**Specialized Care System**

Specialized care is a system that allows a county to pay a rate greater than the basic rate, on behalf of children who receive Aid to Families with Dependent Children-Foster Care (AFDC-FC), who are placed in family homes and require additional care because of health and/or behavior problems. The County of Fresno is one of fifty five counties in California that has a specialized care system. Modoc, Plumas and Sierra Counties have no specialized care system. Each county welfare department is responsible for developing, maintaining and administering their county specific specialized care system. The State is responsible for approving all county proposals to modify or adopt a system.

A foster child may be eligible to receive a specialized care rate if he/she is placed under the authority of:

- a court order, from Juvenile Court for dependency or delinquency
- relinquishment
- voluntary placement agreement
- guardianship

Facilities that may be eligible to receive a specialized care rate on behalf of a foster child are;

- licensed or approved family home
- the certified home of a Foster Family Agency (FFA) **non-treatment** program
- relative
- Non Related Extended Family Member (NREFM)
- Non-Related Legal Guardian (NRLG)

**Out of County Placements**

When a child is placed in a foster home outside of Fresno County, the criteria of the host county and the rates as established by that county will be used in issuing a Specialized Care Increment (SCI). **Form 6247** will be completed using the host county rates. When a current copy of the host county’s SCI rate is not on file with the County of Fresno, the Eligibility Worker (EW) will contact the host county for a copy of their rates. If the host county has no specialized care system, we may pay our own rate, if authorized by the Social Worker (SW).
Specialized Care Increment

A Specialized Care Increment (SCI) may be paid in addition to the basic foster home rate when a child needs special care and an additional amount is requested and appropriate. The SW must evaluate the placement using the appropriate guidelines and will recommend the amount to be paid in each situation.

A monthly supplement may be authorized by the SW and Social Work Supervisor (SWS) for children requiring:

- **Mild** care and supervision. A maximum supplement of $54 per month may be authorized for children requiring mild care and supervision. This rate is commonly referred to as special needs level 1.
- **Moderate** care and supervision. A maximum supplement of $113 per month may be authorized for children requiring moderate care and supervision. This rate is commonly referred to as special needs level 2.
- **Extreme** care and supervision. A maximum supplement of $189 per month may be authorized for children requiring extreme care and supervision. This rate is commonly referred to as special needs level 3.

A monthly supplement may be authorized by the SW, SWS and Specialized Care Assessment Team (SCAT) for children requiring:

- **Intensive** care and supervision. A maximum supplement of $245 per month may be authorized for children requiring intensive care and supervision. This rate is commonly referred to as special needs level 4.
- **Therapeutic** care and supervision. A maximum supplement of $689 per month may be authorized for children requiring therapeutic care and supervision. This rate is commonly referred to as special needs level 5.

Shirley Long, Thomas Jones and Robert Hamilton are the only SWS authorized to approve SCI for levels 1 through 3. If the 6247 is signed by any other SWS it must be initialed by one of the SWS in FPR or the Home Approval Unit named above. A member of SCAT must approve SCI for levels 4 and 5. In the event of an extended absence Child Welfare Services (CWS) will notify Eligibility who may be authorized to sign during an absence.

If the child changes placement prior to the expiration of the SCI, a new 6247 is **not** required for the new placement if SCI is to continue at the same level. If the SCI level has changed a new 6247 will be required. The SCI payment amount must be indicated on line I, box 5 of the SOC158A. If line I, box 5 of the SOC158A is left blank the EW will discontinue the SCI payment.

Social Worker Responsibilities

When a child is placed, the SW will evaluate/reevaluate the need for specialized care, and if the evaluation indicates an SCI is to be paid, complete a 6247 Specialized Care and Clothing Supplement Request and Authorization. Such an evaluation is not limited to the point of placement but can be made when further information provided by the foster parent warrants consideration.
The SW will enter a summary of why the special supplemental rate is needed and the level of care and supervision in the appropriate section of the 6247.

The SW will indicate the amount of the special need to be allowed on the 6247 and the effective date of the special need allowance.

The SW will indicate a review date no more than twelve months from the effective date. If the review date is left blank the EW may fill in the expiration date as 12 months from the effective date or the last day of the month, not exceeding twelve months.

The SW will complete the 6247 in triplicate and obtain necessary signatures for approval. All three copies will be sent to the Eligibility Worker (EW).

**Eligibility Worker Responsibilities**

One month prior to the review date the EW will send an email to Shirley Long, and Jennifer Brown in FPR, with a cc to the SW case manager, informing them of the date the review is needed. A NOA will be sent to the provider with at least 10 days notice prior to the discontinuance of the supplemental payment.

The SW will determine if the need still exists and if so, will send a 6247 signed by the SW, SWS and SCAT, if appropriate, to the EW to reauthorize the supplemental payment.

The EW will issue payment or ensure payment continues by completing the Display Case Special Need Payment window in CalWIN. Ongoing workers will complete a case alert in CalWIN for the month before the SCI expires. Intake and ongoing workers will complete the Foster Care Case Alert Flag prior to transferring a case with SCI.

The EW will send an allow notice to the care provider.

The EW will complete the eligibility portion of the 6247. The white copy will be sent to the SW, the yellow copy will be filed in the eligibility case file under Service Payments and the pink copy will be sent to the Office Assistant (OA) in FPR. If the EW does not receive a NCR form in triplicate, the EW will make copies of the single sheet 6247. The original will be sent to the SW case manager. A copy will be sent to the OA in FPR and a copy retained in the eligibility case file.

If the EW does not receive a new authorization form from the SW by the review deadline, the supplemental amount will be discontinued. The EW must run EDBC and authorize the case to generate the NOA and discontinue the supplement.

**How to in CalWIN**

- [FC202 Special Care Increment](#)
- [Sending a User to Case Alert](#)
SCATeam Process for Specialized Care Increments (SCI)

The current process for Initial and Renewal of SCI is as follows:

**Initial SCI Level 1-3 SCI:**
The county social worker (SW) is to assess the special needs of the child using the Special Needs Matrix. The Special Needs Matrix is not exhaustive as to all special needs. It does however provide a framework that the SW can use to compare the specific special needs of their child to the special needs identified by the Special Needs Matrix.

