## Sacramento County Foster Care Rates Effective 7/1/2011

### Specialized Care Rates - High Risk Infants (ages 0 to 4)

<table>
<thead>
<tr>
<th>Points</th>
<th>Care Level</th>
<th>Dollar Amount</th>
<th>Total Increment (to add)</th>
</tr>
</thead>
<tbody>
<tr>
<td>------</td>
<td>Standard</td>
<td>$621</td>
<td>0</td>
</tr>
<tr>
<td>1-3</td>
<td>Basic I</td>
<td>765</td>
<td>144</td>
</tr>
<tr>
<td>4-6</td>
<td>Basic II</td>
<td>910</td>
<td>289</td>
</tr>
<tr>
<td>7-9</td>
<td>Basic III</td>
<td>1053</td>
<td>432</td>
</tr>
<tr>
<td>10-12</td>
<td>Minimum I</td>
<td>1111</td>
<td>490</td>
</tr>
<tr>
<td>13-15</td>
<td>Minimum II</td>
<td>1169</td>
<td>548</td>
</tr>
<tr>
<td>16-18</td>
<td>Minimum III</td>
<td>1229</td>
<td>608</td>
</tr>
<tr>
<td>19-21</td>
<td>Moderate I</td>
<td>1316</td>
<td>695</td>
</tr>
<tr>
<td>22-24</td>
<td>Moderate II</td>
<td>1405</td>
<td>784</td>
</tr>
<tr>
<td>25-27</td>
<td>Moderate III</td>
<td>1494</td>
<td>873</td>
</tr>
<tr>
<td>28-30</td>
<td>Intensive I</td>
<td>1552</td>
<td>931</td>
</tr>
<tr>
<td>31-33</td>
<td>Intensive II</td>
<td>1613</td>
<td>992</td>
</tr>
<tr>
<td>34+</td>
<td>Intensive III</td>
<td>1672</td>
<td>1051</td>
</tr>
</tbody>
</table>

### Specialized Care Rates - Children in Foster Care (Ages 0-18)

<table>
<thead>
<tr>
<th>Care Levels</th>
<th>Points</th>
<th>0-4</th>
<th>Age Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>5-8</td>
</tr>
<tr>
<td>Standard</td>
<td>------</td>
<td>$621</td>
<td>$0</td>
</tr>
<tr>
<td>Basic I</td>
<td>1-2</td>
<td>764</td>
<td>143</td>
</tr>
<tr>
<td>Basic II</td>
<td>3-4</td>
<td>906</td>
<td>285</td>
</tr>
<tr>
<td>Basic III</td>
<td>5-6</td>
<td>1048</td>
<td>427</td>
</tr>
<tr>
<td>Minimum I</td>
<td>7-8</td>
<td>1073</td>
<td>452</td>
</tr>
<tr>
<td>Minimum II</td>
<td>9-10</td>
<td>1096</td>
<td>475</td>
</tr>
<tr>
<td>Minimum III</td>
<td>11-12</td>
<td>1120</td>
<td>499</td>
</tr>
<tr>
<td>Moderate I</td>
<td>13-14</td>
<td>1191</td>
<td>570</td>
</tr>
<tr>
<td>Moderate II</td>
<td>15-16</td>
<td>1263</td>
<td>642</td>
</tr>
<tr>
<td>Moderate III</td>
<td>17-18</td>
<td>1334</td>
<td>713</td>
</tr>
<tr>
<td>Intensive I</td>
<td>19-20</td>
<td>1380</td>
<td>759</td>
</tr>
<tr>
<td>Intensive II</td>
<td>21-22</td>
<td>1428</td>
<td>807</td>
</tr>
<tr>
<td>Intensive III</td>
<td>23+</td>
<td>1476</td>
<td>855</td>
</tr>
</tbody>
</table>
Specialized care is for services and behaviors that are above and beyond basic foster care. These exceptional needs present as current medical, developmental, emotional and/or behavioral issues and specific measures being taken by the caregiver. A child’s diagnosis does not necessarily warrant a Special Needs Rate.

**Special Care Increment (SCI) – Rate Criteria**

Sacramento County Foster Care Rates (SCFCR) sheet effective January 1, 2008 has two Specialized Care Rate boxes, one for High Risk Infants age 0-4, and one for Children in Foster Care ages 0-18. Special Needs are determined by age category (0-4, 5-8, 9-11, 12-14 and 15-18); Care Level (Standard, Minimum, Moderate, and Intensive).

