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**DEPARTMENT OF SOCIAL SERVICES**  
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ARNOLD SCHWARZENEGGER  
GOVERNOR

December 1, 2008

ALL COUNTY LETTER NO. 08-54

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CDSS ADOPTIONS DISTRICT OFFICES  
ALL LICENSED ADOPTION AGENCIES  
ALL ADOPTION FACILITATORS  
ALL CHIEF PROBATION OFFICERS  
ALL ADMINISTRATIVE LAW JUDGES  
ALL COUNTY PLACEMENT SUPERVISORS  
KARUK TRIBE

SUBJECT: INSTRUCTIONS REGARDING THE SUPPLEMENT TO THE RATE  
PAID ON BEHALF OF A DUAL AGENCY CHILD

REFERENCE: SENATE BILL 84, CHAPTER 177, STATUTES OF 2007  
ALL COUNTY LETTER NO. 08-17, DATED MARCH 29, 2008  
ALL COUNTY LETTER NO. 03-60, DATED NOVEMBER 13, 2003  
ALL COUNTY LETTER NO. 98-28, DATED MAY 4, 1998  
ALL COUNTY INFORMATION NOTICE NO. 1-74-04,  
DATED MAY 4, 1998

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this All County Letter (ACL) is to provide counties with instructions for determining eligibility for, and the appropriate level of, the supplement to the rate established by Welfare and Institutions Code (W&IC) Section 11464 (c)(2)(A). The California Department of Social Services (CDSS) and the Department of Developmental Services (DDS), in consultation with stakeholders representing county child welfare services agencies, California regional centers, advocates, and foster and adoptive parents, were required to develop objective criteria to be used for determining eligibility for, and the appropriate level of, a supplement to the rate based on the extraordinary care and supervision needs of a dual agency child.

## **1. DEFINITIONS**

### **Who is a Dual Agency Child?**

A dual agency child is a child in a foster care home, a child in an adoptive placement, or adopted from the foster care system, who receives Aid to Families with Dependent Children-Foster Care (AFDC-FC) or Adoption Assistance Program (AAP) benefits and who is concurrently a consumer of California regional center services due to a developmental disability, as defined by the Lanterman Act, and/or a child receiving services under the California Early Start Intervention Services Act.

### **Who is Eligible for the Supplement to the Rate?**

Dual agency children three years of age and older are eligible to receive a supplement to the rate.

### **What is a Supplement to the Rate?**

W&IC Section 11464 (c)(1) establishes a rate in the amount of \$2,006 per month. W&IC Section 11464 (c)(2)(A) gives counties sole discretion to determine a supplement to the \$2,006 rate up to, but not to exceed, one thousand dollars (\$1,000) per month, for a dual agency child three years of age and older, if the child in foster care placement is deemed to have a need for extraordinary care and supervision that cannot be met by the \$2,006 rate. Additionally, W&IC Section 16121 (c)(1) specifies that W&IC Section 11464 applies to AAP benefits for dual agency children; therefore, recipients of AAP benefits can also receive a supplement to the \$2,006 rate up to, but not to exceed, one thousand dollars (\$1,000) per month, for dual agency children three years of age and older.

The supplement rate structure has four levels (\$250, \$500, \$750, and \$1,000) based on the assessed severity of a dual agency child's condition, but the amount of a supplement may not exceed one thousand dollars (\$1,000).

A supplement to the rate, once determined, will remain in effect until the dual agency child is no longer eligible to receive regional center services or is no longer eligible for AFDC-FC or AAP benefits.

### **What is the Supplement to the Rate Questionnaire (SOC 837) (hereinafter referred to as "the Questionnaire")?**

The Questionnaire is a form used to gather supplemental information about a dual agency child's condition, as well as extraordinary care and supervision needs, so that a county can determine the child's eligibility for a supplement to the rate.

The Questionnaire is accessible on the CDSS website at:  
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC837.pdf>.

**What is the Supplement to the Rate Eligibility Form (SOC 836) (hereinafter referred to as "the Eligibility Form")?**

The Eligibility Form is a form used by a county to determine a dual agency child's eligibility for, and to approve the level of a supplement to, the \$2,006 rate.

