**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 |  |