If the child is 0-4, use the High Risk Child Rate Assessment Form (CS 838) packet to assess the child. The caregiver completes the packet and the social worker approves it. The packet is reviewed; points are assigned and totaled on the High Risk Point Scale. Using the Total Points, refer to the (SCFCR) sheet, Specialized Care Rates—High Risk Infants to determine the corresponding Care Level.

A child is eligible for the High Risk Infants rates at the top of the (SCFCR) sheet when the child is age 0-4 and currently presents with medical, emotional or behavioral problems and meets one of these criteria: born with a positive toxicology screen, clinically diagnoses with symptoms associated with prenatal drug exposure or consistent with fetal alcohol syndrome, suffers from a communicable disease that may be life threatening and places the child and those around the child at risk, parent suffers from or may have suffered from a communicable disease that may be life threatening, born to a mother or father who has a history of intravenous drug usage, or medically fragile.

If the child is 0-4 and does not meet the High Risk Infant criteria above, determine the Care Level, and use the Care Level to find the corresponding rate for Children in Foster Care ages 0-18 at the bottom of the (SCFCR) sheet. The Total Special Needs Rate (SCI) is the Foster Care Basic Rate plus the supplemental payment.

For foster care children ages 5-18, the caregiver completes the Special Needs Assessment Form (CS 861) packet and the Medical Problem packet (SC 861 B) (if applicable). The social worker approves the packet; the packet is reviewed, points are assigned and totaled then documented on the Point Scale for Children Ages 5-18. Using Total Points and age of the child find the corresponding row and column at the bottom of the (SCFCR) sheet. The Total Special Needs Rate (SCI) is the Foster Care Basic Rate plus the supplemental payment.

Out of county (OTC), supplemental rates are determined using the specific county’s criteria and methodology. The foster care Basic Rate plus the supplemental payment is the SCI.
### Specialized Foster Care Rate Request

**To:** _______________________________  
(Supervisor)  
**Date:** ______________________

**From:** _____________________________________  
Minor’s Name (Print): __________________________  

**HHS Worker Code & Phone No.** /  
DHA EW Code & Phone No. /  
Payee Name (Print):  
Payee SSN/Tax ID #:  
Payee Address:  
Payee Phone No.  

**HHS Case Number:**  
DHA Eligibility Case No.  
Payee SSN/Tax ID #:  
DHA EW Code & Phone No.  
Payee Name (Print):  
Minor’s Name (Print):  
Minor’s SSN #:  
Birth Date: ______________________  
Sex:  M [ ]  F [ ]

**Foster Child:** Yes [ ] No [ ]  
Sacramento County Home: Yes [ ] No [ ]  
Other County Home (Specify):  

**Special Clothing Allowance** [ ]  
**Rate Exception** [ ]  
**Respite (HHS, 62-210Z)** [ ]  
**Other (Specify)** __________________________

Brief summary of facts and description of minor’s problem. Attach original invoices and any pertinent medical or psychiatric reports and assessments tools, per CSS #49 and #58.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**Payment exception dates:** FROM ____________ TO ____________  
**POINT TOTAL:**  
**Calif. Basic Rate:** $ ____________________________  
**County Only Amount $** ________________________  
**Specialized Care Amount:** $ ____________________________  
**Other (Specify):** ____________________________  
**Cost Center Code:** ____________________________  
**GL Account Code:** ____________________________  
**Order Number:** ____________________________  

**Single Payment** [ ] or Monthly Payments [ ] for ______ months  
**Funding Source:** FC [ ] CWS [ ] County [ ] SCIAP (HHS, 62-210Z) [ ]

**DHA Financial Management Approval**  
**Date**

**Supervisor Recommendation**  
Yes [ ] No [ ] Comments  
**Program Manager Recommendation**  
Yes [ ] No [ ] Comments  
**Supervisor Signature**  
Date  
**Program Manager Signature**  
Date

**ADDITIONAL APPROVAL FOR EXPENDING COUNTY ONLY MONEY**  
Yes [ ] No [ ] Comments  
**Division Chief Signature**  
Date  
**Deputy Director Signature**  
Date

CS 424 (1/99)  
Distribution: Original – DHHS or HHS Fiscal; Yellow – Service Record; Pink – Program Manager; Goldenrod – Child Placement Specialist
High Risk Child Rate Assessment Form

This form will be used to determine if this child has special needs that require a special foster care rate. Please complete it to the best of your ability. If you have questions or problems with this form, please call:

(916) 875-6313 or (916) 875-6378

*** Date of placement with current caretaker:

☐ This is an initial application for an assessment to determine eligibility for a Special Needs Rate Increment.
☐ This is a re-evaluation based on significant change in child's condition and service being provided.
☐ This is a scheduled renewal of special needs.