The Eligibility Form is accessible on the CDSS website at:  
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC836.pdf>.

**What is the Supplement to the Dual Agency Rate Multiple Questionnaire Worksheet (SOC 835) (hereinafter referred to as "the Worksheet")?**

The Worksheet has been developed to assist county child welfare services (CWS) workers and adoption workers when multiple questionnaires have been used in determining eligibility for the supplement to the rate. The Worksheet will allow the worker to "see" the results of each questionnaire on one document and will assist in determining and documenting the supplement to the rate.

The Worksheet is accessible on the CDSS website at:  
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC835.pdf>.

**What are Objective Criteria?**

Objective criteria are measurable standards developed by CDSS and DDS with stakeholder's input. Counties must use the objective criteria to determine the extent to which a dual agency child has extraordinary care and supervision needs based on severe impairment in physical coordination and mobility; severe deficits in self-help skills; severely disruptive or self-injurious behavior; and/or a severe medical condition.

**Who are Other Professional(s)?**

Other professional(s) may be a marriage and family therapist, a licensed clinical social worker, or other medical, developmental, educational or mental health professionals who have relevant information regarding the condition and needs of the dual agency child.

### **What are the Cost Sharing Ratios?**

The supplement to the rate cost sharing ratios for dual agency children receiving a foster care payment are as follows:

	<u>Federal</u>	<u>State</u>	<u>County</u>
Federal Case:	50%	20%	30%
Nonfederal Case:		40%	60%

The supplement to the rate cost sharing ratios for dual agency children receiving an adoption payment are as follows:

	<u>Federal</u>	<u>State</u>	<u>County</u>
Federal Case:	50%	37.5%	12.5%
Nonfederal Case:		75%	25%

## **2. REQUESTING THE SUPPLEMENT**

A supplement to the rate may be requested either directly by a dual agency child's foster care provider, caregiver, or adoptive parent or through a referral from a regional center. A referral from a regional center does not automatically constitute eligibility for the supplement to the rate. In addition, as with other specialized care rates, CWS workers and adoption workers may identify dual agency children in their caseload who may qualify for the supplement to the rate and discuss requesting a supplement with the child's foster care provider, caregiver, or adoptive parent.

## **3. TIMELINE TO COMPLETE SUPPLEMENT DETERMINATIONS**

W&IC Section 11464 (c)(2)(C) requires the county or the adoptions district office to determine eligibility of a dual agency child for a supplement to the rate within 90 days of receipt of the request. Upon the request of a foster care provider, caregiver, or adoptive parent, or upon referral from a regional center, counties and adoptions district offices must document the requestor and the date a request was made for a determination of eligibility for the supplement, and notify the requestor in writing of the required timeframe, including the date on which the 90-day period ends. Foster care providers and adoptive parents will receive the completed Questionnaire and Eligibility forms upon request. If the referral is from the regional center, the foster care provider, caregiver or adoptive parent will also receive notice of the required timeframe in writing, including the date on which the 90-day period ends.

For dual agency children currently in foster care or adoptive placement, counties and adoptions district offices should put forth best efforts to determine a child's eligibility for the supplement within 90 days of the date of this ACL

#### **4. EFFECTIVE DATE OF THE SUPPLEMENT TO THE RATE**

Dual agency children who are in foster care or adoptive placement or adopted from the foster care system on or after July 1, 2007, through the date of this ACL, and who have been determined eligible for the supplement to the rate are also eligible for a retroactive supplement to the rate. The effective date of the supplement for these dual agency children is July 1, 2007, the date of placement or the date of regional center eligibility, whichever date is later.

For children entering foster care and who are recipients of AFDC-FC or receiving AAP benefits after the date of this ACL, the effective date of the supplement is the date the request for the supplement was made, or the date of regional center referral of the child to the county for a determination for the supplement to the rate, whichever date is earlier, except in the circumstance described in the paragraph below.

Following issuance of this ACL, counties have up to 60 days to send out an information letter regarding the supplement to the rate. For dual agency children in the foster care system or in adoptive placement or adopted from the foster care system after the date of this ACL, but before the date the information letter is received, the effective date of the supplement is the date of this ACL, the date of placement, or the date of regional center eligibility, whichever date is later.

