**Uniform Foster Care Rate Setting**

**Use of form:** This form is used to provide a breakdown and summary of the child’s uniform foster care rate. The Uniform Foster Care Rate is the total of the basic maintenance, supplemental, and exceptional rates.

|  |  |  |
| --- | --- | --- |
| Child Full Name (Last, First, MI)      | Child Birthdate (mm/dd/yyyy)      | Child Age   |
| Foster Parent(s) Full Name      | Telephone Number      |
| Foster Parent(s) Address (Street, City, State, Zip Code)      |
| Date Child Placed in This Foster Home (mm/dd/yyyy)      | Date Supplemental Request (mm/dd/yyyy)      |
| **Basic Rate Age Group** | **Effective Basic Rate Starting January 1, 2024** |
|  0 – 4 years |  $441.00 |
|  5 – 11 years |  $483.00 |
|  12 – 14 years |  $548.00 |
|  15 – 18 years |  $572.00 |
| **Supplemental Payment Summary**  |
| Child’s Level of Need (LON) | $      |
| Provider’s Level of Care (LOC) | $      |
| Supplemental Points | $      |
| LON / LOC Value | $      |
|  TOTAL Supplemental Rate | $      |
| **Exceptional Payment** |
| $      |
| **Recommended UFCR** |
|  | Basic | $      |
|  |  + |  |
|  | Supplemental | $      |
|  |  + |  |
|  | Exceptional | $      |
|  |  = |  |
|  |  Total | $      |
| **Effective Date:** |
|       |
|  |  |  |  |  |
|  |  **SIGNATURE** – Foster Parent  |  | Date Signed |  |
|  |  |  |  |  |
|  |  **SIGNATURE** – Foster Parent  |  | Date Signed |  |
|  |  |  |  |  |
|  |  **SIGNATURE** – Child Welfare Professional |  | Date Signed |  |
|  |  |  |  |  |
|  |  **SIGNATURE** – Rate Setter |  | Date Signed |  |