This High-Risk Infant rate is available to children from birth through age four who meet one or more of the criteria listed below and who currently present medical, emotional, or behavioral problems.

* Born with a positive toxicology screen.
* Clinically diagnosed with symptoms associated with prenatal drug exposure.
* Clinically diagnosed as having symptoms consistent with fetal alcohol syndrome.
* Child may suffer from a communicable disease that may be life threatening and may place the child and those around the child at risk.
* Parent suffers from or may have suffered a communicable disease that may be life threatening.
* Born to a mother and/or father who has a history of intravenous (I.V.) drug usage.
* Medically fragile.

The rates paid under the High-Risk Infant program are determined by the needs of the child and services provided by the caretaker. A child's special needs may be based on a combination of emotional, medical, and behavior problems. The purpose of the Special Needs Increment is to provide the caretaker with resources to meet the demands of a child with exceptional needs, above and beyond what is normal for foster children. The actions employed by the foster parent(s) to guide the child, and the services that are different or higher intensity than those provided for foster children in general, are major factors in the determination.

Caretakers should be continuously monitoring foster children as normal procedure. Foster parents are expected to deal with some behaviors based on a child's age and the fact that the child is a foster child.

Try to look at the child as a whole. Including age, behaviors, and all the other factors. Rates are not based on individual items. But rather on the total picture. This includes all services being provided.

All efforts and services should be designed for the betterment, growth, and normalization of the child.

CS 338 (10/98)
If this is a renewal or re-evaluation of special needs:

   Explain how the child’s condition or behavior has changed. Degree of change must be significant and result in a notable increase in services being provided.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Child’s Weight (for children who are under 2 years old or who have eating/feeding problems):

   Child’s current weight

   Child’s birth weight or child’s weight at last assessment (if previously assessed)

   Child’s weight change (current weight minus birth weight/last assessment weight)

Part I - Medical Data

A. Medical/physical conditions that place this child at a higher risk of health problems:

   List all the medical or physical problems of this child. And whether this is based on caretaker observations and or medical documentation. (Attach all documentation referred to).

   1. Caretaker(s) observation: _______________________________________________

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   2. Medical documentation: _______________________________________________

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Check all that apply:

- Apnea Monitor*
- Central Line (Broviac Catheter)
- Colostomy
- Feeding Pump
- Gastrostomy Tube (G tube)
- Ileostomy
- Jejunostomy
- Other, explain:

---

* If the child is on an apnea monitor, explain the frequency and severity of alarm:

---

** If the child has a tracheostomy, explain the frequency that suctioning is required:

---

C. Diet

- Regular diet for children of similar ages
- Special diet prescribed for this child; list the diet, and when it will be reviewed again by medical personnel, (Attach copy of Doctor's instructions and Doctor's description of prescribed diet).

---

D. Medications

- No special medications.
- Medications prescribed; list medications; describe how given if not orally and date of next review. Include oxygen and amounts in the table below.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritalin</td>
<td>20 mg</td>
<td>1 a day</td>
<td>Hyperactivity</td>
<td>Dr. Smith</td>
</tr>
</tbody>
</table>

---

CS 838 (10/98)
E. Medical follow-up required for the conditions listed in Part I-A Medical/Physical Conditions above:

☐ None

1. Name of regular doctor/pediatrician

Anticipated frequency of visits

2. Name of specialist/clinics

Anticipated frequency of visits

3. Name of Lab or Specialized Tests

Frequency/ Dates

F. Other required therapies or interventions

☐ NICU Developmental Follow-up Clinic Appointment Frequency:

1. Therapy or intervention provided by specialists
   Check all that apply, the location where the therapy is provided and how often

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Provided by Caretaker</th>
<th>Provided by Specialist</th>
<th>At Home</th>
<th>Out of Home</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision (for visually impaired)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing (for hearing Impaired)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Stimulation/Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For therapies provided by the foster parent, explain what is done for the child:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
G. Does the child have seizures or a history of seizures?