#### **5. INFORMATION FOR RECIPIENTS**

Counties and adoptions district offices must inform any prospective, new, and current foster and adoptive families caring for dual agency children of:

- the statute authorizing a supplement of up to \$1,000 in addition to the \$2,006 rate for dual agency children three years of age and older, if it has been determined the child has extraordinary care and supervision needs that cannot be met within the \$2,006 rate; and
- the method by which families may request information and apply for the supplement to the \$2,006 rate.

County CWS workers and adoption workers are encouraged to discuss the dual agency rates and the supplement to the rate with caregivers and adoptive parents in their caseload.

Counties and adoptions district offices should use, as a minimum, the following suggested statements to inform caregivers and adoptive parents:

**For children over three years of age, whose developmental disability is documented and who remain clients of a regional center:**

- **State law authorizes a supplement to the rate up to, but not to exceed one thousand dollars (\$1,000) per month, for a dual agency child three years of age and older receiving AFDC-FC or AAP benefits upon determination that the dual agency child has extraordinary care and supervision needs that cannot be met by the \$2,006 rate.**
- **In assessing whether your child has extraordinary care and supervision needs, the county will look at whether the child has (a) severe impairment in physical coordination and mobility; (b) severe deficits in self-help skills; (c) severely disruptive or self-injurious behavior; and/or (d) a severe medical condition.**
- **If your foster care child is currently a California regional center consumer, you may be eligible for a supplement to the rate of \$250, \$500, \$750, or \$1,000 but not to exceed one thousand dollars (\$1,000) per month if it is determined the child has the need for extraordinary care and supervision that cannot be met by the \$2,006 rate.**
- **If you are receiving AAP benefits for a child who is currently a California regional center consumer, you may be eligible for an additional AAP payment. Your dual agency child may be eligible for an additional supplement to the rate of \$250, \$500, \$750 or \$1,000 per month but not to exceed one thousand dollars (\$1,000) per month; if it is determined the child has extraordinary needs that cannot be met by the \$2,006 rate. The county will look at whether the child has (a) severe impairment in physical coordination and mobility, (b) severe deficits in self-help skills, (c) severely disruptive or self-injurious behavior and/or (d) a severe medical condition. The maximum available AAP benefit is \$3,006.**
- **Please inform the county CWS worker or the adoption worker that you received this notice and believe that your child may be eligible for a supplement to the rate. The county or the adoptions district office must determine eligibility of your child for the rate within 90 days of your request for the supplement to the rate or the regional center's referral for a supplement to the rate. The county CWS worker or the adoption**

**worker will acknowledge receipt of the request for a determination for the supplement to the rate and advise you in writing as to when to expect notification of the determination of approval or denial of eligibility. Foster care providers, prospective adoptive and adoptive parents will receive copies of the completed Questionnaire(s) and Eligibility Form upon request.**

Foster care providers and adoptive parents must be informed through a Notice of Action (NOA) of denial or approval of their request for a supplement and, if applicable, the amount of any supplement to the \$2,006 rate.

In the NOA, counties must also inform foster care providers and adoptive parents of their appeal rights pursuant to W&IC Section 10950 and, if requested, provide them with copies of the completed Questionnaire(s) and Eligibility Form.

Counties and adoptions district offices must send out the information letter to prospective, new and current foster and adoptive families caring for a dual agency child no later than 60 days after the date of this ACL.

For children entering the foster care system and having been determined to be a dual agency child on or after the date of this ACL, the county CWS worker or the adoption worker will inform the child's caregiver or prospective adoptive parent of the dual agency rate of \$2,006, the availability of the supplement to the rate, and how to apply for the supplement to the rate.

## **6. FORMS REQUIRED TO DETERMINE A SUPPLEMENT TO THE RATE**

When counties and adoptions district offices are determining eligibility for a supplement to the rate, the county CWS worker or the adoption worker will use the Questionnaire and the Eligibility Form. A Worksheet must also be used in filling out the Eligibility Form when multiple questionnaires have been used in determining the supplement to the rate.