If the SW believes the child meets the criteria for a SCI as described by the Special Needs Matrix the SW completes a 6247 (Specialized Care and Clothing Supplement Request and Authorization) marking it as an initial request. The SW identifies on the 6247 in the area “Special Supplement is being requested because:” the specific special need(s) of the child and then attaches supporting documentation as needed.

The SW signs the 6247 and submits the form to their supervisor (SWS). If the SWS supports the request the SWS signs the 6247 and forwards the 6247 to Foster Parent Resources, SCATeam.

Once the signed (by both the SW and SWS) 6247 is received, it is reviewed for completeness. Then the FPR SWS (or currently SWP Rodger Gaskin) counter signs the 6247 for the purpose of showing it is being tracked. The 6247 is then given to the FPR office assistant (OA) who enters the SCI into the Case Management System (CMS) and creates a new SOC158. The SOC158 is then logged and forwarded to Eligibility where the process is completed and payment is sent to the resource family.

**Renewal of SCI Level 1-3:**
Prior to the expiration of an SCI, Eligibility will send an E-mail to the case managing SW and to FPR to alert them of the approaching expiration of the SCI.

The SW then reassesses the functioning of the child to determine if the child continues to meet the criteria for SCI levels 1-3. If the SW believes the child continues to meet the criteria for the SCI the SW will follow the process outlined above and mark the 6247 as a Renewal.

**Initial SCI Level 4-5:**
The county social worker (SW) is to assess the special needs of the child using the Special Needs Matrix. If the SW believes the child meets the criteria for a SCI Level 4 or 5 as described by the Special Needs Matrix the SW will complete a 6247 (Specialized Care and Clothing Supplement Request and Authorization) marking this is an initial request. The SW identifies on the 6247 in the area “Special Supplement is being requested because:” the specific special need(s) of the child. The SW then attaches to the 6247 documentation (e.g. HEP, Letters from MD/MH Therapist/Teacher-Ed provider, Memo from SW, IEP, etc.) that supports the requested SCI level.
The SW signs the 6247 and submits the form with the supporting documentation to their supervisor (SWS). If the SWS supports the request the SWS signs the 6247 and forwards the 6247 to Foster Parent Resources, SCATeam.

Upon receiving the 6247 Packet the SCATeam reviews the request using the Special Needs Matrix. If the SCATeam approves the request the FPR SWS (or at this time the Program Manager over FPR) authorizes the request by signing the 6247. The 6247 is then given to the FPR OA who will enter the SCI into CMS and create a new SOC158. The SOC158 is logged and submitted to Eligibility who will make payment to the resource family.

**Renewal SCI Level 4-5:**
Prior to the expiration of an SCI, Eligibility will send an E-mail to the case managing SW and to FPR to alert them of the approaching expiration of the SCI.

The SW then reassesses the functioning of the child to determine if the child continues to meet the criteria for SCI levels 4 or 5. The SW must collect current information/documentation to assess the child’s functioning. If the SW believes the child continues to meet the criteria for the SCI the SW will follow the process outlined above for SCI Level 4-5.

**Denial of SCI Level 4-5**
The SCATeam does not review or deny requests for SCI Level 1-3. By signing the 6247 the SWS for the case approves the requested SCI level.

If a request for a SCI Level 4 or 5 is denied, the SW is sent an E-mail alerting the worker to the reason why the request was denied. Additionally, the SCATeam may suggest a more appropriate SCI level given the documentation provided. The worker is encouraged to resubmit the request if they have additional material they believe will support the requested level.
<table>
<thead>
<tr>
<th>Category A Competencies</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Level V</th>
</tr>
</thead>
</table>
| Medically Fragile Children | 1. Sickle Cell Anemia  
Care provider must demonstrate knowledge, care and control of disease and intervention strategies. | 1. Respiratory  
Demonstrate effective use of nebulizers and breathing treatments for the maintenance of respiratory problems. | 1. Drug Exposed Infant (DEI)  
Care provider must demonstrate a general knowledge of drug / alcohol signs and symptoms and techniques for the care of the drug exposed infant. | 1. Physical Therapy  
Occupational therapy and/or feeding therapy. The care provider must participate in and perform prescribed home therapy program. | 1. Tracheotomy  
Care provider must demonstrate the ability to care for change and suction a tracheotomy tube. They must also be proficient in identifying potential problem areas as they relate to inflections, as well as the importance of sterilization techniques to prevent infection. |
|                         | 2. Medications  
Care provider must demonstrate ability to properly measure medications with a clear understanding of appropriate dosages (i.e. cc’s, mls, tenths of cc’s or mls) and the importance of timely administration of medications. | 2. Diabetes  
The care provider must demonstrate knowledge, care and control of the disease and appropriate intervention techniques (i.e. Medication, diet, blood sugar levels, etc.) | 2. Apnea Monitor  
Demonstrate the proper use belts, lead wires, and proper cleaning techniques. Show knowledge of what the alarms mean and appropriate intervention strategies. | 2. Oxygen (O2)  
The care provider must demonstrate knowledge of causes of oxygen dependency and recognize symptoms of requiring more or less oxygen. | ** The Care Provider must have successfully achieved certificates at Levels I, II, III, & IV. |
|                         | 3. Respiratory  
Care provider must be able to recognize respiratory difficulties and assess the need for prescribed medications plus inhalers for stabilized asthmatics. | 3. Seizure Disorder (Abnormal EEG)  
The care provider must demonstrate knowledge care and control of the disease and intervention strategies (i.e. Medications, seizure precautions, etc) | 3. Tube Feeding  
The care provider must demonstrate the ability and understanding of tube feedings (NG, GT, OG). Also techniques such as tube placement. The care provider must also be able to properly operate a Kangaroo Feeding Pump. | 3. Hemophiliac Training and Precautions  
** The Care Provider must have successfully achieved certificates at Levels I, II, III, & IV. | ** The Care Provider must have successfully achieved certificates at Levels I, II, III, IV, & V. |
|                         | 4. AIDS  
The care provider must complete required DCFS AIDS training. | 4. Fetal Alcohol Syndrome / Fetal Alcohol Effect  
Demonstrate a clear understanding of FAS & FAE, it etiology characteristics, and management techniques. | 4. Chest Physical Therapy (CPT) Training | 4. Colostomy / Ileostomy  
Care provider training will be as child specific as needed. | ** The Care Provider must have successfully achieved certificates at Levels I, II, III, & IV. |
|                         | 5. Medical Terminology  
The care provider must become familiar with common medical terminology. | 5. Injection Training | 5. Injection Training | ** The Care Provider must have successfully achieved certificates at Levels I, II, III, & IV. | ** The Care Provider must have successfully achieved certificates at Levels I, II, III, IV, & V. |