☐ No
☒ Yes: Complete 1 and 2 below:

1. Frequency of Seizures (check one)
   ☒ 0 - History of seizures; last seizure
   ☒ 1 - No more than 1 per month
   ☒ 2 - At least 1 per week
   ☒ 3 - At least 1 per day

2. Severity of Seizures (check one)
   ☒ 1 - Seizures do not include loss of consciousness
   ☒ 2 - Seizures include loss of consciousness but seizure does not last more than 10 minutes; no apnea
   ☒ 3 - Loss of consciousness with apnea; last more than 10 minutes; or medical treatment needed to stop seizure

If 1, 2, or 3 is checked, explain measures being taken to prevent/modify the medical condition. Attach letter from Doctor verifying seizure condition.

H. Does the child have a higher risk of catching or transmitting infectious diseases?

☐ No
☒ Yes; Complete 1, 2, and 3 below:

1. Child’s Risk of Transmitting an Infectious Disease (check one)
   ☒ 0 - Has no infectious disease
   ☒ 0 - Has or may have an infectious disease but the foster parent can control its spread by:
   ☒ 1 - Taking usual hygiene measures
   ☒ 2 - Taking more than usual hygiene measures
   ☒ 3 - Must use special handling of all the child’s fluids and secretions to control spread

If 1, 2, or 3 is checked explain measures being taken to prevent/modify the medical condition. Attach supporting documentation from a doctor that states a condition exists that requires special handling.
2. Child's Risk of Contracting an Infectious Disease (check one)
   ☒ ☐ 0 - At no increased risk of contracting an infectious disease
   ☐ ☐ 0 - At an increased risk of contracting an infectious disease:
       ☒ ☐ 1 - Can go out to medical appointments, therapy, etc.
       ☒ ☐ 2 - Should remain at home as much as possible
       ☐ ☐ 3 - At GREAT RISK of contracting an infectious disease and foster parent(s) must use special handling of contacts, toys, foods, etc.

If 1, 2, or 3 is checked, explain measures being taken to prevent/modify the medical condition. Attach supporting documentation from a doctor that states a condition exists that requires special handling.

Part II - Physical Care

A. Does the child have feeding/eating problems?
   ☐ No
   ☐ Yes: Complete 1, 2, 3, and 4 below:

   1. Child's Suck/Swallow Coordination (check one)
      ☒ ☐ 0 - Has no problem with sucking and swallowing
      ☐ ☐ 1 - Has more problems with choking than other children same age but the foster parent can handle the problem with occasional special feeding techniques
      ☐ ☐ 2 - Chokes and gags easily and the foster parent must use special feeding techniques to handle the problem
      ☐ ☐ 3 - Chokes and gags easily and the foster parent must use a nasogastric tube, gastrostomy tube, or pump to feed

If special feeding techniques are needed, describe medical condition causing feeding/eating problems, and what must be done to prevent/modify the feeding/eating problems.
2. Length of Time it Takes to Feed the Child (check one)

- [ ] 0 - Takes about the same amount of time as for other children the same age
- [ ] 1 - Takes somewhat longer than for other children the same age
- [ ] 2 - Takes substantially longer than for other children the same age
- [ ] 3 - Requires individualized feeding that takes more than 45 minutes

If 1, 2, or 3 is checked, explain why it takes so long to feed the child and what the foster parent is doing to reduce the time of feeding:

_________________________________________________________________________

_________________________________________________________________________

3. How Often the Child must be fed (check one)

- [ ] 0 - Every 4 hours or more but no night feedings
- [ ] 1 - Every 4 hours with night feedings
- [ ] 2 - Every 3 hours with night feedings
- [ ] 3 - Every 2 hours with night feedings

If 1, 2, or 3 is checked, explain why the child must be fed so often and what makes the pattern of frequency outside the range of "normal":

_________________________________________________________________________

_________________________________________________________________________

4. Vomiting/Reflux Problems (related to medical conditions listed in Part I. A. above) (check one)

- [ ] 0 - No problems
- [ ] 1 - Occasional problems
- [ ] 2 - Vomits at least 2 times daily; or requires medication for vomiting
- [ ] 3 - Same as 2 above and vomiting affecting adequate weight gain

Explain what caretaker must do to prevent/modify behavior:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

CS 838 (10/98)
B. Does the Child have Problems with Elimination?