## **7. SUPPLEMENT TO THE RATE QUESTIONNAIRE – INSTRUCTIONS**

The county CWS worker or the adoption worker will complete a Questionnaire based on the most current information about the dual agency child. The information may be obtained by telephone, fax, e-mail, or mail from a regional center service coordinator or other regional center representative first and, if needed, other professional(s) as previously defined. This consultation must be followed by a signature from that individual with the Questionnaire returned to the county or adoptions district office within ten (10) business days for processing. The completed Questionnaire must be reviewed

and signed by the regional center service coordinator or other regional center representative (or designee).

To the extent that the regional center cannot respond to a specific item on the form concerning the child's condition, the county CWS worker or the adoption worker may seek the information from other professionals and should consider any other relevant documentation and information in order to complete the Questionnaire. Multiple questionnaires concerning a child may be used when consultations with multiple professionals are necessary to complete a thorough evaluation of the child's condition.

Counties and adoptions district offices may obtain information directly from the child's caregiver or adoptive parent.

The Questionnaire contains four objective criteria sections:

- 1) DEFICITS IN SELF-HELP SKILLS;
- 2) IMPAIRMENTS IN PHYSICAL COORDINATION AND MOBILITY;
- 3) MEDICAL CONDITIONS; and
- 4) DISRUPTIVE or SELF-INJURIOUS BEHAVIOR.

Each item in the Questionnaire requires a response of "YES" or "NO" or "DO NOT KNOW". To respond to an item, place a check mark in one of the three boxes in items 1 (one) through 10 (ten). For item 11, indicate a "YES" response by placing a check mark inside either box (a) or box (b) or indicate "NO" or "DO NOT KNOW". The COMMENTS section is optional and available if further information/explanation is provided during the consultation. For areas where any professional responded "DO NOT KNOW," the county CWS worker or adoption worker should follow up with other professionals who may have pertinent information.

If the Questionnaire lacks adequate information crucial to an assessment of the child's health or has not been completed accurately, the county CWS worker should immediately schedule any needed medical appointments or psychological evaluations or the adoption worker should notify the child's adoptive parent(s) to schedule any needed medical appointments or psychological evaluations to obtain the needed information.

The completed Questionnaire(s) will be sent by fax, e-mail or mail to the professional(s) who provided the information for his/her review and signature. All completed Questionnaire(s) must have a date, phone number, fax number, agency name and address, and the printed name and signature of the person reviewing the information. In order to ensure timely support to families, the Questionnaire must be returned to the



county CWS worker or the adoption worker as soon as possible, but no later than ten (10) business days from receipt.

The county CWS worker or adoption worker must use the completed Questionnaire(s) to complete the Eligibility Form. Using the information given on the Questionnaire(s), and any other information, the county or the adoptions district office will determine eligibility and the appropriate level of the supplement to the rate.

Both the completed Questionnaire(s) and the Eligibility Form must be placed in the child's county CWS case/adoptions file and in the child's eligibility file. A copy of all completed Questionnaires and the completed Eligibility Form are to be given to the caregiver or adoptive parent upon request.

#### **8. SUPPLEMENT TO THE RATE ELIGIBILITY FORM – INSTRUCTIONS**

Completion of the rate chart on the Eligibility Form will establish the level of the supplement to the rate. The dollar amount of a specific supplement to the rate will correspond to the number of "YES" responses to the items on the Questionnaire(s).

Information from the Questionnaire(s) will be used by the county CWS worker or adoption worker to complete the Eligibility Form. The Eligibility Form is completed by circling the number(s) that correspond with all "YES" answers on the Questionnaire(s). The completed Eligibility Form will indicate the approved supplement to the rate or the date of denial. The county CWS worker or adoption worker completing the Eligibility Form will print and sign his/her name; date the form; and identify a supplement amount, a supplement approval date, and an effective date. If the request for a supplement is denied, the county CWS worker or adoption worker will enter the date of denial, provide a phone number and agency name, mark whether the agency is a social services agency, adoption agency or probation agency; and provide its address.

In cases where the county CWS worker or adoption worker has multiple questionnaires to review in order to determine eligibility for the supplement to the rate, a multiple questionnaire worksheet has been developed that allows all questionnaire answers to be viewed at one time. This worksheet should be attached to the multiple questionnaires and the Eligibility Form and must be placed in the child's county CWS case/adoptions file and in the child's eligibility file.

