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Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 21, 2008

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Dear Service Providers, Prospective Contractors and Interested Parties:

ADDENDUM NUMBER SEVEN TO REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) CMS# 07-021/023 FOR FOSTER FAMILY AGENCY/GROUP HOME FOSTER CARE SERVICES

Addendum Number Seven is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Foster Family Agency/Group Home Foster Care Services RFSQ CMS #07-021/023 released August 31, 2007. Addendum Number Seven publishes the Questions and Answers (Q&A) document (Attachment I) providing responses to the questions submitted prior to and during the Prospective Contractor's Conference held July 16, 2008, and amends sections of the RFSQ as provided below.

A prospective Contractor's failure to incorporate the requirements of this Addendum Number Seven may result in the statement of qualifications not being considered, as determined at the sole discretion of the County.

The following correction is being made to the RFSQ, Addendum Number Six:

XX. RFSQ, Appendix F, Sample FFA Master Contract, Part I – Unique Terms and Conditions, Section 12.0 Certified Foster Parents, Sub-section 12.1, Subparagraphs-12.1.1 and 12.1.2 are is added to read as follows:

12.1.1 All new families that CONTRACTOR certifies after October 1, 2009 must be Certified Resource Families.

The following changes/additions are being made to the RFSQ:

- I. RFSQ, Appendix A, Required Forms, Form 1, Contractor's Organization Questionnaire/Affidavit is amended and attached as Attachment II.
- II. RFSQ, Appendix G, Exhibits (FFA) and Appendix I, Exhibits (GH), Exhibit A-Va, Needs and Services Plan/Quarterly Report Template is deleted in its entirety, replaced, and attached as Attachment III.

"To Enrich Lives Through Effective and Caring Service"

FFA/GH RFSQ Addendum Number Seven

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

Sincerely,

A handwritten signature in cursive script that reads "Walter Chan".

WALTER CHAN, Manager
Contracts Administration

WC:RML:fc

Attachments (3)

FFA/GH PROSPECTIVE CONTRACTOR'S CONFERENCE
JULY 16, 2008
QUESTIONS * AND ANSWERS
("Questions are written exactly as received")

1. Are support letters for new group homes being issued by Probation or DCFS?
2. One of the requirements for minimum qualification is a rate letter. A rate letter can only be obtained from DSS if a letter of support from L.A. County is provided. Is DCFS providing support letters?
3. Will DCFS and Probation issue letters of support to prospective group home providers?
4. There is a need for six bed for Probation who do we contact to receive a letter of support.
5. DCFS Kids Only, What would it take to submit for a RCL 9 and can this be done during this RFSQ?

Answer for questions 1 through 5:

- A. *As stated in the Foster Family Agency (FFA)/Group Home (GH) Foster Care Services Request for Statement of Qualifications (RFSQ) Addendum 4, the County of Los Angeles (County) is not issuing support letters, including support letters for Rate Classification increases, at this time.*
6. Do I need a support letter if I have an existing Rate Letter from Rate Setting Bureau.
 - A. *No, you do not need a support letter if you are providing services at the Rate Classification Level listed on the letter.*
7. Can an FFA have a MOU with an agency that has an adoption license instead of pursuing a license?
8. Can we meet the dually licensed requirements for FFA and adoption through partnership with another agency?

Answer for questions 7 through 8:

- A. *For FFA/GH SOQ submissions received from July 21, 2008 onward, an FFA must have an adoption license.*
9. If you have already been approved during the Feb. 28 deadline are we required to do anything further? I came to this meeting just to check if there were additional requirements.
10. Is it an accurate statement that any GH/FFA that has previously submitted and had accepted their SOQ does not have to respond to Addendum 6?

11. Agency informed that if original RFSQ/SOQ was submitted the agency doesn't have to do anything for new submission period. Is this correct?
12. If our RFSQ was already approved do we have to make any other changes?
13. If we submitted the contract - do we need to resubmit any of the required documents? Or a new contract.
14. A prospective contractor's failure to incorporate the requirements of this Addendum Number Six may result in their Statement of Qualifications not being considered, as determined at the sole discretion of the County. Do the prospective contractors who submitted SOQs by February 29, 2008 have to submit anything additional by August 1, 2008?
15. Provide a copy of their organization's Foster Family Agency Treatment Notification letter from CDSS Foster Care Funding and Rates Bureau. If the organization's name and/or address does not match the California Secretary of State Statement of Information, the organization must additionally provide a copy of the letter from the CDSS Foster Care Funding and Rate Bureau acknowledging the change in the organization's name and/or address. With the SOQ submitted in February our organization submitted the CA Statement of Information, Foreign Corporation with the out-of-state address of our national headquarters. Our rate letter reflects the address of the FFA corporate headquarters in California since the rate application requests the address of the *program*. We have not changed addresses. Does this requirement apply to our situation?
16. Form 1 has been amended. Do prospective contractors who submitted an SOQ Prior to the February deadline need to re-submit the amended Form 1?

Answer for questions 9 through 16:

A: Organizations that submitted a qualified SOQ by the 6:00 PM deadline on February 29, 2008 and were not disqualified are not required to submit another SOQ during the July 21 – August 1, 2008 submission period. However, potential organizations that submitted or will submit a SOQ are affected by FFA/GH RFSQ Addendum Number 6 and all other addenda, as some provisions may have changed in the RFSQ or Sample Contracts contained in the RFSQ.