☐ No
☐ Yes; Complete 1 and 2 below:

1. Bladder Control/Problems (check one)
   ☐ 0 - No problems
   ☐ 1 - Prone to urinary tract infection; requires increased fluids
   ☐ 2 - Crede needed to empty bladder
   ☐ 3 - Has vesicostomy/urethrostomy/ileal conduit

2. Bowel Control/Problems (check one)
   ☐ 0 - No problems
   ☐ 1 - Chronic constipation needing an occasional suppository
   ☐ 2 - Chronic diarrhea or runny stools; or needs daily bowel program to maintain elimination
   ☐ 3 - Colostomy/Sigmoidostomy

Explain what foster parent must do to prevent/modify condition. Describe measures being taken to resolve and identify reason for problems with elimination:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Does the Child have Problems Sleeping at Night (11:00 P.M. to 6:00 A.M.) compared with other children the same age? (check one)

☐ 0 - No problems
☐ 1 - Up one time at night
☐ 2 - Up 2 times during the night
☐ 3 - Up 3 or more times at night

If 1, 2, or 3 are checked, explain why the child is waking up, what the child is doing when awake and what the foster parent must do to get the child back to sleep. Indicate how many days a week this occurs:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
D. Does the Child have Problems with Muscle Tone?

☐ No
☐ Yes; if yes, complete 1, 2, and 3 below

1. Child has (check one):

☐  Hypotonia (floppy; low tone)
☐  Hypertonia (tight; stiff, high tone)
☐  Combination of hypotonia/hypertonia

2. Location of motor dysfunction:

☐  No problem
☐  Monoplegia  ☐  Triplegia
☐  Hemiplegia  ☐  Paraplegia
☐  Diplegia  ☐  Quadriplegia

3. Impact of muscle tone on physical care and/or development

☐  0 - No impact on care or development
☐  1 - Appears to be some impact on physical care and/or there will be developmental delay; development should be monitored
☐  2 - There is impact on physical care and/or development; child requires special handling; foster parent must follow through with therapy recommendations at home
☐  3 - Same as 2 above and child requires special equipment for feeding, positioning, transporting, and bathing

Explain what foster parent must do to treat problem and improve muscle tone.
Describe impact on care provider:
### Part III - Behaviors (Compared to other children the same age)

1. Irritability (including poor self-calming, prolonged periods of crying seemingly without a reason, etc.) (check one)

<table>
<thead>
<tr>
<th></th>
<th>0 - No problems</th>
<th>1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent</th>
<th>2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent</th>
<th>3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If 1, 2, or 3 is checked, explain behavior, frequency, and what caretakers must do to prevent/modify behavior and improve child’s self-calming abilities:

---

2. Hypereflexia (extreme jumpiness, startles very easily, arches the body in response to noises or handling; etc.) (check one)

<table>
<thead>
<tr>
<th></th>
<th>0 - Not a problem</th>
<th>1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent</th>
<th>2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent</th>
<th>3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to control it:

---

---
3. Jitteriness, tremors, or jerky movements (check one)

- [ ] □ □ 0 - No problems
- [ ] □ □ 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent
- [ ] □ □ 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent
- [ ] □ □ 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behaviors:

4. Poor social interaction with care giver (does not make eye contact, does not nestle or cuddle, does not respond well to holding, nestling, or cuddling, etc.) (check one)

- [ ] □ □ 0 - Not a problem
- [ ] □ □ 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent
- [ ] □ □ 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent
- [ ] □ □ 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to improve interaction:
**Complete remainder of form if child is 18 months or older**

Part IV - Behaviors (Compare the child to other children the same age)

1. Short attention span (can't keep attention on one object, person, or activity, etc.) (check one)
   - [ ] ☐ 0 - No problems
   - ☐ ☐ 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent
   - ☐ ☐ 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent
   - ☐ ☐ 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behaviors and improve/increase attention span:

2. Hyperactivity (easily excitable, restless, in constant motion, etc.)
   (check one)
   - [ ] ☐ 0 - Not a problem
   - ☐ ☐ 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent
   - ☐ ☐ 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent
   - ☐ ☐ 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behavior:
3. Inability to accept a change in routine (has temper tantrums, is restive, must always know what will happen next, etc.)(check one)

- 0 - No problems  
- 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent  
- 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent  
- 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent  

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behavior and improve child’s ability to accept change:

4. Aggression toward others or property (violent episodes, attempts to hurt others or destroy property, etc.) (check one)

