


BOARD OF DIRECTOR OR GOVERNING BODY STATEMENT

IMPORTANT– Before completing, see reverse for instructions.

Licensees are required to provide a copy of the Community Care Licensing’s publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board of Directors, to each member of their board of directors or governing body. The members of the board of directors or governing body are required to read and sign the statement below. This form must be completed by all members of the board of directors or governing body. The signing of this form by all members, and prospective members, of the board of directors or governing body is a condition of licensure.

I have read and understand my legal duties and obligations as a member of the board of directors or governing body and I also understand that the group home and short-term residential therapeutic program’s operation is governed by laws, regulations, and interim licensing standards that are enforced by the Department of Social Services, as set forth in the publication, Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board of Directors.

I declare that I have received a copy and I have read and understand the information contained in the publication, <u>Facts You Need to Know, Group Home and Short-Term Residential Therapeutic Program Board Of Directors</u>.		
1. Facility Name Mod C	2. Facility Number 107207218	
3. Your Name (Print Clearly) Brian Pacheco	4. Daytime Telephone No. 559-600-1000	
5. Your Mailing Address 2281 Tulare, Room #300		
6. City Fresno	7. State CA	8. Zip 93721
9. Signature 	10. Date You Joined Board 02/06/2024	11. Date of Signature 06/18/2024

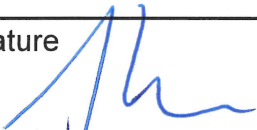
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1. Facility Name Mod C	2. Facility Number 107207218	
3. Your Name (Print Clearly) Steve Brandau	4. Daytime Telephone No. 559-600-2000	
5. Your Mailing Address 2281 Tulare, Room #300		
6. City Fresno	7. State CA	8. Zip 93721
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3. Your Name (Print Clearly) Sal Quintero	4. Daytime Telephone No. 559-600-3000	
5. Your Mailing Address 2281 Tulare, Room #300		
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1. Facility Name Mod C	2. Facility Number 107207218	
3. Your Name (Print Clearly) Ernest Buddy Mendes	4. Daytime Telephone No. 559-600-4000	
5. Your Mailing Address 2281 Tulare, Room #300		
6. City Fresno	7. State CA	8. Zip 93721
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1. Facility Name Mod C	2. Facility Number 107207218	
3. Your Name (Print Clearly) Nathan Magsig	4. Daytime Telephone No. 559-600-5000	
5. Your Mailing Address 2281 Tulare, Room #300		
6. City Fresno	7. State CA	8. Zip 93721
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BOARD OF DIRECTOR OR GOVERNING BODY STATEMENT INSTRUCTIONS

General Information

Each member of the board of directors or governing body must sign this form. Prospective members of the board of directors or governing body must read the Group Home and Short-Term Residential Therapeutic Programs Board of Directors booklet and sign the above LIC 9165 form before joining the board or governing body. This form may be copied and given to each of your members for their signature. The signed forms must be kept at the Group Home or STRTP administrative office. All signed forms must be available to Department staff for inspection upon request.

Instructions for LIC 9165 form

Please type or clearly print the information being requested by each item number.

Items 1 - 2: Enter the facility name and number. When a corporate licensee has more than one facility, it is important that the same facility number is used for all members of the board of directors or governing body. This ensures that each and all members are associated and identified with the correct licensee. It is acceptable to enter this on behalf of the member.

Items 3 -10: The member of the board of directors or governing body enters their name, daytime telephone number, complete mailing address, signature and date. **All signatures must be original.**