESIDING IN YOUR HOME**

32. Please list all persons who live in your home on a full or part time basis.

A. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

B. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

C. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

D. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

E. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

F. \_\_\_\_\_  
First Name Middle Name Last Name  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to you, if any \_\_\_\_\_

**POPULATION TO BE SERVED**

33. How many beds you are licensed for by Community Care Licensing Department? \_\_\_\_\_

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

34. How many beds are you interested in providing under the ESC Services Program? \_\_\_\_\_

35. In which category below are you willing to provide beds for:

	Female	Male	Both
Child Age 0-12			
Youth Age 13-17			
Teen mother and infant (one adult bed and one crib)			
Siblings Group (a minimum of 4 beds)			

**SERVICE HISTORY AND PLAN**

36. Describe what childcare plan you have for ESC Services children or youth placed in your home when you are working:

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37. Name of day care provider: \_\_\_\_\_

38. Has a corrective action plan ever been initiated in your home due to substantiated allegation brought against you by Community Care Licensing and/or by DCFS?

Yes  No

Please indicate the date and explain the incident: \_\_\_\_\_

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39. Do you have a current or previous ESC Services contract with Los Angeles County?

Yes  No

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

40. If yes, please identify the commencement and termination dates of ESC Services contracts you've entered into with Los Angeles County.

**TRANSPORTATION**

41. Are you willing to provide roundtrip transportation to medical and/or dental appointments for all children or youth placed in your home? (This includes appointments scheduled prior to the placement at your home and those scheduled after placement has occurred.)

Yes  No

42. If "yes" to #34, will you or someone else be driving?

Only myself  Myself and someone else  Only someone else

43. If "yes" to #34, will you drive your own vehicle or someone else's vehicle?

Only my vehicle  Mine and someone else's vehicle  Only someone else's vehicle

44. If your own vehicle, who is (are) the legal owner(s), including yourself (first, middle, and last name)?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

45. Please provide the license plate number, make, model, and year of the vehicles that will be used to transport foster children and youth.

License Plate Number \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate Number \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate Number \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

46. If someone else will be driving, provide that person's information and attach a copy of their California Driver's License:

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

Telephone: \_\_\_\_\_

CDL Number/expiration date: \_\_\_\_\_

Auto insurance provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

CDL Number/expiration date: \_\_\_\_\_

Auto insurance provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

47. Please attach copies of proof of automobile insurance policies for licensed drivers residing in your home or whom you may depend on to provide transportation to ESC children.

FOR OFFICE USE ONLY: Number of beds approved by the DCFS Child Welfare Services Case Management System (CWS/CMS): [1]    {2}    [3]    [4]    [5]    [6]
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Approved by:
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APPLICATION FOR EMERGENCY SHELTER CARE (ESC) SERVICES PROVIDER

**EMERGENCY SHELTER CARE SERVICES PROVIDER CERTIFICATION**

**Emergency Shelter Care Services Provider**

I, \_\_\_\_\_,  
First Name, Middle Name Last Name

certify, under penalty of perjury, under the laws of the United States of America and the State of California, that if I am chosen as an Emergency Shelter Care Services Provider, I will not have, house or otherwise accept Emergency Shelter Care Services placements at the same time any AFDC-FC Medically Fragile (F rate) foster children are placed in my home.

I, \_\_\_\_\_,  
First Name, Middle Name Last Name

certify, under penalty of perjury, under the laws of the United States of America and the State of California, that if I am chosen as an Emergency Shelter Care Services Provider, I will not operate a child day care business in my home within the same physical structure or on the same property where ESC services are to be provided while I am an Emergency Shelter Care Services provider.

\_\_\_\_\_  
Legal Name of ESC Applicant Signature of ESC Applicant Date

**Emergency Shelter Care Service Co-Provider (if applicable)**

I, \_\_\_\_\_,  
First Name, Middle Name Last Name

certify, under penalty of perjury, under the laws of the United States of America and the State of California, that if I am chosen as an Emergency Shelter Care Services Co-Provider, I will not have, house or otherwise accept Emergency Shelter Care Services placements at the same time any AFDC-FC Medically Fragile (F rate) foster children are placed in my home.

I, \_\_\_\_\_,  
First Name, Middle Name Last Name

certify, under penalty of perjury, under the laws of the United States of America and the State of California, that if I am chosen as an Emergency Shelter Care Services provider, I will not operate a child day care business in my home within the same physical structure or on the same property where ESC services are to be provided while I am an Emergency Shelter Care Services Co-Provider.

\_\_\_\_\_  
Legal Name of ESC Co-Applicant Signature of ESC Co-Applicant Date

**EMERGENCY SHELTER CARE SERVICES**

**CONTRACTOR'S INVOICE**

TO:  
EMERGENCY SHELTER CARE SERVICES COORDINATOR

FROM:  
\_\_\_\_\_  
Name (Please Print)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
OUT OF HOME CARE PROGRAMS  
9320 TELSTAR AVENUE, SUITE 216  
EL MONTE, CA 91731

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip

A. I certify that I provide a total of \_\_\_\_\_ bed(s)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Social Security Number

B. I certify that for the month of \_\_\_\_\_, 200\_\_\_\_, these beds were available as follows:

Bed Spaces	Age Group (Child/Youth/Teen Mom/Sibling Group)	Monthly Rate	Daily Rate	Days Available	Amount
1.	_____	\$ _____	\$ _____	X _____	= \$ _____
2.	_____	\$ _____	\$ _____	X _____	= \$ _____
3.	_____	\$ _____	\$ _____	X _____	= \$ _____
4.	_____	\$ _____	\$ _____	X _____	= \$ _____
<b>Total</b>					<b>\$ _____</b>

C. I certify that the amount totaled above is for the after hours bed availability in my home in the month as stipulated in Section B.

\_\_\_\_\_  
Signature of Contractor Date

D. I agree that the total amount in Section B is due this Contractor for Emergency Shelter Care Services.

\_\_\_\_\_  
Jane Garcia, MSW, County Program Manager Date  
Emergency Shelter Care Services

\_\_\_\_\_  
Marilyn Garrison, Division Chief Date

**Out of Home Care Programs Division**