- 0 - Not a problem  
- 1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent  
- 2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent  
- 3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent  

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behavior:
5. Self-destructiveness (tries to hurt self deliberately, does dangerous things without understanding they are dangerous)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>0 - No problems</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>1 - Occurs but readily controlled with specialized handling, intervention or supervision by the foster parent</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>2 - Occurs and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>3 - Occurs frequently and requires almost continuous specialized intervention, handling, or supervision by the foster parent</td>
</tr>
</tbody>
</table>

If 1, 2, or 3 is checked, explain behavior, frequency, and what foster parent must do to prevent/modify behavior:

** Complete remainder of form if child is 3-5 years old **

Part V - Self-Help (for children 3 to 5 years of age compared to other children the same age)

1. Toilet Training (check one)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>0 - Toilet trained</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>1 - Can use the toilet when taken; has some control</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>2 - Can sometimes go when taken</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>3 - Has no control</td>
</tr>
</tbody>
</table>

If 1, 2, or 3 is checked, explain efforts to toilet train:

2. Eating (check one)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>0 - Feeds self independently</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>1 - Feeds self with spillage</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>2 - Does not use utensils; feed self with fingers</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>3 - Does not feed self; needs to be fed</td>
</tr>
</tbody>
</table>

If 1, 2, or 3 is checked, explain efforts to train:
3. Dressing (check one)

- 0 - Dresses self, may need some assistance with difficult clothing
- 1 - Cannot dress self, but usually cooperates with dressing
- 2 - Requires total dressing and often resists

If 1 or 2 is checked, explain efforts to train:

4. Personal Hygiene (check one)

- 0 - Tends to own hygiene independently or with some supervision
- 1 - Requires more assistance than most children
- 2 - Requires foster parent to tend to personal hygiene all the time

If 1 or 2 is checked, explain efforts to train:

Part VI - Communication (for children 3 to 5 years of age compared to other children the same age)

1. Ability to Communicate with Others (check one)

- 0 - Talks and is able to verbally communicate needs
- 1 - Use single word sentences only
- 2 - Uses gestures to communicate with others
- 3 - Does not speak or use gestures

If 1, 2, or 3 is checked, explain efforts to get the child to communicate. Describe conditions (medical, emotional) that may be causing difficulty in communication.
High Risk Child Rate Assessment Form

2. Ability to Understand Others (check one)
   ☐ ☐ 0 - Understands everything or almost everything others say
   ☐ ☐ 1 - Understands simple conversation or instructions
   ☐ ☐ 2 - Understands simple words
   ☐ ☐ 3 - Does not speak or use gestures

   If 1, 2, or 3 is checked, explain efforts to get the child to communicate:

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   Part VII - Social and Emotional Interaction (for children 3 to 5 years of age compared to other children the same age) (check one)

   ☐ ☐ 0 - Enjoys social play, games and interacting with others but may require some supervision
   ☐ ☐ 1 - Plays with others but requires more than usual supervision
   ☐ ☐ 2 - Does not interact at all or does not interact well with others; requires constant supervision and encouragement to play with others

   If 1, 2, or 3 is checked, explain efforts to get the child to play/interact with others:

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

CS 838 (10/98)
Part VIII - Psychiatric/Psychological Care (for children 3 to 5 years only)

Does this child attend therapy? (Check one)

- [ ] No
- [x] No, but this child should be in therapy. Explain what is being done to start child in therapy and who has been contacted:

Has the above been discussed with Placement Worker?

- [ ] No
- [x] Yes

- [x] Yes; child is currently attending therapy. Complete A through D below. (Attach documentation if available)

A. Type of Therapy:  
   - Art Therapy
   - Play Therapy
   - Sand Tray Therapy

B. Formal Diagnosis:

C. Name and Address of Therapist

   Phone Number: ____________________________

   Frequency of Appointments:
   - [ ] More often than weekly
   - [ ] Weekly
   - [ ] Every other week
   - [ ] Monthly
   - [ ] Other, Explain: ____________________________

   Any therapy cost paid by caretaker? ______
   Amount? ______

Who provides transportation to therapy? ____________________________

D. Prescribed Medication:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Prescribing Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>5 mg</td>
<td>2 tablet a.m.</td>
<td>Hyperactivity</td>
<td>Dr. Jones M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CS 833 (10/93)
VIII - Other Information about the Child that is Important to Know


