

FOSTER CARE UNIFORM RATE SETTING

Name – Child (Last, First, MI)	Birthdate – Child (mm/dd/yyyy)	Age – Child
Name – Foster Parent(s)		
Address – Foster Parent(s) (Street, City, State, Zip Code)		Telephone Number – Daytime
Date – Child Placed In This Foster Home (mm/dd/yyyy)	Date – Supplemental Request (mm/dd/yyyy)	
Type of Rate Evaluation		County

DIFFICULTY OF CARE LEVELS

Check "Yes" or "No" to indicate whether each of the following minimal, moderate or intensive characteristics apply to the foster child now. Check "No" if the behavior or feeling is generally age appropriate for the child. Add a description of other similar characteristics that apply to the foster child at the appropriate locations.

EMOTIONAL CARE NEEDS

Not Applicable (0 points) – Child does not exhibit unusual emotional characteristics for a foster child in this age group.

Minimal (4 points) – Child must exhibit at least two characteristics which include or correspond in extent or degree with the following:

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Demands excessive attention |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Nervous |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. High-strung |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Impulsive |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Displays temper tantrums |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Restless |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Hyperactive |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Short attention span |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Occasionally wets during the night |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Low self-esteem and confidence |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Periodically withdrawn and unresponsive; avoids feelings |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Occasionally whines, argues, swears, manipulates, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exhibits other characteristics which correspond in extent or degree – Specify: |
-

Moderate (8 points) – Child must exhibit at least two characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Frequently requires close supervision |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Habitually resistive |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Frequent difficulty in communicating with others; avoids feelings |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Frequent failure to do what is expected |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Responds with apathy to situations |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Difficulty establishing / maintaining relationships; serious attachment problems |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Displays cultural / social conflicts |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Frequent night bed wetter; occasionally soils or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Displays over-activity and over-excitedness |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Exhibits other characteristics which correspond in extent or degree – Specify: |

Intensive (12 points) – Child must exhibit one or more characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Requires constant and intensive supervision; daily structure |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Infantile / immature personality |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Wets or soils during daytime hours, several times per week |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Severe hyperactivity to the point of frequent destructiveness or sleeplessness |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Chronically withdrawn / depressed / anxious |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Self-injurious; extremely accident prone |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Needs behavioral program(s) requiring parent training |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Bizarre or severely disturbed behavior, destructive |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has anorexia nervosa or other eating disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Exhibits other characteristics which correspond in extent or degree – Specify: |
-

BEHAVIORAL CARE NEEDS

Not Applicable (0 points) – Child does not exhibit unusual behavioral characteristics for a child in this age group.

Minimal (4 points) – Child must exhibit at least two characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disappears or runs away occasionally for short periods of time with the intention of returning |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Occasionally skips classes or exhibits behavior affecting class achievement, requiring make-up and occasional parent / school contact, extra help with homework |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Occasionally acts out in a sexual manner; i.e., masterbates, or uses inappropriate sexual language. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Occasionally experiments with alcohol and drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Infrequent hostile conflicts with parents, community, authority figures |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Occasional problems with stealing, petty theft, vandalism, destroying property |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Occasional inappropriate behavior with peers; infrequent conflicts with friends |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Occasional aggressive behavior toward people; i.e., biting, scratching, throwing objects at another, sexual aggressiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Exhibits other characteristics which correspond in extent or degree – Specify: |

Moderate (8 points) – Child must exhibit at least two characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Frequently runs away or disappears for longer periods of time requiring encouragement to return |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Frequently truant or exhibits behavior affecting class achievement; creates disturbance in the classroom, requires extra help with schoolwork from parents, frequent contact between parents and school |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Frequently exhibits sexual activity harmful to others; disruptive to family and community |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Frequently uses alcohol or drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Occasionally involved in non-violent crimes / property which may bring contact with police / authorities; i.e., burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Frequent aggressive behavior toward people; i.e., biting, scratching, throwing objects at another, sexual aggression |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Frequent self-abusive behavior; i.e., head banging, eye poking, kicking self, biting self |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Exhibits other characteristics which correspond in extent or degree – Specify: |
-