** The Care Provider must have successfully achieved certificates at Levels I & II.
**Category A Payment Level Criteria – Medically Fragile Children**

<table>
<thead>
<tr>
<th>Category A Medically Fragile Children</th>
<th>Level I ($54)</th>
<th>Level II ($113)</th>
<th>Level III ($189)</th>
<th>Level IV ($245)</th>
<th>Level V ($689)</th>
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</thead>
<tbody>
<tr>
<td><strong>Conditions should include but not be limited to the following:</strong></td>
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<tr>
<td>1. Drug exposed history or positive toxicology screen.</td>
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<td>2. Long Term prescription medications (medication needed on a daily basis for a period of 1 or more months).</td>
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<td>3. Respiratory Difficulties (Asthma, Cystic Fibrosis, Reactive Airway Disease, Premature Respiratory Distress Syndrome, Respiratory Distress Syndrome, Bronchopulmonary Dysplasia)</td>
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<td>4. Failure to Thrive neglect vs. Inborn Error of Metabolism.</td>
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<td>5. Diabetes</td>
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<td>6. Heart Disease</td>
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<td>7. Hemophilia</td>
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<td>8. Oncology (Cancer)</td>
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<td>9. HIV-AIDS</td>
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<td>10. Seizures</td>
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<td>11. Organ Failure, Transplant Candidate</td>
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<tr>
<td>12. Sickle Cell Anemia</td>
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</table>

**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.**

1. 1-2 appointments per month not including routine dental or physical examinations.  
2. Long Term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short term antibiotics.  
3. Mild breathing difficulties requiring prescription medications with close supervision.  
4. Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)  
5. Seizure disorder (Abnormal EEG, medication required for seizure activity)  
6. Heart disease requiring close monitoring no intervention special treatments or diet.  
7. HIV positively clinically well  
8. Fetal Alcohol Effect or Exposure (FAE)  

2. 3-4 appointments per month not including routine dental or physical examinations.  
3. Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.  
4. Diabetes with special diet – no insulin or medication needed.  
5. Failure to thrive due to mild feeding difficulties  
6. Seizure disorder (Abnormal EEG, medication required for seizure activity)  
7. Heart disease requiring close monitoring no intervention special treatments or diet.  
8. HIV positively clinically well  
9. Fetal Alcohol Effect or Exposure (FAE)  
10. Sickle Cell – SB Thal Moderate Symptoms  
11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc)  

3. 5-6 appointments per month not including routine dental or physical examinations.  
4. Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties)  
5. Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties)  
6. Apnea monitor required (when discontinued, rate to be reduced to appropriate level)  
7. Moderate feeding difficulties requiring therapy or special feeding techniques.  
8. Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers) CPT (Chest Physical Therapy) on a daily basis.  
9. Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.  
10. Tube feedings (i.e. GI, OG, NGO, Bolus feedings or continuous feedings (12 hours or less per day)  
11. Hemophilia requiring close monitoring to prevent injury  
12. Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc)  
13. Sickle Cell SC, Severe Symptoms  

4. 7-8 appointments per month not including routine dental or physical examinations.  
5. AIDS – Asymptomatic, stable  
6. FAS with moderate to severe complications (verifiable medical diagnosis)  
7. Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or bi-weekly therapy sessions.  
8. Severe feeding problems, excessive crying, sleep disruptions, etc, due to alcohol/drug exposure  
9. Seizure disorder requiring close monitoring and multiple medications to control.  
10. Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers)  
11. Diabetes with special diet requiring prescription medications with close monitoring and multiple medications to control.  
12. Sickle Cell SC, Severe Symptoms  
13. Sickle Cell SS, Extreme Symptoms Life Threatening  

5. 9 or more appointments per month not including routine dental or physical examinations.  
6. Symptomatic AIDS with complications  
7. Extensive involvement with physicians due to multiple complications  
8. Tracheotomy  
9. Diabetes same as level IV except child is non-compliant with prescribe program. Requires extremely close monitoring and supervision.  
10. Tube feeding in excess of 12 hours per day.  
11. Broviac line  
12. Colostomy ileostomy  
13. Child receiving chemotherapy  
14. Sickle Cell SS, Extreme Symptoms Life Threatening
## Category B Competencies - Physically Challenged Children

<table>
<thead>
<tr>
<th>Category B Competencies</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Level V</th>
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</thead>
<tbody>
<tr>
<td>Physically Challenged Children</td>
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<tr>
<td>1. Cerebral Palsy</td>
<td>Care provider must demonstrate knowledge and clear understanding of diagnosis and provide appropriate care and treatment if indicated / prescribed.</td>
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<tr>
<td>2. Brain Injury</td>
<td>Care provider must demonstrate knowledge and clear understanding of diagnosis and provide appropriate care and treatment if indicated / prescribed.</td>
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<tr>
<td>3. Bracing Equipment</td>
<td>Care provider must be able to identify problems relating to any type of bracing equipment (i.e. improper fit, pressure sores, etc.) and obtain needed services to correct problems.</td>
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<td>4. Scoliosis</td>
<td>Care provider must be knowledgeable about scoliosis and the importance of follow through with regard to daily exercise or other prescribed treatment (i.e. Surgical intervention).</td>
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<td>1. Shunts</td>
<td>Care provider must demonstrate a clear understanding of what a shunt is, why it was placed, how it functions, and signs &amp; symptoms of shunt dysfunction. Care provider must also know what to do if a dysfunction occurs.</td>
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<tr>
<td>2. Visual Impairment</td>
<td>Care provider must be willing to follow through with prescribed daily treatment plan (i.e. Daily eye patches, long-term eye drops, etc.). Care providers must also follow through with all follow up ophthalmology appointments and therapy sessions in a time manner.</td>
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<td>3. Hearing Impairment</td>
<td>Care provider must demonstrate clear understanding of the usage of hearing aids and their upkeep (i.e. battery change etc.)</td>
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<td>4. Burns</td>
<td>Care provider must be able to demonstrate sterile dressing changes and the importance of following through with the prescribed treatment plan (i.e. Daily sterile dressing changes, medical appointments, specialized bandaging). Must also demonstrate a clear understanding of the 1st, 2nd, &amp; 3rd degree burns and treatment procedures.</td>
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<tr>
<td>1. Cleft Lip / Palate</td>
<td>Care provider must demonstrate the ability to perform any required special feeding techniques. Must also be able and willing to attend numerous medical appointments and support potential surgical procedures.</td>
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<tr>
<td>2. Visual / Hearing Impaired</td>
<td>In addition to completing required training at Level I, care provider must be willing and able to adapt the home environment to accommodate the individual needs of the child.</td>
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<tr>
<td>2. Cerebral Palsy / Physical Disabilities</td>
<td>In addition to completing required training at Level I, care provider must receive interaction in any / all adaptive equipment that is child specific.</td>
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<tr>
<td>3. Signing Ability</td>
<td>Care providers of minors who are hearing impaired if necessary for a specific child.</td>
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</tr>
<tr>
<td>1. All Conditions</td>
<td>Listed in level V should be considered severe and will require an extraordinary amount of time and specialized training. Each child will have an individualized treatment plan which the care provider will be required to participate in and follow through with as prescribed.</td>
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<tr>
<td>2. Appointments</td>
<td>Care providers must be willing to be involved with various physicians and numerous medical and / or therapy sessions as required by the individualized treatment plan.</td>
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</tbody>
</table>
## Category B Payment Level Criteria

