**Proposed Rate Request**

**Use of Form:** The Proposed Rate Request form MUST be filled out completely and emailed to DCFCWLRateReg@wi.gov. **The provider must enter the email address of the correct contact to receive the Department of Children and Families’ (DCF) approved rate for the next year.** DCF will email the completed form with approved rates ONLY to the email address identified. If there is more than one program associated with the provider, a separate form needs to be completed for each program. A justification must be included if the proposed rate is above the maximum rate.

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| **AGENCY CONTACT INFORMATION (PARENT ORGANIZATION)** |
| Agency Name:      | Telephone Number:      |
| Agency Address (Street, City, State, Zip Code):      | Fax Number:      |
| Email to Send Approved Rate:      |
| **PROGRAM CONTACT INFORMATION** |
| Program Name:      | Telephone Number:      |
| Provider Address (Street, City, State, Zip Code):      | Fax Number:      |
| DCF will email the completed form with approved rates ONLY to the email address identified below.      |
| Service Provider ID Number:      |
| [ ]  Yes [ ]  No Are multiple programs associated with the ID number? If provider answers “Yes”, then the provider MUST complete a Proposed Rate Request form for each program. |
| Check Box for Provider Agency Type:[ ]  Private Child Placing Agency[ ]  Group Home[ ]  Pregnant/Parenting Group Home[ ]  Residential Care Center Please refer to the most recent Daily Rate memo for more information on currently published maximum daily rates. The Daily Rate memo can be found at <https://dcf.wisconsin.gov/cwportal/policy> |
| Current Daily Rate: | $      QRTP Certified: [ ]  Yes [ ]  No |
| Proposed Rate: | $     By rule, if you are proposing a rate above the maximum daily rate, you must request an exception. The exception request MUST contain the following information, as noted in DCF 52.66(3)(b), DCF 54.09(3)(b), or DCF 57.62(3)(b):1. Identify a specialized service and/or programming
2. Identify the specific population(s) receiving this service and/or programming
3. Explain the benefits of this service and/or programming
4. Explain why you cannot provide this service and/or programming within the maximum rate
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| **FOR INTERNAL DCF USE:** |
| Date Form Received: |       |
| DCF Approved Rate: | $      If the provider does not agree with the approved rate, a request for mediation shall be made **within 5 business days** after the date of this notice. The request shall be sent by electronic mail to DCFCWLRateReg@wi.gov. |
| Date DCF Approved Rate: |       |
| Date DCF Emailed Provider with Approved Rate: |       |