Foster Parent Signature: ________________________________

Date: ____________________________

County Use Only
Sacramento County
Special Needs Rate Assessment Form - Medical Problems

This form will be used to determine if the child has special needs which require a special foster care rate. Please complete the form as accurately as you can. If you have questions or problems about this form, please call:

(916) 875-5951 or
(916) 876-7566

Please line out any information that is incorrect in the label at the left and enter correct information below:

[ ] This is an initial application for an assessment for a special rate

[ ] This is a review of a special rate already in effect; briefly explain how the child's behavior has changed in the past six months:

Part 1 - Medical Data

This child is (Check all that apply):

[ ] Developmentally Delayed
[ ] Physically Disabled
[ ] Non-ambulatory
[ ] Other (describe below):

[ ] Bed-Ridden
[ ] Neurological Disabilities
[ ] Epilepsy

1. Medical Diagnosis or medical/physical conditions that place this child at a higher risk of health problems:
List all the medical or physical problems of this child:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SC 861B (02/92)
II. Medical Equipment or Special Aids required by the child
Check all that apply:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apnea Monitor*</td>
<td>Oxygen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Central Line (Broviac Catheter)</td>
<td>Positioning Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Colostomy/Ileal Conduit</td>
<td>Splints, Casts, Braces</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feeding Pump</td>
<td>Suctioning Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gastrostomy Tube</td>
<td>Tracheostomy**</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ileostomy</td>
<td>Ventilator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jejunostomy</td>
<td>Nasogastric Tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mist Tent</td>
<td>Wheel Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other; explain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If the child is on an apnea monitor, explain the frequency and severity of alarms:

**If the child has a tracheostomy, explain the frequency that suctioning is required:

III. Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No special medications</td>
</tr>
<tr>
<td></td>
<td>Medications prescribed; list medications; how given if not orally; date of next review; (include oxygen and amounts):</td>
</tr>
</tbody>
</table>

SC 861B (02/92)
IV. Medical follow-up required for the conditions listed in Part I-A Medical/Physical Conditions above:

[ ] None

A. Name of regular doctor

B. Name of specialists/clinics

C. Name of Lab or Specialized Tests

V. Other required therapies or interventions

A. Therapy or intervention provided by specialists or caretaker
Check all that apply, the location where the therapy is provided and how often

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Provided By:</th>
<th>At:</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foster Pt.</td>
<td>Therapist</td>
<td>Home</td>
</tr>
<tr>
<td>[ ] Occupational Therapy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Physical Therapy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Speech Therapy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Vision (for visually impaired)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Hearing (for hearing impaired)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

For therapies provided by the foster parent, explain what is done for the child:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Part II - Medical Problems

A. Does the child have seizures or a history of seizures?
   [ ] No
   [ ] Yes; if yes complete 1 and 2 below:

   1. Frequency of Seizures (check one)
      [ ] 0 - History of seizures; last seizure
      [ ] 1 - No more than 1 per month
      [ ] 2 - At least 1 per week
      [ ] 3 - At least 1 per day

   2. Severity of Seizures (check one)
      [ ] 1 - Seizure does not include loss of consciousness
      [ ] 2 - Seizures includes loss of consciousness but seizure does not last more than 10 minutes; no apnea
      [ ] 3 - Loss of consciousness with apnea; lasts more than 10 minutes; or medical treatment needed to stop seizure

B. Enuresis (Bedwetting or wetting oneself which is the result of a physical problem described on page 1) (check one)
   [ ] 0 - Not a problem
   [ ] 1 - Minor problem, explain below
   [ ] 2 - Major problem; list # of times in last full calendar month

C. Encopresis (Soiling oneself which is the result of a physical problem described on page 1) (check one)
   [ ] 0 - Not a problem
   [ ] 1 - Minor problem, explain below
   [ ] 2 - Major problem; list # of times in last full calendar month
D. Feeding/Eating Problems:
[ ] 0 - Not a problem
[ ] 1 - Requires a special diet; list in the space below, the diet, and when it will be reviewed again by medical personnel;
[ ] 2 - Tube or gavage feeding

E. Hygiene
[ ] 0 - Not a problem
[ ] 1 - Needs help with bathing and personal hygiene, explain below
[ ] 2 - Must be bathed, explain below

F. Dressing/Devices
[ ] 0 - Not a problem
[ ] 1 - Needs help with dressing, explain below
[ ] 2 - Needs help with braces, prosthetic devices), explain below