17. Will this affect my SOQ in August 2009? Will my contract be continuous?

A: At this time, the County does not know if any changes will occur prior to the open SOQ submission period in August 2009. The contract will be effective November 1, 2008 through October 31, 2009, with four one-year options to renew, contingent upon the contractor continuing to be compliant with contract provisions, e.g., insurance, Audited Financial Statements, and Quality Measures.

18. If the prospective contractor has developed a new group home in LA County licensed by CCLD – will the contractor meet the minimum qualification to submit an SOQ? This is the prospective contractor's first group home.

19. If a contractor has an established DCFS group home in Oakland, California, will he be allowed to submit a RFSQ and establish a group home in Los Angeles County and get a contract with Los Angeles County?

Answer for questions 18 through 19:

A: *All organizations are permitted to submit a SOQ, however, in addition to having a facility license, the organization must also meet the other minimum qualifications as specified in RFSQ, Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications.*

20. Are you not accepting RFSQ for RCL 8?

A: *We are accepting SOQ submissions for RCL 7-10 beds in Los Angeles County for Emergency Shelter placements in SPA 4, for this supplemental submission period of July 21, 2008 through August 1, 2008.*

21. Please refer to Sec. 2.4.3.3 and Sec. 2.4.3.3.7 RCL 9-12 for SPA 8. Does this particular section limit the application process to Group Homes serving probation youth ONLY?

A: *RFSQ, Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3, Additional Sub-paragraph 2.4.3.3 states, "The prospective Contractor must operate one or more of the following specific programs..." further Sub-paragraph 2.4.3.3.7 specifically states "RCL 9-12 6-bed or less community-based group homes in SPA 8 in Los Angeles County serving Probation youth only."*

22. What about Group Homes serving DCFS Placed Youth?

A: *Please refer to RFSQ Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3, Additional Sub-paragraph 2.4.3.3, further Sub-paragraphs 2.4.3.3.1, 2.4.3.3.2, 2.4.3.3.3, 2.4.3.3.4, 2.4.3.3.5, and Additional Sub-paragraphs 2.4.3.4, and 2.4.3.5 which stipulate DCFS group home program requirements.*

23. Or those serving Dually Supervised Youth?

A: *Please refer to RFSQ Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3, specifically all items listed under Additional Sub-paragraph 2.4.3.3.*

24. Are Group Homes located in other areas also included in this requirement? If not, why?

A: *Please refer to RFSQ, Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3. The County of Los Angeles has carefully considered the decreasing numbers of children going into out of home care, where they are coming from, and the current resources in each Service Planning Area, allowing for community-based placements.*

25. What was the basis for this particular requirement? Was there some type of survey conducted by DCFS to justify this requirement?
26. Our agency (RCL 8) is currently providing services in SPA 4 and SPA 6 for DCFS Placed Youth. The latest Addenda (six) does not include services for DCFS placed Youth for RCL 8. Was our agency considered as providing current services so now there will be no additional need in SPA 4 and SPA 8 for RCL 8 for DCFS Placed Youth?
27. Our agency (RCL 8) is currently providing services in SPA 4 and SPA 6 for DCFS Placed Youth. The latest Addenda (six) does not include services for DCFS placed Youth for RCL 8. Is this addenda referring to specific needs and areas which will be needed for new agencies submitting an RFSQ taking into account current service providers so our agency will not be disqualified in submitting the RFSQ?
28. Our agency (RCL 8) is currently providing services in SPA 4 and SPA 6 for DCFS Placed Youth. The latest Addenda (six) does not include services for DCFS placed Youth for RCL 8. Will agencies with current DCFS contracts, currently providing services with RCL 8 for DCFS placed youth in SPA 4 and SPA 8 be qualified to continue a contract in response to this RFSQ for Group Home Foster Care Services CMS-07-021/023?

Answer for Questions 25 through 28:

A: The County of Los Angeles has carefully considered the decreasing numbers of children going into out of home care, where they are coming from, and the current resources in each Service Planning Area, allowing for community-based placements.

29. On page 2, Section 1.4.2.4, of Addendum #6 the Target Population for Spa 4 is listed as “RCL 7 through RCL 12 Emergency Shelter Care Group Home Program for DCFS, Probation, and Dually Supervised Youth.” Page 4, Section 2.4.3.3, of Addendum #6 indicates that “The prospective Contractor must currently operate one or more of the following specific programs: 2.2.3.3.3 RCL 7-10 beds in Los Angeles County for emergency shelter placements in SPA 4.” However, on pages 4 and 5, Section 2.4.3 of Addendum #6 the following contradictory information appears: “Prospective Contractors attempting to qualify a GH program must meet these additional requirements: 2.2.3.5 Meet these additional requirements if the GH program is for emergency care: (1) have a rate of RCL 11 or above.” It is not clear how a GH program could be a RCL 7-10 in SPA 4 to meet the Target Population requirement per Section 1.4.2.4 and meet the requirement of currently operating a RCL 7-10 program for emergency shelter in SPA 4 per Section 2.2.3.3.3, while still meeting the “additional” requirement of having a “rate of RCL 11 or above” per Section 2.3.4.5. These requirements appear to be mutually exclusive. Is the RCL rate of 11 or above a typographical error? Or are the other references to RCL 7 – 10 the error?