### Category B Physically Challenged Children

Conditions should include but not be limited to the following:

1. Diagnosis of Cerebral Palsy (CP)
2. Brain Injury (abuse or accidental)
3. Visually impaired (birth, abuse, or accidental)
4. Hearing impaired (birth, abuse, or accidental)
5. Cleft lip and/or palate
6. Other physical disability or injury requiring surgical intervention for partial or complete correction
7. Orthopedic abnormalities (birth or abuse) (i.e. scoliosis)
8. Severe burns

<table>
<thead>
<tr>
<th>Level I ($54)</th>
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<th>Level III ($189)</th>
<th>Level IV ($245)</th>
<th>Level V ($689)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 1-2 appointments per month not including routine dental or physical exams.</td>
<td>1. 3-4 appointments per month not including routine dental or physical exams.</td>
<td>1. 5-6 appointments per month not including routine dental or physical exams.</td>
<td>1. 7-8 appointments per month not including routine dental or physical exams.</td>
<td>1. 9 or more appointments per month not including routine dental or physical exams.</td>
</tr>
<tr>
<td>2. Mild Cerebral Palsy requiring minimal additional assistance.</td>
<td>2. Moderate Cerebral Palsy requiring minimal additional assistance.</td>
<td>2. Cleft lip requiring surgical intervention and special feeding assistance.</td>
<td>2. Visual or hearing impaired requiring care provider assistance with daily living activities and/or adaptive home environment.</td>
<td>2. Combined cleft lip/palate.</td>
</tr>
<tr>
<td>3. Minimal brain injury requiring minimal additional observations and guidelines. No shunt required.</td>
<td>3. Moderate brain injury with stable shunt requiring no medical intervention.</td>
<td>3. Physical abnormalities requiring medical intervention.</td>
<td>3. Severe Cerebral Palsy or physical disability requiring adaptive equipment (ambulatory)</td>
<td>3. Severe Cerebral Palsy or physical disability requiring adaptive equipment requiring extensive assistance with daily care (non-ambulatory).</td>
</tr>
<tr>
<td>4. Visual/Hearing condition is stable and infrequent intervention is needed.</td>
<td>4. Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, bathing, etc.</td>
<td>4. 2nd degree burns requiring daily dressing changes. Generally will apply to a child under 7.</td>
<td>4. Severe brain injury requires total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident etc.)</td>
<td>4. Severe brain injury requires total assistance with daily living.</td>
</tr>
<tr>
<td>5. Minimal bracing equipment is needed (i.e. AFO’s).</td>
<td>5. Hearing impairment requiring minimal assistance with daily living (i.e. Eye drops or eye patches).</td>
<td>5. Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.</td>
<td>5. Visually impaired requiring total assistance with daily living.</td>
<td>5. Visually impaired requiring total assistance with daily living.</td>
</tr>
<tr>
<td><strong>If three (3) or more of the conditions listed above exist, rate will be increased to the next higher rate.</strong></td>
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</tr>
</tbody>
</table>

### 1/25/2010

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**Special Needs Matrix**
### Category C Competencies - Developmental Delays and/or Disabilities

<table>
<thead>
<tr>
<th>For all levels:</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Level V</th>
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<tbody>
<tr>
<td>Care providers must complete required training and demonstrate a knowledge and clear understanding of:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Drug and/or alcohol exposure</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Syndromes resulting in developmental disability (i.e. Down’s Syndrome, Shaken Baby Syndrome, Tourette's Syndrome)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Intraventricular Hemorrhage (IVH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Hydrocephalic, Acephalic, Microcephalic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Brain Trauma (abuse or accidental)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Encephalitis, Meningitis, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Learning Disabled (i.e. Educational abilities do not match potential)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. ADHD-ADD and their relationship to levels of developmental disabilities. The care provider must also have a working knowledge of available agencies and how to obtain their services (i.e. CVRC, Lori Ann, CCS, EPU, Elks, Shriners, etc.). Must also include child specific training.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Category C Payment Level Criteria - Developmental Delays and/or Disabilities