#### **9. SUPPLEMENT TO THE DUAL AGENCY RATE MULTIPLE QUESTIONNAIRE WORKSHEET**

The Worksheet has been developed to assist county CWS workers and adoption workers when multiple questionnaires have been used in determining eligibility for the

supplement to the rate. The Worksheet will allow the worker to “see” the results of each questionnaire on one document and will assist in determining and documenting the supplement to the rate.

County CWS workers and adoption workers shall transfer the circled answers from each questionnaire onto the Worksheet, ensuring that the professional source of each questionnaire has been identified on the Worksheet, and accounting for all circled answers for each questionnaire. This worksheet will help identify circled answers that questionnaires have in common, or identify questions that may not have been answered by one or more professionals. This worksheet should help to ascertain that all questions on the Questionnaire have been asked and answered to the best of the ability of identified professionals. The completed Questionnaires, the Eligibility Form and the Worksheet should be placed in the child’s county CWS case/adoptions file and in the child’s eligibility file. A copy of the completed worksheet will be given to the caregiver or adoptive parent upon request.

## **10. DATA REPORTING REQUIREMENTS**

As noted in ACL 08-17, W&IC Section 11464 (h) requires CDSS and DDS to report to the Legislature regarding various data on a semiannual basis. The first report was due October 1, 2007. Subsequent reports are due on March 1<sup>st</sup> and October 1<sup>st</sup> of each year. The data to be reported include:

The number of, and services provided to, children who are consumers of regional center services, and who are receiving AFDC-FC, or AAP benefits, categorized by children receiving the amount of \$2,006, \$898, and the level of the supplement to the rate.

A comparison of services provided to children and similar children who are regional center consumers who do not receive AFDC-FC or AAP benefits, categorized by those children receiving the \$2,006, \$898, and the level of the supplement to the rate.

The number and nature of appeals filed regarding services provided or secured by regional centers for children, categorized by children receiving the \$2,006, \$898, and the level of the supplement to the rate.

The number of children who are adopted before and after SB 84, categorized by children receiving the \$2,006, \$898, and the level of the supplement to the rate.

The number and levels of the supplement to the rate requested.

The total number and levels of supplements to the rate authorized, and the number of these supplements to the rate authorized upon appeal.

The number of appeals requested regarding the decision by counties or adoptions district offices to deny the request for the supplement to the rate.

Additionally, for those data elements that cannot be collected through the Child Welfare Services/Case Management System (CWS/CMS), a statistical report is currently being developed that will require counties and adoptions district offices to submit data to CDSS regarding the number and levels of the supplement to the rate requested; the total number and levels of supplements to the rate authorized and the number of these supplements to the rate authorized upon appeal; and the number of appeals requested after counties or adoptions district offices denied the request for the supplement to the rate.

**11. INSTRUCTIONS FOR RECORDING A SUPPLEMENT TO THE RATE FOR A DUAL AGENCY CHILD IN CWS/CMS**

**a. For AFDC-FC Children Receiving a Supplement to the Rate (for all counties except Los Angeles)**

**Client Services Case Folder**

Within the **Placement Notebook**, the end-user must perform the following steps:

- 1) Select the “*Ongoing Requests*” tab;
- 2) Check the “Specialized Care Increment (SCI) Rate” radio button;
- 3) Enter the appropriate rate, \$250.00 to \$1,000.00 in the “SCI Rate” box;
- 4) Under “Payment Type”, select “Developmentally Disabled Children” from the dropdown menu.

**b. For AFDC-FC Children Receiving a Supplement to the Rate (Los Angeles [L.A.] County)** end-users currently have the L. A. APPS Rate Frame. The dual agency state requirement for the dual agency supplement to the rate will be reflected on the *Ongoing Request* page. The end-user must perform the following steps:

- 1) Go to the APPS Schedule/Level dropdown for the Basic rate row and select one of the following:
  - a) RG-for Group Homes; or
  - b) RF-for Non-Group Homes (select this for continued placements currently receiving a higher non-standard rate);

- c) P1-CBPP-Special Care and Shelter Allowance;
  - d) P2-CBPP-Specialized Care Ongoing;
- 2) Create a new row for the supplement to the rate;
  - 3) Select the "SCI rate" radio button, enter start date and amount.
  - 4) Select "County Authorized Allowance" from the "Payment Type" dropdown menu.