A: For the supplemental submission period of July 21, 2008 through August 1, 2008, prospective contractors are required to meet the minimum qualifications listed in RFSQ Section 2.0, General Information, Sub-section 2.4, Prospective Contractor’s Minimum Qualifications. RFSQ Section 2.0, General Information, Sub-section

2.4, Prospective Contractor's Minimum Qualifications, Additional Sub-paragraph 2.4.3.5, applies to other prospective contractors who are not in SPA 4 and are applying to provide Emergency Shelter Care Services.

30. Approved contract with average length of stay less than 18 months under part II # 1 – would we need to resubmit to DCFS and CCL to add emergency shelter care to qualify for RFSQ in SPA 4?

A: Yes, you would need to resubmit your Program Statement to DCFS and CCL; however you would not be able to qualify to submit a SOQ from July 21 – August 1, 2008 for SPA 4 at this time.

31. Is there a page limit, font requirement, and/or a margin requirement for the brief description of program (required documents – C.12)?

32. Required Documents - C.12: Brief Description of Program - Is there a page limit, margin and/or font requirement to the Brief Description of Program?

Answer to Questions 31 through 32:

A: No. However, for a Group Home, you must utilize the form in FFA/GH RFSQ, Addendum 5, Attachment V, Exhibit A-XII: Format for Brief Program Description per the Agreement Section 11.4; and for a Foster Family Agency it must be submitted as Required Document C-12 in your SOQ submission.

33. Is the copy of the adoption license required for applicants applying under the group home foster care component?

34. Required Documents - C.14: Copy of Organization's Adoption License issued by CDSS CCLD - Do applicants applying under the Group Home component need to submit this form?

Answer to Questions 33 through 34:

A: No. Group Homes are not required to provide an Adoption License.

35. Is the certified parent acknowledgement and confidentiality agreement (form 18) required for applicants applying under the group home foster care component?

36. Required Form - 18: Certified Foster Parent Acknowledgement and Confidentiality Agreement - Do applicants applying under the Group Home component need to submit this form?

Answer to Questions 35 through 36:

A: No. Group Homes are not required to provide a Certified Foster Parent Acknowledgement and Confidentiality Agreement.

37. Effective October 1, 2009, all newly certified foster families, meaning those families who are certified by CONTRACTOR after the commencement of this Contract, shall have the capability to adopt children in their placement, in order for the COUNTY to place with the CONTRACTOR. Does this mean that they have to be certified to adopt before they can be certified as foster parents?

A: *A certified resource parent is concurrently certified as a foster parent and adoptive parent.*

38. 12.1.1 All new families that CONTRACTOR certified after October 1, 2009 must be Certified Resource Families. What is in section 12.1.12?

A: *There is no RFSQ, Appendix F, Sample FFA Master Contract, Part I - Unique Terms and Conditions, Section 12.0 Certified Foster Parents, Sub-section 12.1, Sub-paragraph 12.1.12. However, RFSQ, Appendix F, Sample FFA Master Contract, Part I - Unique Terms and Conditions, Section 12.0 Certified Foster Parents, Sub-section 12.1, Sub-paragraph and 12.1.2 is being deleted in this addendum (Addendum Number Seven).*

39. Is there a form 4, or do we leave this blank?

A: *For a SOQ submission, Prospective Contractors do not need to fill out Form 4, County Administration.*

40. Does addendum 6 require emergency placement group homes only for SPA 4?

A: *Yes, as indicated in FFA/GH RFSQ, Addendum Six, the target populations for SPA 4 are for Emergency Shelter Care Group Home program placements for DCFS, Probation and dually supervised youth.*

41. We are a RCL 9 group home with capacity of 8. Contract states RCL 9 homes must be 6 or less bed. What are the suggestions? We are licensed for Probation.

A: *We cannot provide suggestions but RFSQ minimum qualification states 6 beds or less.*

42. Will the June 30, 2006 – June 30, 2007 financial statement be the most current since the June 30, 2007 – June 30, 2008 fiscal year just ended?

A: *The financial statement for fiscal year July 1, 2006 – June 30, 2007 is the most current.*

43. Is it acceptable to copy & paste & format the forms required in section B according to section 3.8.1 of the RFSQ, which states that the margins be 1 inch margins on all sides.

A: *You must utilize the Required Forms provided in the RFSQ.*

44. Are only RCL 11 and above going to be funded in SPA #4? Are only emergency care group homes going to be funded in SPA #4?

A: *As indicated in FFA/GH RFSQ, Addendum Number Six, Section 1.4.2 Target Populations For GH Program, the targeted populations for SPA 4 are located in Subsection 1.4.2.1, Subparagraphs 1.4.2.1., Rate Classification Level (RCL) 14 GH for DCFS, Probation, or Dually Supervised Youth, and 1.4.2.1.2, RCL 12 GH for DCFS placed youth, and Subsection 1.4.2.4, for SPA 4, RCL 7 through 10 Emergency Shelter Care Group Home Program for DCFS, Probation, and Dually Supervised Youth.*

45. There seems to be a discrepancy between 2.4.3.5 on page 5 of addendum #6 and 2.4.3.4 on page 5 of form 1 as it relates to: “serving exclusively DCFS or Probation children at an individual emergency care site.”

A: *Form 1 will be amended in this addendum. Refer to Attachment I.*

46. What provisions does DCFS provide for medical needs and medicines of the foster youth?

(While this question does not pertain to the RFSQ it was answered at the FFA/GH Conference.)

A: *DCFS does not provide medical treatment or medicines for the Foster Youth; however, we have medical placement units, and public health nurses in each regional office to refer to medical resources (e.g. Medical HUBS)*

47. If a group home is not granted a master contract but still have L.A. County clients in placement, would L.A. County authorize “individual contracts” to reimburse for services rendered to the remaining clients in order to promote treatment continuity.