<table>
<thead>
<tr>
<th>Level I ($54)</th>
<th>Level II ($113)</th>
<th>Level III ($189)</th>
<th>Level IV ($245)</th>
<th>Level V ($689)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mild learning disability / delay resulting from educational neglect or prolonged illness.</td>
<td>1. Moderate learning delay / disability requiring daily care provider assistance.</td>
<td>1. Moderate learning delay / disability requiring daily care provider assistance.</td>
<td>1. Severe learning delays requiring extensive daily assistance from the care provider (i.e. Homework, involvement with teachers and/or psychologist).</td>
<td>1. Severe learning disabilities / delays requiring extensive daily assistance from the care provider &amp; secondary behavior problems requiring assistance from a behavioralist.</td>
</tr>
<tr>
<td></td>
<td>2. Mild mentally retarded (IQ 50-65)</td>
<td>2. Mild mentally retarded (IQ 50-65) with behavior problems.</td>
<td>2. Moderate to severe mental retardation (IQ 20-50). CVRC client documentation required from CVRC SW.</td>
<td>2. Profound mental retardation (IQ below 20). Multiple impairments, less than 18 months developmentally, non-ambulatory. CVRC client documentation required from CVRC SW.</td>
</tr>
<tr>
<td></td>
<td>3. ADD as diagnosed by a physician. Behavior modification required but no medication prescribed.</td>
<td>3. CVRC client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or CVRC social worker.</td>
<td>3. ADHD as diagnosed by a physician. Behavior modifications prescribed with close monitoring and follow through by the care provider. Prescribed medications needed for partial or full control of symptoms (child specific).</td>
<td>3. ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. ADD as diagnosed by a physician. Behavior modification needed in conjunction with prescribed daily medication.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Children with any of the above disabilities and also diagnosed with a Low Incident Disability (blind, deaf, orthopedically impaired) will be increased to the next higher level.**
### Category D Competencies - Emotional Disturbances

For all levels:
- Care providers must attend and complete required training and demonstrate knowledge of a wide variety of behaviors that may be indicative of the Emotionally Disturbed Child.
- Care providers must also have a working knowledge of intervention strategies and techniques and medication techniques (i.e., Psychotropic medications, sedatives, stimulants, etc.).
- Care providers will also have knowledge of available resources and how to access appropriate services. They must also display a willingness to follow through with the prescribed treatment plan and/or behavior management plan.

### Category D Payment Level Criteria - Emotional Disturbances

<table>
<thead>
<tr>
<th>Level I ($54)</th>
<th>Level II ($113)</th>
<th>Level III ($189)</th>
<th>Level IV ($245)</th>
<th>Level V ($689)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child exhibits mild disruptive behaviors which occasionally places self and/or other minors at risk. Close supervision is necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision by the care provider and increased follow up by the therapeutic provider. <strong>If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</strong></td>
<td>The child exhibits behaviors which frequently places self and/or others at risk. Close supervision is necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision. Disruptive behavior can place care provider and increased follow up by the therapeutic provider. <strong>If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</strong></td>
<td>Child exhibits behaviors that place self and others at risk when not supervised and monitored. Behaviors are notably disruptive to the entire household and require significant time and skills to stabilize. Psychotropic medications are frequently prescribed at this level and the monitoring is needed. High level of counseling and mental health follows up. More than 4 monthly visits to counselors and health providers other than routine visits. Excessive anti-social behaviors that limit social interaction without close supervision. <strong>If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</strong></td>
<td>Same as level III with these additional factors: The child is at very high risk to self and/or others. Behaviors are disruptive to household, school and in other social interactions. Stabilization of disruptive behaviors, special intervention and discipline strategies. Care provider should have special training and participate in counseling with the minor to accomplish this. 601 behaviors frequently exhibited at this level. Chronic resistance to behavior modification strategies. Personal property of others in the home at high risk. Excessive anti-social behaviors which strictly limit unsupervised social interaction. <strong>If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</strong></td>
<td>Consistent with level IV characteristics. In addition, therapeutic plan is required to address the minor’s disruptive, dangerous, and high risk behaviors. Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. 601 and 602 behaviors can exhibit themselves at this level. Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. Minors at this level are candidates for group home placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.</td>
</tr>
</tbody>
</table>

### Category E Competencies - Eneurisis/Encopresis (Wetting/Soiling)

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>Level V</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or 3 times per week</td>
<td>4 to 10 times per week</td>
<td>2 or more times per day</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Fresno County Foster Care Rates

**July 1, 2010**

#### Basic Rates for AFDC-FC and Kin-GAP

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>$446</td>
</tr>
<tr>
<td>5-8</td>
<td>$485</td>
</tr>
<tr>
<td>9-11</td>
<td>$519</td>
</tr>
<tr>
<td>12-14</td>
<td>$573</td>
</tr>
<tr>
<td>15-19</td>
<td>$627</td>
</tr>
</tbody>
</table>

#### Specialized Care Increments*

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Mild</td>
<td>$54</td>
</tr>
<tr>
<td>2) Moderate</td>
<td>$113</td>
</tr>
<tr>
<td>3) Extreme</td>
<td>$189</td>
</tr>
<tr>
<td>4) Intensive</td>
<td>$245</td>
</tr>
<tr>
<td>5) Therapeutic</td>
<td>$689</td>
</tr>
</tbody>
</table>

* Allow up to 12 months at a time

#### Infant Supplement

<table>
<thead>
<tr>
<th></th>
<th>FFH and FFA Homes</th>
<th>Group Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>$411</td>
<td>$890</td>
</tr>
</tbody>
</table>

#### Clothing Allowance

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Special</th>
<th>State Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$276</td>
<td>$276</td>
<td>$100</td>
</tr>
</tbody>
</table>

(No Group Homes)

### Basic Plus Specialized Foster Care Rates

*Effective January 1, 2008*

<table>
<thead>
<tr>
<th>AGE</th>
<th>0-4</th>
<th>5-8</th>
<th>9-11</th>
<th>12-14</th>
<th>15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC RATE</td>
<td>$446</td>
<td>$485</td>
<td>$519</td>
<td>$573</td>
<td>$627</td>
</tr>
</tbody>
</table>

**Grant Amount with Specialized Care Supplemental Added**

| LEVEL I    | Basic + Mild ($54) | $500       | $539     | $573    | $627    | $681    |
| LEVEL II   | Basic + Moderate ($113) | $559       | $598     | $632    | $686    | $740    |
| LEVEL III  | Basic + Extreme ($189) | $635       | $674     | $708    | $762    | $816    |
| LEVEL IV   | Basic + Intensive ($245) | $691       | $730     | $764    | $818    | $872    |
| LEVEL V    | Basic + Therapeutic ($689) | $1135      | $1174    | $1208   | $1262   | $1316   |

### Rates for Regional Center – Dual Agency Children

*Effective July 1, 2007 (for placements in vendorized homes, refer to PPG 45-02-004)*

