LOS ANGELES COUNTY-DEPARTMENT OF MENTAL HEALTH
QUESTIONNAIRE
STATEMENT OF ELIGIBILITY AND INTEREST (SEI)
GROUP HOME AFTERCARE SERVICES
FOR PROBATION YOUTH
DUE DATE: AUGUST 23, 2012

Date: _____

Agency Name: _____

Address of Agency Headquarters: _____

_____

Address of site(s), if different: _____

_____

Supervisorial District(s): _____ Service Area(s): _____

Name of Chief Executive Officer: _____

Name of Agency Contact Person: _____

Title: _____ Telephone Number: _____

Email Address: _____

Current DMH Legal Entity Contractor: Yes _____ No _____ If yes, provide contract number (s):_____

Current DCFS Contractor: Yes_____ No_____ If yes, provide contract number (s):_____

TOTAL NUMBER OF PROBATION YOUTH THAT YOUR AGENCY IS WILLING AND CAPABLE OF SERVING UNDER THE GHAS PROGRAM _____

MONTHLY AVERAGE NUMBER OF PROBATION YOUTH SERVED AT YOUR SITE IN THE LAST 12 MONTHS: _____

Note: Respondent's completion of the Questionnaire in response to this SEI does not bind, nor purport to bind, the County or respondent in any way. Any subsequent, resultant contract with the County shall require the completion of required contract negotiation documents. A legally binding contract shall be executed only after formal approval by and/or authorization of the County of Los Angeles Board of Supervisors.

QUESTIONNAIRE	Yes	No
1. Does your agency currently have a Legal Entity Agreement with DMH?		
2. Does you agency currently have a GHAS Agreement with DCFS?		
3. Is your agency currently providing GHAS to probation youth?		
4. Does your agency have at least two (2) years experience (within the last five (5) years) providing GHAS to probation youth?		
5. Is your agency willing to accept referrals from the Los Angeles County Probation Department?		
6. Is your agency able to provide GHAS services within 30 days of signing an agreement?		
7. Does your agency have current working agreements with community partners that can assist probation youth with appropriate linkages and referrals to various social services?		
8. In the last five (5) years, has your agency had any governmental entity contracts terminated?		
9. In the last five (5) years, has your agency had any substantiated Patient Rights complaints?		
10. Is your agency current with all licenses, permits, registrations, accreditations, and certificates required by Federal, State, and local laws, ordinances, rules, regulations, guidelines and directives, which are applicable to prospective Contractor's facility (ies) and services?		
11. Is your agency in good standing with the Los Angeles County Probation Department, DCFS, DMH and all other County departments?		

All responses are subject to verification by the Probation Department and DMH and your agency may be required to provide documentation to substantiate your responses.

☐ **I hereby acknowledge that the foregoing response to this Statement of Eligibility and Interest Questionnaire for GHAS program is truthful and accurate.**

Submitted by:

_____
Print Name of Agency

_____
Signature of Authorized Agency Representative

_____
Print Name of Authorized Agency Representative

_____
Date