A: *Authorization of “individual specified placements” will be determined on a case by case basis.*

48. Is a group home located in SPA 8 but is not servicing Probation children only permitted to apply under amend. 6.

A: *A group home located in SPA 8 may submit an FFA/GH SOQ for the targeted populations as indicated in FFA/GH RFSQ, Addendum Number Six, Section 1.4.2 Target Populations For GH Program, Subsection 1.4.2.1, Subparagraphs 1.4.2.1.1 and 1.4.2.1.2, and Subsection 1.4.2.6.*

49. Since it was stated in your presentation that you have to have a County of L.A. facility – why were we invited? We are from a different county! With the price of gas being so high – who should we bill for our travel and our time?

A: *You were invited to the prospective contractor’s conference because your agency was listed as an interested party either because you’re registered on the County WebVen, received a copy of the RFSQ, or requested to be on a previous bidders list. You cannot bill the County for your travel expenses or your time.*

50. Is this request for services only for existing providers?

51. Is this Addendum 6 RFSQ open to all bidders? new and old?

Answer to questions 50 and 51:

A: *This FFA/GH RFSQ is for existing and/or prospective providers that meet the minimum qualifications.*

52. I have a group home in Oceanside for a level 12 specialized, but received a letter to operate a group home, how will that work?

A: *To submit a SOQ, your organization must meet the minimum qualifications as set by the FFA/GH RFSQ, particularly Addendum 6, to operate a group home.*

53. Can we receive a RCL through this contract if we are newly licensed through CCLD?

A: *RCL is issued by the State of California, Department of Social Services Foster Care Rates Bureau, not by the County of Los Angeles, contracting process.*

54. Why are level 14 openings remaining when most level 14 aren't able to keep their beds filled?

A: *DCFS has carefully considered the decreasing number of children going into Out-of-Home-Care, where they are coming from, and the current resources in each service planning area, allowing for community based placements.*

55. Section 2.4.3.3 - We currently have group homes that are RCL 10 - 6-bed in San Bernardino County are we considered to be prospective contractor?

A: *Please refer to RFSQ Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3. While everyone is considered a potential prospective contractor, for this particular supplemental submission period from July 21, 2008 through August 1, 2008, the County of Los Angeles is seeking responses from qualified prospective contractors serving the targeted populations delineated in RFSQ Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.3.*

56. Is there anything in particular DCFS is looking for from level 14s or any specialization so beds can be filled or so more beds can requested to meet specific needs?

A: *The County is looking for RCL 14 GHs for DCFS, Probation or Dually Supervised Youth throughout Los Angeles County.*

57. The new contract requires 24-hour intake services. Where do we indicate our compliance with this requirement?

A: *This can be noted in your Program Statement as well as on the LIC 9106 and program description. Also, during your submission of the SOQ, you are required to*

complete Form 11, Offer to Perform and Acceptance of Terms and Conditions, and if selected to be a contractor, your signature on the contract will indicate that your agency will adhere to this contract provision.

58. How many children will need to be placed in group homes within the next six to twelve months?
- A: *It is not known how many children will need to be placed in group homes within the next six to twelve months. Currently DCFS has less than 1,100 children placed in group homes and the Probation Department has approximately 1,000 youth placed in group homes.*
59. Re: Form 6 “Prospective Contractor List of Contracts” Is the contract with DCFS applicable? Should we list it as a “Prospective” contract?
- A: *No, you should only list current contracts on Form 6 Prospective Contractor List of Contracts.*
60. Re: Form 22 (pg 2) any changes – new certified SOI – are the changes in Board members, principal office address and the agent for service – the only changes requiring a newly certified SOI
- A: *Any changes to the information on the SOI require a new SOI submission to the Secretary of State.*
61. If the name on the agency rate letter is different than the actual agency name, will an email from rate setting suffice or does DCFS require an actual letter?
- A: *Yes, an email from the Rate Analyst at the Foster Care Rates Bureau for the California Department of Social Services will suffice.*
62. How is the Probation Department handling the payment issue? As in sending the placement authorizations to DCFS?
- A: *This question is outside of the scope of information required to complete and submit a Statement of Qualifications in response to FFA/GH RFSQ.*
63. Our program serves both DCFS (WIC 300) and juvenile and delinquent (WIC 602) can we continue to serve both populations? Siblings (one on WIC 602 and 2 on WIC 300) in SPA 8.
64. I have been working with DCFS for the last 24 years. We are working with WIC 300 and WIC 601 (Juvenile and delinquent children) Can I maintain the same program in SPA 8? This program was approved by Community Care Licensing.
65. In my program statement, I am serving WIC 300 and WIC 602 (Juvenile and Delinquent Children, can I maintain both programs I have now?

66. We are also serving children with who are medically fragile for the last 23 years and we will like to continue serving these population.
67. For SPA 8: If I am already caring for sibling groups including some on probation and some DCFS may I continue to care for these children?
68. How did you determine the needs for SPA 8?
69. Why are you limiting the services within the SPA when some providers, as in SPA 8, may have services needed by children in other parts of the county? What are the additional needs for medically fragile children which are not identified in the gap analysis?

