

**APPLICATION TO VOLUNTEER  
For  
San Diego County's CHOOSE WELL Program**

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**Introduction:**

Thank you for your interest in distinguishing yourself as a responsible RCFE who consistently delivers quality of care to your residents.

This application consists of the Self-Certification section where you will attest that you meet the County's Minimum Eligibility Requirements, and a section describing how your Facility Profile Page will be maintained over the term of your participation.

Once the Choose Well Project Team has processed your Application, you will be contacted to start the Choose Well Scoring process.

**SELF CERTIFICATION**

I, \_\_\_\_\_ as Licensee for \_\_\_\_\_ (name of RCFE) apply to be a Volunteer Provider listed on the County of San Diego's Choose Well website.

1. Self Certification of Minimum Eligibility Requirements

I certify to the County of San Diego that I meet the Minimum Eligibility Requirements (MER) listed below. I understand that I am required to meet the MER for the time period my facility is listed on the Choose Well website. I also understand that meeting the MER is necessary for me to have my facility scored using the Choose Well Scoring Tool.

- A. I attest that I comply with all laws and posting requirements, and that I carry Workers' Compensation Insurance as required under California Labor Code 3700.0 et. Seq.
- B. I attest that I comply with the California laws enforced by the Employment Development Department (EDD) including California Unemployment Insurance Code Sections 1251-1265.9, and 2652 – 2658.
- C. I attest that I have paid and remain current with the Franchise Tax Board (FTB) for all applicable state taxes on my Residential Care Facility for the Elderly (RCFE) business, consistent with the California Revenue and Taxation Code.
- D. I attest that I have paid and remain current with all applicable municipality and county government fees, licenses, and taxes on my Residential Care Facility for the Elderly (RCFE) business, even if the RCFE is owned by me as a sole proprietor.
- E. If the licensee of my RCFE is a legal entity (defined as a for-profit Corporation, a not-for-profit Corporation, a Limited Liability Corporation or a Limited Liability Partnership) I understanding I am required to maintain ACTIVE registration status with the California Secretary of State's office. I agree that my legal entity will stay in ACTIVE status for the time period I am participating in the Choose Well program.

F. I attest that my RCFE has an active Liability Insurance policy fully compliant with California Health & Safety Code 1569.605. I agree that this insurance coverage will remain in place for the time period I am participating in the Choose Well program.

2. Your Choose Well Responsibilities & Understandings

A. **Facility Rating:** With your voluntary participation in the Choose Well program, you agree to provide complete copies of any LIC809s, LIC9099s, LIC9111s, Civil Penalty assessments and invoices issued to your facility by Department of Social Services (DSS), Community Care Licensing (CCL) (DSS/CCL). Also, you will provide the Choose Well team with any appeals made by you to DSS/CCL, and any final outcomes issued to you by DSS/CCL.

Your Choose Well score will be provided and discussed with you prior to its posting on the Choose Well website. If you disagree with your score, you may either appeal the score in accordance with the Choose Well Appeal Process, or you may provide your written statement that you would like to have the facility withdrawn from the program. When a facility withdraws from the Choose Well program, its name will remain listed in the County Directory of all RCFE facilities on the site, but the Facility Profile Page will be disabled.

B. **Facility Profile Construction:** Once you have consented in writing to your Choose Well score being public on the Choose Well website, you will be provided unique login credentials. You will also be given instructions on how to fill in your Facility Profile Page by the Choose Well team. For all information that you post on your Facility Profile Page you will be certifying that the information is current, accurate and complete.

C. **Ongoing Responsibilities:** As a Choose Well Volunteer partner, you will be responsible for notifying the Choose Well team of any changes in your compliance history, licensing status, or failure to comply with any local, state or federal laws.

As a Choose Well Volunteer Partner, you may update your Facility Profile Page at any time to assure your information offers the best possible information on your facility.

D. **County Actions:**

- i. If errors are found in content posted by a Volunteer Partner on its Choose Well Facility Profile Page, those errors will be brought to the attention of the Licensee for correction. The Choose Well Project Team will ask that errors be corrected on the Choose Well website within five working days. If not corrected within the five working days, the County, at its discretion may direct the Choose Well Project Team to either make the corrections on the Licensee's behalf, or to unpublish the Choose Well Facility Profile Page from the site until the corrections can be made by the facility.
- ii. If Facility Profile Page content provided by a Volunteer Partner is inappropriate in any way, the County, in its discretion, may direct the Choose Well Project Team to unpublish any Volunteer Partner's Facility Profile Page content.
- iii. If a facility is found to no longer meet the Minimum Eligibility Requirements (MER) for the Choose Well Program, this information will be brought to the attention of the Facility Licensee for correction. If not corrected within five working days to the satisfaction of the County, the County, at its discretion, may direct the Choose Well Project Team to unpublish the Volunteer Partner's Facility Profile Page from the site until corrections can be made by the facility and eligibility can be reestablished.

I, as named above, attest that my facility meets the requirements of the Self-Certifications listed in Section I hereof, and that I understand and agree to the Choose Well Responsibilities and Understandings.

Printed Licensee Name: \_\_\_\_\_

Signed Name as Owner or Principal: \_\_\_\_\_

Dated: \_\_\_\_\_

Choose Well Project Team Only:

Application Received Date: \_\_\_\_\_

Application Processed Date: \_\_\_\_\_

Licensee Contacted to Start: \_\_\_\_\_