<table>
<thead>
<tr>
<th>AGE</th>
<th>PROGRAM</th>
<th>RATE</th>
<th>ELIGIBLE TO SUPPLEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years, 11 mo</td>
<td>Early Start Intervention</td>
<td>$898</td>
<td>NO</td>
</tr>
<tr>
<td>0-2 years, 11 mo</td>
<td>Developmental Disability</td>
<td>$2006</td>
<td>NO</td>
</tr>
<tr>
<td>3-19</td>
<td>Developmental Disability</td>
<td>$2006</td>
<td>YES**</td>
</tr>
</tbody>
</table>

### Dual Agency Supplement

*Effective July 1, 2007*

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$750</td>
</tr>
<tr>
<td>Level 2</td>
<td>Level 4</td>
</tr>
<tr>
<td>$500</td>
<td>$1000</td>
</tr>
</tbody>
</table>
### RATES for FOSTER FAMILY AGENCIES (FFA)
**Effective January 1, 2010**

<table>
<thead>
<tr>
<th>AGE</th>
<th>Non-Treatment</th>
<th>Treatment***</th>
<th>Intensive Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>$373</td>
<td>$1,430</td>
<td>Level A: $4,028</td>
</tr>
<tr>
<td>5-8</td>
<td>$405</td>
<td>$1,483</td>
<td>Level B: $3,695</td>
</tr>
<tr>
<td>9-11</td>
<td>$431</td>
<td>$1,527</td>
<td>Level C: $3,349</td>
</tr>
<tr>
<td>12-14</td>
<td>$480</td>
<td>$1,608</td>
<td>Level D: $3,023</td>
</tr>
<tr>
<td>15-19</td>
<td>$522</td>
<td>$1,679</td>
<td>Level E: $2,687</td>
</tr>
</tbody>
</table>

*** Creative Alternatives 0-4 $1437.00, Families First 0-19 $1,867.00

### GROUP HOMES
**Effective July 1, 2010**

<table>
<thead>
<tr>
<th>RCL</th>
<th>RATE</th>
<th>RCL</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,118</td>
<td>8</td>
<td>$5,809</td>
</tr>
<tr>
<td>2</td>
<td>$2,646</td>
<td>9</td>
<td>$6,335</td>
</tr>
<tr>
<td>3</td>
<td>$3,174</td>
<td>10</td>
<td>$6,863</td>
</tr>
<tr>
<td>4</td>
<td>$3,700</td>
<td>11</td>
<td>$7,388</td>
</tr>
<tr>
<td>5</td>
<td>$4,224</td>
<td>12</td>
<td>$7,917</td>
</tr>
<tr>
<td>6</td>
<td>$4,754</td>
<td>13</td>
<td>$8,450</td>
</tr>
<tr>
<td>7</td>
<td>$5,281</td>
<td>14</td>
<td>$8,974</td>
</tr>
</tbody>
</table>

### WRAPAROUND SB163
**Effective July 1, 2010**

<table>
<thead>
<tr>
<th>At Risk Level</th>
<th>RCL</th>
<th>State</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 11</td>
<td>10.5</td>
<td>$7,126</td>
<td>$3,121</td>
</tr>
<tr>
<td>12 to 14</td>
<td>13</td>
<td>$8,450</td>
<td>$3,701</td>
</tr>
</tbody>
</table>

### Minimum Basic Standard of Adequate Care (MBSAC) levels as of July 16, 1996
**ACL 98-01**

<table>
<thead>
<tr>
<th>Assistance Unit Size</th>
<th>185% of MBSAC</th>
<th>MBSAC</th>
<th>185% of MBSAC</th>
<th>MBSAC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Column A on FC3A</td>
<td>Column B on FC3A</td>
<td>Column A on FC3A</td>
<td>Column B on FC3A</td>
</tr>
<tr>
<td>1</td>
<td>$656</td>
<td>$355</td>
<td>$2036</td>
<td>$1101</td>
</tr>
<tr>
<td>2</td>
<td>$1078</td>
<td>$583</td>
<td>$2236</td>
<td>$1209</td>
</tr>
<tr>
<td>3</td>
<td>$1337</td>
<td>$723</td>
<td>$2436</td>
<td>$1317</td>
</tr>
<tr>
<td>4</td>
<td>$1587</td>
<td>$858</td>
<td>$2641</td>
<td>$1428</td>
</tr>
<tr>
<td>5</td>
<td>$1811</td>
<td>$979</td>
<td>$2869</td>
<td>$1551</td>
</tr>
</tbody>
</table>

****More than 10 add $25.00 per person to the 185% rate and $14.00 per person to the MBSAC rate

### Emergency Assistance 200% Median Family Income Limit
**ACL 05-38**

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 14, 2010</td>
<td>$142,000</td>
</tr>
<tr>
<td>March 19, 2009</td>
<td>$140,800</td>
</tr>
</tbody>
</table>
SPECIALIZED CARE AND CLOTHING SUPPLEMENT REQUEST AND AUTHORIZATION

TO EW:

SOCIAL WORKER NAME: ________________________________ WORKER NO: ____________ EXT: ____________

DATE OF REQUEST: ________________________________ INITIAL ( ) RENEWAL ( )

CHILD’S NAME: ________________________________ DOB: ____________ AGE: ____________

CASE NAME: ________________________________ CASE NUMBER: ________________________________

FOSTER PARENT NAME: ________________________________

LICENSE NUMBER: ________________________________ PHONE NUMBER: (   )

FOSTER PARENT ADDRESS: ________________________________

EFFECTIVE DATE OF RATE: ________________________________

SPECIALIZED CARE SUPPLEMENT REQUIRED (Refer to Specialized Care Supplement PPG)

1. ( ) $______ Child requires mild special care and supervision.
2. ( ) $______ Child requires moderate special care and supervision.
3. ( ) $______ Child requires extreme special care and supervision.
4. ( ) $______ Child requires intensive special care and supervision.**
5. ( ) $______ Child requires therapeutic special care and supervision.**

**Intensive and therapeutic levels of care must be approved by Specialized Care Assessment Team (SCAT) and a “Needs Assessment” packet must be attached for review by team.

Approved ( ) Adjusted ( ) $______ Denied ( )

To be reviewed which is Month(s) from allow date.