**c. For Children Receiving AAP and a Supplement to the Rate**

**Client Services Case Folder (all counties)**

Within the **Adoptive Placement Notebook**, the end-user must complete the information on the ID tab to enable the Adoptions Assistance Program (AAP) Agreements tab.

Within the **AAP Agreements Tab** the end-user must perform the following steps:

- 1) Select the "+" button;
- 2) In the "*Benefit Basis*" box, select "**Regional Center**";
- 3) The "*Benefit Based on Regional Center Rates*" will become enabled;
  - a) Select the appropriate Regional Center;
  - b) Within the "*Service Level*", select level number "1";
  - c) Within the "*Amount*" field; enter the total amount the child is receiving;

**Examples:** Enter \$898.00 (no supplement for a child under three years of age);  
Enter \$2,006 (no supplement for a child under three years of age determined to be a regional center client);  
Enter \$2,006.00 + \$1,000.00 (supplement) = \$3,006.00

- d) Within the "Comments" field, enter the amount of the supplement to the rate the child is receiving.

**12. ASSISTANCE CLAIM INSTRUCTIONS**

Assistance payments for dual agency children will continue to be reported under the appropriate foster care and adoption aid codes. The dual agency supplements use the same sharing ratios as the foster care and adoption aid codes, so there are no changes in claiming instructions. Counties will add the supplement to the rate for a dual agency child to the appropriate foster care and adoption maintenance payments and claim them on the proper County Assistance 800 Assistance Claim form. Retroactive supplement to the rate payments will be reported as prior month adjustments. All necessary backup documentation will be retained in the county.

### **13. ADMINISTRATIVE HEARINGS**

W&IC Section 11464 (a)(4) specifies that children who receive rates pursuant to the new dual agency rate provisions are afforded the same rights to due process as all children who apply for AFDC-FC or AAP benefits, pursuant to W&IC Section 10950. This ACL informs administrative law judges of the supplement to the \$2,006 rate for dual agency children.

Foster care providers, prospective adoptive and adoptive parents must be informed through a NOA of the denial or approval of their request for a supplement and, if applicable, the amount of any supplement to the \$2,006 rate.

In the NOA, counties shall also inform the foster care providers and adoptive parents of their appeal rights pursuant to W&IC Section 10950 and, if requested, provide them with copies of the completed Questionnaire(s) and Eligibility Form.

If you have any questions regarding this letter, please contact the Rates Policy Unit at (916) 324-4873 or me at (916) 657-2614.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

c: CWDA  
CPOC

**SUPPLEMENT TO THE RATE QUESTIONNAIRE**

NAME OF CHILD/YOUTH:	AGE OF CHILD/YOUTH (SUPPLEMENT FOR CHILDREN THREE (3) YEARS OF AGE AND OLDER):
DATE FORM COMPLETED:	DATE OF REQUEST FOR SUPPLEMENT:

This form must be completed by the county child welfare services worker or the adoption worker and regional center coordinator or other regional center representative by telephone, fax, e-mail or mail, followed by a signature from that individual, and followed by a signature from the individual reviewing the document and returned to the county or adoptions district office within ten (10) business days for processing. The county may collect information from other professionals by telephone, fax, e-mail or mail.

For each item 1. (one) through 10. (ten) below, please indicate your response by placing a check mark inside only one of the three boxes provided. For item 11. below, indicate a YES response by placing a check mark in either box (a) or box (b) or indicate a NO or DO NOT KNOW response. Any item with a DO NOT KNOW response from the regional center should be referred to other professionals (*marriage and family therapist, licensed clinical social worker, or other medical, developmental, educational, or mental health professionals*) who have relevant information regarding the condition and needs of the child. Information may be obtained by telephone, fax, e-mail or mail, followed by a signature by the individual reviewing the document, and returned to the county or adoptions district office within ten (10) business days for processing.

Complete the questionnaire to the best of your ability. When responding, keep in mind that the deficits must be beyond what would be expected for the age of the child or youth.