Answer to questions 63 through 69:

A: *DCFS has carefully considered the decreasing numbers of children going into out of home care, where they are coming from, and the current resources in each Service Planning Area, allowing for community based placements. Currently the County does not have a need for additional placement resources for medically fragile children. In the SOQ submission, each facility must identify the specific population it serves, and DCFS and Probation children cannot be mixed in one house. Please refer to RFSQ, Section 2.0, General Information, Sub-section 2.4, Prospective Contractor's Minimum Qualifications.*

70. For those of us who did not submit the SOQ on time, will group homes in counties other than L.A. County be eligible for competing for a master contract? If not, why not?
71. I am the Executive Director for [REDACTED], located in San Bernardino not Los Angeles county. [REDACTED] specializes in and exclusively treats male sexual offenders ages 11 through 17 years of age. After review of ADDENDUM 6 dated June 30, 2008, Section 1.4.2 titled "Target Populations for GH Program," it is my understanding that only group homes in Los Angeles county are eligible for a contract. Is this in fact the case? In short, we just need to know before the time and energy is expended on the SOQ, if we have any chance for a contract. Because time is of the essence, your expedient response would be greatly appreciated.

Answer to questions 70 through 71:

A: *No, group homes from other counties do not meet all of the minimum qualifications to be eligible for a master contract in the July 21 – August 1, 2008 submission period. The forum for addressing this question would have been through the Solicitation Requirements Review process.*

72. Does this apply to FFAs who provide treatment foster care to children funded privately through the Regional Centers as well as to LA County placements? Our organization provides treatment foster care services to children with severe developmental disabilities who are placed voluntarily by their parents through the Regional Centers. The families do not intend to relinquish custody or guardianship of their children, and the children often return home to live with them again after having made progress, or when changes in family circumstances make this possible again. We maintain a pool of specially

trained foster parents who work with us to be able to provide this service to these children and families. These foster parents are not planning to adopt these children, and the families do not want this either. Can there be exceptions in these circumstances?

A: *This contract applies to Los Angeles County DCFS placed children only.*

73. 3.7.4.1. Form 4 County's Administration (Location)?

A: *Form 4 was deleted as a Required Form. Refer to FFA/GH RFSQ Addendum Number Three.*

74. Exhibit A-XIII Format for Brief Program Description. Where to find?

A: *Please refer to FFA/GH RFSQ, Addendum Number Five, Attachment V.*

75. 3.7.5.1 C9 Copies of most current financial statements—our's are done on Triannual Basis.

A: *Submit a letter from the State approving Triennial Status.*

76. We prepared a table of contents based on the original SOQ we'd received. Section VII and VIII has a list of exhibits but refers to them regarding the FFA Contract. We are a GHA not an FFA. Do we need to submit the documents from that list in addition to the documents/forms listed in the table of contents I prepared from the original SOQ? I'm a little confused by the language and whether or not the SOQ being submitted is different for the GHA rather than the FFA.

A: *Please refer to FFA/GH RFSQ, Section 3.0, Instructions to Prospective Contractors, Subparagraph 3.7, Preparation and Format of the SOQ, and subparagraph 3.8, SOQ and Program Statement Submission, along with Appendix A-Required Forms, and Appendix B-Required Documents.*

77. It states that you need 1 year in good standing with the agencies. Does this mean you already have to have a contract with one of the agencies? Or can you be licensed by community care licensing only and qualify for this rfsq.

A: *A prospective contractor does not have to be a current contractor with the County of Los Angeles. However, they must meet all the FFA/GH RFSQ minimum qualifications in order to be considered for a contract. The prospective contractor must be licensed by CCLD in addition to meeting all the other minimum qualifications stated in the FFA/GH RFSQ.*

78. Does the county know what year they will be accepting new programs for group homes to the communities?

A: *Not at this time.*

79. Will "Addendum Six" have any impact on discontinuing or continuing of the proposed RFSQ targeted for May-August 2009?

A: *At this time, the County does not know if any changes will occur prior to the open SOQ submission period in August 2009.*

80. Are we to understand that “Dear Foster Family Agency and/or Group Home Providers and interested parties” means Addendum Six is an open proposal for both providers and potential parties who currently does not have a contract with Los Angeles County?

A: *This FFA/GH RFSQ is for existing and/or prospective providers that meet the minimum qualifications.*

81. Do existing providers who currently have a Rate Classification Level require a new support letter to qualify for this open RFSQ?

A. *No, you do not need a support letter if you are providing services at the Rate Classification Level listed on the letter.*

82. [REDACTED] submitted a response to the RFSQ released in August 31, 2007 as required on February 19, 2008 for countywide Group Home Services at a rate classification level of 12. We did receive a request for clarification of items from Contracts Administration in March which was submitted in a timely manner. Our target population served is Probation, DCFS, and/or Dually Supervised Youth, ages 13-17 years, with a diagnosis meeting admission criteria for substance abuse and mental health disorders. We operate a fully accredited and certified substance abuse, mental health and family treatment program on-site. We have not received any further information as to whether our Statement of Qualifications has been approved. I am of the understanding that the revisions reflected in this Addendum do not affect our original submission. If this is not the case, please include as a question in the Bidder’s Conference on July 16, 2008.

A: *Organizations that submitted a qualified SOQ by the 6:00 PM deadline on February 29, 2008 and were not disqualified are not required to submit another SOQ during the July 21 – August 1, 2008 submission period. However, potential organizations that submitted or will submit a SOQ are affected by FFA/GH RFSQ Addendum Number 6 and all other addenda, as some provisions may have changed in the RFSQ or Sample Contracts contained in the RFSQ.*

**ATTACHMENT II
REQUIRED FORMS – FORM 1**

Please complete, date and sign this form and include it in Section A of the Statement of Qualifications. The person signing the form must be authorized to sign on behalf of the Contractor and to bind the applicant in a Master Contract.