________________________________________ To be completed by EW: ____________ Date Paid ____________

SCAT Authorization Signature EW Signature ________________________________

INFANT SUPPLEMENT FOR FOSTER CHILDREN AND FOSTER CHILDREN WITH A CHILD

( ) Minor has _____ Child(ren), pay infant supplement(s).
(Minor must complete a CA2.1 and CA2.1Q on each child(s) absent parent before supplement can be issued).

CLOTHING ALLOWANCE SUPPLEMENT (Not to exceed maximum allowance)

( ) INITIAL $______ ( ) SPECIAL $______

Special Supplement is being requested because:

________________________________________

________________________________________

________________________________________

________________________________________

SW/PO Signature and Date SWS/PSM Signature and Date

6247 4/6/01* R2

White: CPS/PO Case Yellow: Eligibility Pink: Business Office
FOSTER PLACEMENT REQUEST

IF NOT COMPLETED, PLACEMENT MAY BE DELAYED OR WILL NOT OCCUR

Date submitted to FPR:  TDM (date / time):

1. County Foster Home Placement □  SOCIAL WORKER/CASE MANAGER
2. Specialized Placement
   Foster Family Agency □  Group Home □  Name: Ph#:  
   Cell #: District #:
   Supervisor: Ph#:  
   Cell #:  

Documents Needed for FFA and Group Home Placements
  □ IEP  □ ASI  □ Quarterly Reports  □ Therapist Reports  □ Psychological Reports
  □ Minute Order for placement, medical consent, etc. (All Requests)  □ Psychiatric Discharges

Date Placement is needed (Specific date):

If 7-day-notice given, when (date)?
Has child been certified by Mental Health for a level 13 or 14 Group Home Placement?  Yes □  No □
Can child be placed with probation minor?  Yes □  No □
If yes, please complete the Certification of Commonality of Needs (6279).
CASA involved?  Yes □  No □  Name & Ph#

CHILD IDENTIFYING INFORMATION

Name:
Case Number: Case Name:
Gender: DOB: Age: Ethnicity:
Child’s Language: Bilingual: Yes □  No □
Bio-parents Language: Mother: Bilingual: Yes □  No □  Father: Bilingual: Yes □ No □
Other languages spoken in the bio-family home: Specify
Name of Current Caretaker: Relationship:
Complete Address: Phone#
Is child moving from a regular foster home to an FFA or Group Home?

MINOR MOTHER
Is Minor a Mother: Yes □  No □
Is (non-dependent) child to be placed with Minor Mother?  Yes □  No □
If yes, does child have any behavior or health issues (explain):
Name of child(ren): Gender: Age:

COURT STATUS/CASE STATUS

Next Court Date: Type of Hearing:
Case is in what Program: ER □  FR □  PPLA □  Assessment and Adoptions □

TDM (Required for any placement change):
Has TDM been scheduled? Yes □  No □
Has TDM been held? Yes □  No □  Outcome:
**PLACEMENT HISTORY**
*Print out placement history from CWS (print Child’s Placement History)*
Is need for a new placement related to the child’s behavior/action? Yes ☐ No ☐
*Must be explained:*
* What efforts have been made to prevent the minor from leaving this placement?
When did the child come into the system? ☐ Number of placement moves in the last year?
Reason for Initial Placement: ☐ Zip Code at time of initial removal (bio-parents / guardian):
☐ Physical ☐ Emotional ☐ Sexual ☐ Neglect ☐ Abandonment ☐ Other:
Siblings in placement: Yes ☐ No ☐ Where? ☐ Can siblings be placed together? Yes ☐ No ☐
If no, explain:
No siblings ☐

**ISSUES / PREFERENCE OF MINOR REGARDING PLACEMENT:**
Ethnicity: ☐ No known issues
Minor does not want: African American ☐ Caucasian ☐ Hispanic ☐ Asian ☐ Other ☐
Prefers: African American ☐ Caucasian ☐ Hispanic ☐ Asian ☐ Other ☐
Minor’s preference regarding prospective Foster Parents:
☐ Heterosexual ☐ Homosexual (Gay) (Lesbian) ☐ Bisexual ☐ Transgender
☐ Unmarried Care Providers living together ☐ No known or shared issues

**CURRENT PLACEMENT SERVICES:**
☐ Minor currently receiving SB 163 services: Specify:
☐ Minor currently receiving SB 969 services: Specify:
☐ Minor Currently receiving Therapeutic Behavioral Services (TBS): Specify:

**LOCATION OF PLACEMENT:**
Is there a specific area that you would prefer the child not be placed? Specify:
If the minor was in an out-of-county placement, should they remain out-of-county? Specify:

**PRIORITIZING PLACEMENT FACTORS:**
Which factor takes higher priority, same school district or keeping siblings together? Specify:
Sibling Groups:
If the sibling group can not be placed together, which children should be placed together if possible?
Specify:

**EDUCATION:**
Who currently has Educational Rights for child (Name / Contact number):
If not the bio parents/guardian, is there a court order regarding Ed rights? Yes ☐ No ☐ Attach copy.
Is child currently enrolled in school? Yes ☐ No ☐ Not school age: ☐
If yes, where: School District? ☐ Current Grade:
If no: Name of last school attended / School District:
Why is child not in school?
Does child have a current IEP? Yes ☐ No ☐ (If yes attach a copy of the IEP)
Is child at grade level? Yes ☐ No ☐ What are the minor’s grades?
Is minor in Special Education? Yes ☐ No ☐
If yes: type of Special Education:
☐ Developmentally Disturbed (DD) ☐ Learning Disability (LD)
☐ Severely Emotionally Disturbed (SED) ☐ Special Day Class (SDC)
☐ (RSP) & subject:
☐ Other:

**COMMENTS:**

**PROBLEM BEHAVIORS IN SCHOOL**
☐ With School Work ☐ Chronic Truancy ☐ Suspensions ☐ Other:
Explain:
Prior Expulsions: Yes ☐ No ☐ School District & Reason:
DEVELOPMENTAL STATUS
Is child developmentally disabled? Yes ☐ No ☐ CVRC Worker
If yes, level of disability: ☐ Mild ☐ Moderate ☐ Severe Name:
Has child been assessed by CVRC: Yes ☐ No ☐ Phone #: 
Is child currently a client of CVRC: Yes ☐ No ☐