**DEFICITS IN SELF-HELP SKILLS**

1. The child/youth requires constant care and supervision for basic and essential daily care; the child/youth does not independently perform such self-care activities (*e.g.: dressing, eating, toileting, bowel or bladder control, bathing, menstrual care and personal care (such as grooming activities)*).

YES (*If YES, skip 2*)       NO       DO NOT KNOW

COMMENTS:

2. The child/youth requires constant care and supervision in at least one aspect of dressing, eating, toileting, bowel or bladder control, bathing, menstrual care or personal care (*such as grooming activities*).

YES       NO       DO NOT KNOW

COMMENTS:

**IMPAIRMENTS IN PHYSICAL COORDINATION AND MOBILITY**

3. The child/youth is incapable of movement without assistance which includes any of the following: must be turned, unable to sit in a wheelchair, requires special lifting equipment, or requires 24-hour frequent repositioning to prevent decubitus ulcers.

YES (*If YES, skip 4*)       NO       DO NOT KNOW

COMMENTS:

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**IMPAIRMENTS IN PHYSICAL COORDINATION AND MOBILITY - CONTINUED**

4. The child/youth: a) requires use of orthotic or prosthetic devices, or other adaptive equipment, and has limited ability to walk and move independently; b) is mobile only with the aid of special equipment; c) depends upon the use of walkers or wheelchairs; d) requires assistance in transferring to the car, toilet, bath, or bed; or e) has limited use of upper extremities (such as arms, hands, and digits). (*Check YES if the child/youth has any one of the above*).

YES  NO  DO NOT KNOW

COMMENTS:

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**MEDICAL CONDITIONS**

5. The child/youth has an illness or condition that requires the provision of daily care (*e.g.: uncontrolled seizures, apnea episodes several times per day, ventilator, trachea, suctioning required by the caregiver, in-home nursing care, continuous oxygen, feeding tube, dialysis treatment, intravenous medication or therapy, and/or total parenteral nutrition*).

YES (*If YES, skip 6, 7, and 8*)  NO  DO NOT KNOW

COMMENTS:

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6. The child/youth has severe or total impairment in two of the following areas: vision, hearing, or speech.

YES (*If YES, skip 7 and 8*)  NO  DO NOT KNOW

COMMENTS:

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7. The child/youth has a chronic illness or medical condition(s) that requires frequent caregiver involvement in care and monitoring such as: weekly care on a reoccurring basis, special diet, multiple medications/management, increased medical appointments, monitoring on a daily basis, apnea monitor used as a precautionary measure, frequent turning, weekly in-home nursing care, intermittent use of oxygen or use of other respiratory assistance device.

YES  NO  DO NOT KNOW

COMMENTS:

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8. The child/youth has severe or total impairment in one of the following areas: vision, hearing, or speech.

YES  NO  DO NOT KNOW

COMMENTS:

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**DISRUPTIVE or SELF-INJURIOUS BEHAVIOR**

9. The child/youth has severe behavioral outbursts or deficits that have occurred in the last twelve months and presents a significant high-risk of reoccurrence that, due to their severity, require long term intervention (*i.e.: attempted suicide, acts of aggression that result in serious injury or significant property damage, sexually assaultive behavior, and attempted arson*).

YES (*If YES, skip 10 and 11*)       NO       DO NOT KNOW

COMMENTS:

10. The child/youth has severe behavioral outbursts or deficits that occur regularly (*e.g.: daily or several times a week*) that require behavioral intervention. This includes when caregiver intervention is needed to avoid self-injury or injury to others, resulting from the behavioral outbursts or deficits. This also includes children/youth who have severe disruptive behaviors such as: elopement, (*running away*) feces smearing, public urination, property destruction, severe aggression, maladaptive sexual behavior, eating disorders, habitual lying and/or theft, and/or sleep disorders.

YES (*If YES, skip 11*)       NO       DO NOT KNOW

COMMENTS:

11. The child/youth needs monitoring due to severe behavioral outbursts or deficits that are frequent and occur at least once a week or four times a month and require behavioral intervention. This includes when caregiver intervention is needed to avoid self-injury or injury to others, resulting from the behavioral outbursts or deficits. This also includes children/youth who have severe disruptive behaviors such as: elopement (*running away*), feces smearing, public urination, property destruction, severe aggression, maladaptive sexual behavior, eating disorders, habitual lying, theft and/or sleep disorders.