Organization Name: _____
Address: _____

Organization Telephone: _____
Facsimile: _____
E-Mail Address of Organization Contact Person: _____

THIS STATEMENT OF QUALIFICATIONS IS BEING SUBMITTED FOR THE FOLLOWING PROGRAMS:

- Foster Family Agency Master Contract for Foster Care**
- Master Contract for Group Home Foster Care Services (DCFS)**
- Master Contract for Group Home Foster Care Services (PROB)**

Applicant certifies, by signature of this Form 1, that the Program Statement(s) submitted in response to this Request for Statement of Qualifications has been approved by Community Care Licensing Division (CCLD), or is pending CCLD approval.

1. If your organization is a corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your organization is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your organization is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your organization wholly or majority owned by, or a subsidiary of, another agency? _____

If yes, Name of parent organization: _____.

State of incorporation or registration of parent organization: _____

5. Please list any other names your organization has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your organization is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Prospective Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 2.0 General Information, Sub-section 2.4 – Prospective Contractor’s Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

Check the appropriate boxes:

Yes No **Sub-paragraph 2.4.1.1** Prospective Contractor shall have been in good standing for the prior twelve months with the DCFS FFA and GH Performance Management Section, Probation Central Placement, and/or California Department of Social Services (CDSS) Community Care Licensing Division (CCLD).

Yes No **Sub-paragraph 2.4.1.2** Prospective Contractor must indicate which programs he/she is attempting to qualify.

Yes No **Sub-paragraph 2.4.1.3** Prospective Contractor must have licensure through the State of California Department of Social Services (CDSS) for each program he/she is attempting to qualify, and must provide a copy for each program and each site.

Yes No **Sub-paragraph 2.4.1.4** Prospective Contractor must provide a copy of their organization’s 501(c)(3) Non-Profit Corporation Status letter from the Internal Revenue Service.

Yes No **Sub-paragraph 2.4.1.5** Prospective Contractor must provide a copy of their organization’s Non-Profit Determination letter from the State of California Franchise Tax Board.

- Yes No **Sub-paragraph 2.4.1.6** Prospective Contractor must provide a **certified** copy of their organization’s Statement of Information by Domestic Non-Profit from the California Secretary of State.
- Yes No **Sub-paragraph 2.4.1.7** Prospective Contractor must certify adherence to the requirements of the GH Master Contract for Foster Care Services and/or the Foster Family Agency Master Contract for Foster Care.
- Yes No **Sub-paragraph 2.4.1.8** Prospective Contractor must not have current and/or prior “Do Not Use” status.
- Yes No **Sub-paragraph 2.4.1.9** Prospective Contractor must prove fiscal viability as evidenced through a review and evaluation of financial documents.
- Yes No **Sub-paragraph 2.4.1.10** Prospective Contractor must meet insurance requirements for the programs he/she is attempting to qualify as specified in Appendix F, Sample FFA Master Contract, and/or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements.
- Yes No **Sub-paragraph 2.4.1.11** Prospective Contractor must respond positively to a willingness to consider hiring GAIN/GROW participants. (Reference Sub-section 2.26 in this Section)
- Yes No **Sub-paragraph 2.4.1.12** Prospective Contractor must comply with the County’s Child Support Compliance Program. (Reference Sub-section 2.22 in this Section)
- Yes No **Sub-paragraph 2.4.1.13** Prospective Contractor must certify intent to comply with the County’s Jury Service Program. (Reference Sub-section 2.31 in this Section)

Prospective Contractors attempting to qualify a **FFA program** must meet these additional requirements:

- Yes No **Sub-paragraph 2.4.2.1** Provide a copy of their organization’s Foster Family Agency Treatment Notification letter from CDSS Foster Care Funding and Rates Bureau.
- Yes No **Sub-paragraph 2.4.2.2** For SOQ submissions on or before February 29, 2008: be dually licensed for foster family agency and adoption services- within eleven (11) months from Contract execution, or if CONTRACTOR is unable to obtain an Adoption License by October 1, 2009, CONTRACTOR shall refer all new foster families to an adoption agency who can provide the home

study and other adoption services for the placement family. The relationship between the FFA and the adoption agency shall be evidenced by a Memorandum of Understanding (MOU). The MOU must be available upon request of the COUNTY after October 1, 2009. Effective October 1, 2009, all newly certified foster families, meaning those families who are certified by CONTRACTOR after the commencement of this Contract, shall have the capability to adopt children in their placement, in order for the COUNTY to place with the CONTRACTOR.

OR

Yes No **Sub-paragraph 2.4.2.2** For SOQ submissions from July 21, 2008 onward: be dually licensed for foster family agency and adoption services.

Yes No **Sub-paragraph 2.4.2.3** Prospective Contractor of an FFA program must certify adherence to requirements as specified in Appendix G, FFA Exhibits, Exhibit A, Statement of Work - Part C Service Tasks to Achieve Performance Outcome Goals, Section 1.0 Safety, Sub-section 1.1, Staff Qualifications, Requirements and Duties.

Yes No **Sub-paragraph 2.4.2.4** For SOQ submissions beginning July 21, 2008 provide a copy of the organization’s Adoption license issued by CDSS CCLD.