Intensive (12 points) – Child must exhibit one or more characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Runs away for long periods of time (8 or more times per year and 5 or more days at a time), returning only as a result of initiative of others |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Habitually creates disturbance in the classroom or on the school bus; habitually truant; requires daily parent / school contact |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Exhibits sexual deviance; i.e., that of a violent or unconsenting nature with others |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Habitually uses alcohol or drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Repeated and uncontrollable social behavior resulting in delinquency status; i.e., property offenses, assault, arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Daily aggressive behavior; i.e., biting, scratching, throwing objects |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Constant self-abusive behavior; i.e., head banging, eye poking, kicking self, biting self |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Severe eating disorders, eats inappropriate items |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Child exhibits other characteristics which correspond in extent or degree – Specify: |

PHYSICAL AND PERSONAL CARE NEEDS

Not Applicable (0 points) – Child does not exhibit unusual physical or personal characteristics for a child of this age.

Minimal (4 points) – Child must exhibit one or more characteristics which include or correspond in extent or degree with the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Needs some help putting on braces or prosthetic devices and help with buttons or laces, but is basically self-caring and able to maintain own physical assisting devices |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Seizures, motor dysfunctions, controlled by medication |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Requires therapy for gross or fine motor skills |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Requires special diet preparation / supervision |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Child exhibits other characteristics which correspond in extent or degree – Specify: |
-

Moderate (8 points) – Child must exhibit one or more characteristics which include or correspond in extent or degree with the following:

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Requires help with dressing, bathing and general toilet needs, including maintenance procedures; i.e., diapering and applying catheters; requires help of a person or a device to walk or get around |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Needs assistance to care and maintain physical assistance devices |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Exhibits eating, feeding problems; i.e., excessive intake, extreme messiness, extremely slow eating – requires help, supervision or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Requires tube or gavage feeding |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires frequent special care to prevent or remedy serious skin conditions; i.e., bedsores, severe eczema |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Requires daily administration of medication, preparation of special diets, prescribed physical therapies; i.e., for vision, hearing, speech, gross or fine motor skills, 1 or 2 hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child exhibits other characteristics which correspond in extent or degree – Specify: |

Intensive (12 points) – Child must exhibit one or more characteristics which include or correspond in extent or degree with the following:

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Non-ambulatory |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Uncontrollable seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Need appliances for drainage, colostomy, aspiration, suctioning, mist tent, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Impaired vision, speech, or hearing functions requiring parent training |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires home administration of daily prescribed exercise routines to improve or maintain gross or fine motor skills |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Requires prevention procedures; i.e., daily irrigation |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Requires excessive cleaning / laundry and control of body waste |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Orthotics care at this level demands excessive amount of time, care, and responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Requires intensive prescribed physical therapy up to 2-3 hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Child exhibits other characteristics which correspond in extent or degree – Specify: |
-

Basic Rate

<u>Age Group</u>	<u>Effective January 2009</u>
0 – 4 years	\$349.00
5 – 11 years	\$381.00
12 – 14 years	\$433.00
15 – 18 years	\$452.00

Supplemental Payment Summary of Points

Emotional	_____
Behavioral	_____
Physical and Personal Care	_____
TOTAL Points	_____

<u>Number of Points</u>	<u>Dollars / Month</u>	<u>Number of Points</u>	<u>Dollars / Month</u>
0	\$ 00.00	20	\$180.00
4	\$ 36.00	24	\$216.00
8	\$ 72.00	28	\$252.00
12	\$108.00	32	\$288.00
16	\$144.00	36	\$324.00

Exceptional Payment

Document here or refer to attached documentation which justifies an exceptions payment under HFS 56.11 (4) (a) Enable the child to be placed in a foster home or treatment foster home instead of being placed or remaining in a more restrictive setting, or HFS 56.11 (4) (b) Replace a child's basic wardrobe that has been lost or destroyed through other than normal wear and tear.

Recommended UFCR Rate

Basic	\$ _____
+	
Supplemental	\$ _____
+	
Exceptional	\$ _____
=	
Total	\$ _____

Effective Date: _____

SIGNATURE – Worker

 Date Signed

SIGNATURE – Rate Setter

 Date Signed

Six Month Review – If a review indicates no change in Basic, Supplemental or Exceptional payments, indicate that the above rate continues by signing below. Complete a new form if any rate factors have changed.

SIGNATURE – Worker

SIGNATURE – Rate Setter

Date Signed

SIGNATURE – Worker

SIGNATURE – Rate Setter

Date Signed

SIGNATURE – Worker

SIGNATURE – Rate Setter

Date Signed