COMMENTS:

PHYSICAL HEALTH
□ Good □ Fair □ Poor
Minor pregnant: Yes ☐ No ☐ Prenatal Care: Yes ☐ No ☐ Provider:

Existing Medical Conditions:
Has a Public Health Nurse (PHN) been consulted? Yes ☐ No ☐ Name:
If Hospitalized: Name of hospital Medical Social Worker (name/phone #)

Planned Medical Appointments:
Medications: Yes ☐ No ☐ Physician’s Name:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Length of Supply</th>
<th>Refills</th>
<th>Dosage</th>
<th>Prescribing Physician &amp; Phone #</th>
<th>Pharmacy &amp; Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

In-Utero Alcohol/Drug exposure: Yes ☐ No ☐ Unknown ☐
Explain complication of alcohol/drug exposure:

MENTAL HEALTH
Name of Therapist, and Phone # if any:
History of Psychiatric Hospitalizations: Yes ☐ No ☐
If yes, number of times, dates and locations:
Mental Health Assessment completed? Yes ☐ No ☐ (Attach copies of last assessments and psychological evaluations, court authorization forms for meds, and discharge reports)
Psychotropic Medications: Yes ☐ No ☐
Known Diagnosis & name of doctor:
JV220 on file: Yes ☐ No ☐ (date)

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Length of Supply</th>
<th>Refills</th>
<th>Dosage</th>
<th>Prescribing Physician &amp; Phone #</th>
<th>Pharmacy &amp; Phone #</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Planned Appointments: Yes ☐ No ☐ Date & Time: Location:
Comments on Mental Health:

Scheduled Physical/ Psychological or Educational appointments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
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</table>
JUVENILE JUSTICE INVOLVEMENT
History of delinquent behavior: Yes ☐ No ☐
Is child currently on probation? Yes ☐ No ☐ Informal ☐
If yes or informal, name of Probation Officer: Phone #: 
Types of delinquent acts (describe/frequency)
☐ Crimes against persons:
☐ Crimes against property:
☐ Drug/Alcohol Crimes (sales/possession):
* Explain all crimes and when they occurred.
Previous Court ordered commitment to a camp, ranch, or locked facility? Yes ☐ No ☐
COMMENTS:

DRUG/ALCOHOL USE Yes ☐ No ☐ Last Used:
Frequency: ☐ Occasional ☐ Moderate ☐ Heavy ☐ Dependent
Previously treated for drugs/alcohol abuse Yes ☐ No ☐ If yes, date completed the program:
☐ Currently participating in a drug program? Dates & Times attending:
Drug(s) of choice:
COMMENTS:

PERSONAL DEVELOPMENT AND INTERESTS
☐ Hobbies: Specify:
☐ Music/Art: Specify:
☐ Sports: Specify:
☐ Church: Specify:
☐ Organizations or other activities: Specify:
☐ Working: If yes, where and what hours.
☐ ILP Participant

What are the positive traits/strengths of this minor? Specify:
What foods does the child like/dislike? Specify:
Are there specific objects/belongings/interventions that help soothe or comfort the child? Specify:
Has the child verbalized any specific concerns or desires regarding a foster home?

BEHAVIORS

Aggression
☐ Physical
☐ Destructive
☐ Hostile
☐ Assaultive
☐ Verbally Aggressive
☐ Fights
☐ Cruelty to Animals

General
☐ Steal
☐ Enuresis
☐ Encopresis
☐ Hyperactive
☐ Runner

Suicide
☐ Attempt
☐ Gestures
☐ Self-wounding
☐ Depressed
☐ Withdrawn

Sexual Issues
☐ Promiscuous
☐ Sexual Victim
☐ Sexual Perpetrator
☐ Exploits others

Can not be placed with younger children: Yes ☐ No ☐ If yes: ☐ Sexual issues ☐ Aggressive issues
Other:
☐ Fire setter (check only if charged & convicted otherwise disclose under comments only)
Gang Involvement: Yes ☐ No ☐
If yes, what gang and gang name:

COMMENTS-Explain ALL boxes checked:

INTERPERSONAL RELATIONSHIPS/SOCIAL ORIENTATION
☐ Low trust of others
☐ Low/few social attachments
☐ Poor boundaries with others

Easily follows others
☐ Passive resistant
☐ Manipulative/ uses others

COMMENTS: Explain ALL boxes checked:
SEXUAL ORIENTATION:
- Heterosexual
- Homosexual (Gay) (Lesbian)
- Bisexual
- Transgender
- Unknown
- Minor not willing to discuss

Sexually Active: Yes  No  Unknown  Minor not willing to discuss

Birth Control: Yes  No  Unknown  Minor not willing to discuss  Has questions

Safe Sex: Yes  No  Minor not willing to discuss  Has questions

PARENT/CHILD INVOLVEMENT
Is reunification being pursued? Yes  No

If yes, child to reunify with whom:  Mother’s Name:  Father’s Name:  Both

Number of planned visits per week- Be specific as to times, days and place:

<table>
<thead>
<tr>
<th>Visits</th>
<th>Mother</th>
<th>Father</th>
<th>Sibling</th>
<th>Relative</th>
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<tbody>
<tr>
<td>Name</td>
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</tr>
<tr>
<td>Day</td>
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<td>Time</td>
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<td>Supervised</td>
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<td>Overnight/Extended</td>
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<tr>
<td>Location</td>
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GROUP HOME PLACEMENT ONLY
- 24 hour supervision
- One-on-one supervision
- Other

COMMENTS-Explain in detail if 24 hour or one-on-one is recommended:

CASE MANAGER RECOMMENDATION (Only Needed For FFA/GH Request)
- I agree that the requested higher level of care and supervision are required.
- I do not agree that the requested higher level of care and supervision are required.

Explain:

__________________________________________________________________________

Case Manager Signature                 Date

SUPERVISOR RECOMMENDATION (Required For FFA Request)
- Agree
- Disagree

COMMENTS:

__________________________________________________________________________

SWS/PSM Signature                   Date

PROGRAM MANAGER APPROVAL (Required for placement in a Group Home)
- Agree
- Disagree

COMMENTS:

__________________________________________________________________________

PM Signature                 Date

There will be no placement without authorizing signatures.

E-mailed approval is accepted.