Prospective Contractors attempting to qualify a GH program must meet these additional requirements:

Yes No **Sub-paragraph 2.4.3.1** Provide a current AFDC-FC rate letter from CDSS Foster Care Funding and Rates Bureau for each GH service delivery site to be covered under this Contract.

Yes No **Sub-paragraph 2.4.3.2** Provide a copy of the certification letter issued by the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90020, (213-738-2906), for the mental health treatment component of RCL 14 programs.

Yes No **Sub-paragraph 2.4.3.3** The prospective Contractor must currently operate one or more of the following specific programs:

Yes No **Sub-paragraph 2.4.3.3.1** RCL 14 beds in Los Angeles County for DCFS children or Probation youth.

Yes No **Sub-paragraph 2.4.3.3.2** RCL 12 beds in Los Angeles County for DCFS children.

Yes No Sub-paragraph 2.4.3.3.3 RCL 7–10 beds in Los Angeles County for emergency shelter placements in SPA 4.

Yes No Sub-paragraph 2.4.3.3.4 RCL 9 through 11 in SPA 1 for DCFS children.

Yes No Sub-paragraph 2.4.3.3.5 RCL 9 through 11 in SPA 2 for DCFS children.

Yes No Sub-paragraph 2.4.3.3.6 RCL 9-12 6-bed or less community-based group homes in SPA 6 in Los Angeles County, serving Probation youth only.

Yes No Sub-paragraph 2.4.3.3.7 RCL 9-12 6-bed or less community-based group homes in SPA 8 in Los Angeles County, serving Probation youth only.

Yes No Sub-paragraph 2.4.3.4 Meet the following additional requirements if the GH program is for emergency care: (1) have a rate of RCL 11 or above; (2) provide emergency care for Placed Children 12-17 years old for 30 days or less; (3) provide intake services 24 hours per day, seven days per week; (4) provide a diagnostic assessment that includes specific recommendations for the long-term or permanent placement; and (5) serve exclusively DCFS or Probation children at an individual emergency care site.

Yes No Sub-paragraph 2.4.3.5 Prospective Contractor of a GH program must certify adherence to the staffing requirements as specified in Appendix I, GH Exhibits, Exhibit A, Statement of Work, Part A, Section 5.0, Staff Qualifications, Requirements, and Duties.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final.

On behalf of _____ (Contractor’s name), I _____ (Name of Contractor’s authorized representative), certify that the information contained in this Contractor’s Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

County WebVen Number

EXHIBIT A-Va

NEEDS AND SERVICES PLAN/ QUARTERLY REPORT TEMPLATE

Needs & Services Plan Form Index

Use CTRL+Home to return to this page

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Child's Name:

Los Angeles County Provider Needs and Services Plan / Quarterly Report

Group Home FFA CTF (Check all that are applicable) DCFS Probation Date of Report

Child's Name: _____ D.O.B.: _____ Male Female

PDJ/Court Case #: _____

Has Medical # been received? Yes No If Yes, Medical #: _____

Attorney Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

DPO/CSW Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

FFA/GH Name: _____ Date of Admission: _____

Address: _____

GH/FFA/CTF Social Worker: _____ Phone #: _____

Email Address: _____

Certified Foster Parent's Name: _____

Address: (If confidential, state) _____

Initial Plan Quarterly report period from: _____ to _____

Date Agency Received Probation 1385 or DCFS 709: _____

Updated NSP from: _____ to _____

Reason for Placement

Planned Length of Placement

Qtrly Only Adjustment to Placement

Case Plan Goal (Permanency): See Addendum

Family Reunification Adoption Legal Guardianship PPLA

Comments: _____

Reason for Modification to Permanency Plan (if applicable) _____

Concurrent Case Plan Goal: See Addendum

Adoption Legal Guardianship PPLA

Comments: _____

Reason for Modification to Concurrent Case Plan (if applicable) _____

For Updated NSP Only GH/FFA recommendation regarding the feasibility of the child's return to his/her home, placement in another facility or move into Independent Living.

Child's Name:

(For Probation Cases only. Info provided by Probation)

Criminogenic Factors based on the Probation LARRC Assessment				Notes
Factors and Sub-Factors	High	Moderate	Low	
1. Problem Behaviors & Substance Use Factor				
1.1 Problem Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Exposure to Risky Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 Delinquent Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Family Factor				
2.1 Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Family Cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Family Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Social Relationships Factor				
3.1 Social Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Academic Engagement Factor				
5. Self-Regulation Factor				
5.1 Stress Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Self-management/concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Child's Name:

Medical / Physical / Dental / Psychological Health

See Addendum

Psychotropic Medication Yes No If Yes, date of court authorization _____ Copy attached? Yes No
If No, please explain _____

Please list all current psychotropic medication prescribed to the youth (*Dosage / frequency / duration*)

Please list all other (*non-psychotropic*) current medication prescribed to the youth (*Dosage / frequency / duration*)

Does the youth require special medical devices? Yes No If Yes, please explain:

Does the youth have special dietary needs or allergies? Yes No If Yes, please explain:

Are immunizations current? Yes No If No, please explain and indicate plan to bring current:

Does youth have a current Health & Education Passport? Yes No If No, please explain:

Qtrly Only Medical / Physical / Dental / Psychological Health Clinical Visits (1-4) See Addendum

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Child's Name:

Qtrly Only Medical / Physical / Dental / Psychological Health Clinical Visits (5-8) See Addendum

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

Clinic Name: _____
Physician Name: _____
Address: _____
Phone(s): _____ Fax: _____
Date(s) seen during reporting period

Outcomes and Follow-up

For additional Provider(s) or Information, see Addendum

Child's Name:

Qtrly Only

Report progress of child's physical, dental and/or psychological health over the past three months. Reference the goal number(s) from the Identified Treatment Needs /Outcome Goals Page.