**a)**  YES (*two or more behaviors present*)      **b)**  YES (*one behavior present*)       NO       DO NOT KNOW

COMMENTS:

NAME OF PERSON COMPLETING THE FORM:

DATE:	PHONE NUMBER:
AGENCY NAME:	FAX NUMBER:
Social Services/Adoption/Probation ( <i>circle one</i> )	

ADDRESS:

SIGNATURE:

NAME OF PERSON REVIEWING INFORMATION:

DATE:	PHONE NUMBER:
AGENCY NAME:	FAX NUMBER:

ADDRESS

SIGNATURE:



**SUPPLEMENT TO THE RATE ELIGIBILITY FORM**

NAME OF CHILD/YOUTH:	AGE OF CHILD/YOUTH (SUPPLEMENT FOR CHILDREN THREE (3) YEARS OF AGE AND OLDER):
DATE FORM COMPLETED:	DATE OF REQUEST FOR SUPPLEMENT:

The county child welfare services worker or the adoption worker must complete the following rate chart by circling the number(s) that correspond with all YES answers using the completed Questionnaire(s). A child may be eligible for a supplement to the rate reflected in any of the three boxes below. The supplement to the rate must not exceed one thousand (\$1,000) dollars.

**Rate Chart**

Circle all yes answers	1, 3, 5, 6, 9, 10 Yes answer to any <b>one</b> of the above questions = \$1,000
Circle all yes answers	2, 4, 7, 8 Yes answer to any <b>four</b> of the above questions = \$1,000 Yes answer to any <b>three</b> of the above questions = \$750 Yes answer to any <b>two</b> of the above questions = \$500 Yes answer to any <b>one</b> of the above questions = \$250
	OR
Circle all yes answers	11a, 11b, 2, 4, 7, 8 Yes answer to 11(a) and any <b>one</b> of the above questions = \$1,000 Yes answer to 11(b) and any <b>two</b> of the above questions = \$1,000 Yes answer to 11(b) and any <b>one</b> of the above questions = \$750 Yes answer to 11(a) = \$750 Yes answer to 11(b) = \$500

SUPPLEMENT AMOUNT APPROVED:	EFFECTIVE DATE:
DATE OF APPROVAL:	DATE OF DENIAL:
PRINTED NAME OF PERSON COMPLETING THIS FORM:	

DATE:	PHONE:	FAX:
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AGENCY NAME:

SOCIAL SERVICES/ADOPTION/PROBATION  
(CIRCLE ONE)

ADDRESS:

SIGNATURE:

# SUPPLEMENT TO THE DUAL AGENCY RATE - MULTIPLE QUESTIONNAIRE WORKSHEET

Enter corresponding information from all Questionnaires

NAME OF CHILD/YOUTH:	DATE:
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Questionnaire from Regional Center	Rate Chart
Circle all yes answers	1, 3, 5, 6, 9, 10 OR
Circle all yes answers	2, 4, 7, 8 OR
Circle all yes answers	11a, 11b, 2, 4, 7, 8

**Questionnaire from Other:** \_\_\_\_\_ *(identify other professional)*

	Rate Chart
Circle all yes answers	1, 3, 5, 6, 9, 10 OR
Circle all yes answers	2, 4, 7, 8 OR
Circle all yes answers	11a, 11b, 2, 4, 7, 8

**Questionnaire from Other:** \_\_\_\_\_ *(identify other professional)*

	Rate Chart
Circle all yes answers	1, 3, 5, 6, 9, 10 OR
Circle all yes answers	2, 4, 7, 8 OR
Circle all yes answers	11a, 11b, 2, 4, 7, 8

**Questionnaire from Other:** \_\_\_\_\_ *(identify other professional)*

	Rate Chart
Circle all yes answers	1, 3, 5, 6, 9, 10 OR
Circle all yes answers	2, 4, 7, 8 OR
Circle all yes answers	11a, 11b, 2, 4, 7, 8