**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Supervised Independent Living (SIL) Rate Setting**

|  |  |  |
| --- | --- | --- |
| Name – Child (Last, First, MI)      | Birthdate – Child (mm/dd/yyyy)      | Age – Child      |
| Name – SIL Agency (if applicable)      |
| Address – Child’s Address (Street, City, State, Zip Code)      | Telephone Number – Daytime      |
| Date – Child Placed in This Home (mm/dd/yyyy)      | Date – Rate Set (mm/dd/yyyy)      |

|  |
| --- |
| **Maintenance Payment** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Household Cost  | Occupants | Individual Amount |
| Rent | $      | $      | $      |
| Renter’s Insurance | $      | $      | $      |
| Food Budget | $      | $      | $      |
| Furnishings | $      | $      | $      |
| Household Supplies | $      | $      | $      |
| Utilities (Electric, Heat, Water) | $      | $      | $      |
| Telephone | $      | $      | $      |
| Clothing  | $      | $      | $      |
| School Supplies | $      | $      | $      |
| Travel to School  | $      | $      | $      |
| Travel to Family Interaction | $      | $      | $      |
| Personal Incidentals | $      | $      | $      |
| Other (non-claimable) | $      | $      | $      |
| Daily Supervision  | $      | $      | $      |
|  |  | **Total** | $      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  **SIGNATURE** – Worker |  | Date Signed |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **SIGNATURE** – Rate Setter |  | Date Signed |  |