--

Education		<input type="checkbox"/> See Addendum
<input type="checkbox"/> Not Applicable	Grade Level: _____	GPA: _____ Credits Earned: _____
Name of Current School: _____		
Type of school: _____		
School address: _____		Phone: _____
Holder of Educational Rights: _____		Date enrolled in school: _____
If child was not enrolled within 3 school days of placement, please explain: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Transportation arrangements to/from school: _____		
Are school records complete? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, plans to obtain records: _____		
IEP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____		
Contents of or a copy of the report card(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School attendance information/records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identified educational needs: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Academic achievements and extra-curricular activities: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Strengths of the child: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Participation in school-related activities by child and GH staff or Certified Foster Family: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
School behavior problems, school discipline and school suspensions: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
School officials' concerns about the child's health, academic abilities and social skills: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Other issues of concern related to school matters: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
If a high school student, status of CAHSEE: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Qtrly Only	Report progress of child's educational goals. Reference the goal number(s) from the Identified Treatment Needs /Outcome Goals Page	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Child's Name:

NSP Treatment & Visitation

Please list treatment services to be provided to youth and those who will participate. (Include transportation accommodations and whether your agency or an affiliated party will provide the services)

If no parental involvement, please explain:

Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:

If applicable, please list any special costs associated with the services to the youth and how your agency will accommodate this cost:

This Page is for Quarterly Only

Visitation / Involvement / Contact with Family of Origin / Guardian

Describe child's visitation with his/her parent(s) over the past three months.

Type: Phone

Dates/Frequency

Relationship/Details

Type: Face to Face at GH/CFH

Dates/Frequency

Relationship/Details

Type: Face to Face other location

Dates/Frequency

Relationship/Details

Have efforts been made to unite siblings who are placed under your care? Yes No

If No, please elaborate

Address participation of family and others in child's treatment program over the past three months.

Describe involvement of child with other individuals who are important to the child over the past three months.

Address CSW/DPO Contact with Child over the past three months

Address FFA Social Worker Contact with Child over the past three months

Type: Phone

Dates/Frequency

Relationship/Details

Type: Face to Face at GH/CFH

Dates/Frequency

Relationship/Details

Type: Face to Face other location

Dates/Frequency

Relationship/Details

Life Skills Training / Emancipation Preparation	
1) Is the youth able to manage his/her own money? <input type="checkbox"/> Yes <input type="checkbox"/> No Does youth have/maintain bank account <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain Comments:	<input type="text"/>
2) Is the youth able to leave the facility / home without adult supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please outline specific conditions: Comments:	<input type="text"/>
3) Is the youth able to have unsupervised time in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide explanation: Comments:	<input type="text"/>
4) Does the youth need assistance (other than age appropriate) with personal care/grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Comments:	<input type="text"/>
5) Does youth's current clothing meet standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: Comments:	<input type="text"/>
6) Is youth 14 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please answer a through f:</i> a) Please list any ILP Services, Youth Development Services, or Life Skills Training received by the youth: Comments:	<input type="text"/>
b) Is the most recent copy of the TILP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TILP Completion _____ Comments:	<input type="text"/>
c) Is the most recent copy of the Emancipation Preparation Contract attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) What is the youth's post High School plan? Comments:	<input type="text"/>
e) Is the youth currently employed or seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="text"/>
f) Describe transportation arrangements for youth to participate in ILP and/or employment Comments:	<input type="text"/>

Child's Name:

Qtrly Only	Report progress of child's Life Skills Training/Emancipation Preparation over the past three months. If applicable, reference the goal number(s) from the Identified Treatment Needs /Outcome Goals Page
<input type="text"/>	

Qtrly Only	Number of Special Incidents Reports (SIRs) over the past three months: _____	
Type of Special Incidents Reports (SIRs) over the past three months:		# of Special Incidents
Behavioral Incident		
Danger to Self		
Health Related		
Unauthorized Absence		
School Related		
Other		
Comments:		
<input type="text"/>		

Child's Name:

Identified Treatment Needs / Outcome Goals (1—5)

Outcome Goal — #1	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #2	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #3	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #4	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #5	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Child's Name:

Identified Treatment Needs / Outcome Goals (6—10)

Outcome Goal — #6	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #7	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #8	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #9	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

Outcome Goal — #10	Start Date	Modified Date	Projected Completion Date	Date Goal Achieved
<i>Select One</i>				

Please indicate the Specific Goal and the Plan & Method to achieve goal, Including services to be provided and person(s) responsible.

See Addendum for additional goals

Signature Page

Report prepared by: _____
Name/Title

Signature

Signatures:

I have received a copy of the report:

Youth (if appropriate) Date

Parent (If applicable) Date

Parent (If applicable) Date

FFA/Group Home Social Worker Date

FFA/Group Home approval signature (if necessary) Date

Certified Foster Parent (if applicable) Date

DPO/CSW Date

Date

Date

Copy of Plan/Quarterly Report mailed faxed handed to DPO/CSW on _____

If unable to obtain DPO/CSW Signature, please document efforts you made to obtain the signature:

Child's Name:

Addendum

Click here to type addendum.