G. Level of Care Required
[ ] 0 - Care required does not interfere significantly with Foster Parent's other duties
[ ] 1 - Care required limits the Foster Parent's ability to accept additional children, explain below
[ ] 2 - Care required is exceptional, explain below
[ ] 3 - Care required requires a trained nurse, explain below
H. Other medical problems not identified above or other information that would be helpful in setting a special needs rate:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Foster Parent Signature: ____________________________

Date: ____________________________

SC 861B (02/92)
If this is a renewal or re-evaluation of special needs:

Explain how the child’s condition or behavior has changed. Degree of change must be significant and result in a notable increase in services being provided.

---

Part I – Psychiatric/Psychological Care

Does this child attend therapy? (Check one)

☐ ☐ No

☐ ☐ No, but this child should be in therapy. Explain what is being done to start child in therapy and who has been contacted.

---

Has the above been discussed with Placement Worker?:

☐ ☐ No ☐ Yes

☐ ☐ Yes; child is currently attending therapy. Complete A and B below. (Attach documentation if available)

A. Formal Diagnosis

B. Name and Address of Therapist

Name of Therapist: ____________________________

Address: ____________________________

Phone Number: (____) __________

Frequency of Appointments:

☐ More often than weekly

☐ Weekly

☐ Every other week

☐ Monthly

☐ Other; Explain:

☐ Any therapy cost paid by caretaker? _____

Amount? ____________________________

Who provides transportation to therapy? ____________________________

C. Prescribed Medication:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Prescribing Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ritalin</td>
<td>5 mg</td>
<td>2 tablets a.m.</td>
<td>For Hyperactivity</td>
<td>Dr. Jones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II - Behaviors Exhibited

A. Excessive Dependency (Needs constant reassurance, is always underfoot, etc.) (Check one)

- ☐ 0 - Not a problem
- ☐ 1 - Minor problem
- ☒ 2 - Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ___________________
(Month - Day - Year)

B. Inability to relate to others. (Doesn't know how to get attention appropriately, has other problems getting along with other children or adults, etc.) (Check one)

- ☐ 0 - Not a problem
- ☐ 1 - Minor problem
- ☒ 2 - Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ___________________
(Month - Day - Year)
C. Passivity, lack of responsiveness, withdrawn (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☒ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ________________________ (Month – Day – Year)

D. School Problems (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☒ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ________________________ (Month – Day – Year)

E. Difficulty with peers (fighting, etc.). (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☒ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ________________________ (Month – Day – Year)
Part II - Behaviors Exhibited

M. Does child have problems with Elimination?

1. Enuresis (Bedwetting or wetting oneself) (Check one)

☐ □ 0 – Not a problem
☐ □ 1 – Minor problem
☐ □ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior medical condition.

Approximately when did this problem last occur?

Date: ________
(Month – Day – Year)

2. Encopresis (Bowel Movements on self) (Check one)

☐ □ 0 – Not a problem
☐ □ 1 – Minor problem
☐ □ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ________
(Month – Day – Year)

* Describe measures being taken to resolve and identify reason for problems with elimination (Enuresis and/or Encopresis).
N. Very difficult or unusual behavior (Check one)

- ☐ 0 - Not a problem
- ☐ 1 - Minor problem
- ☐ 2 - Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior medical condition.

________________________
________________________
________________________
________________________
________________________

Approximately when did this problem last occur?

Date: __________________
(Month - Day - Year)

P. Other: Describe any issues not already documented in this form. Give examples. Include the number of times behaviors are exhibited per month. Note what caretaker must do to prevent/modify behavior. List any other exceptional care or services provided for this child.

________________________
________________________
________________________
________________________
________________________
________________________
________________________

Foster Parent Signature: __________________

Date: __________________
If this is a renewal or re-evaluation of special needs:

Explain how the child’s condition or behavior has changed. Degree of change must be significant and result in a notable increase in services being provided.

---

Part I – Psychiatric/Psychological Care

Does this child attend therapy? (Check one)

☐  □  No

☐  □  No, but this child should be in therapy. Explain what is being done to start child in therapy and who has been contacted:

---

Has the above been discussed with Placement Worker?

☐  No  ☐  Yes

☐  □  Yes; child is currently attending therapy. Complete A and B below. (Attach documentation if available)

A.  Formal Diagnosis

---

B.  Name and Address of Therapist

___

___

Phone Number: ( ) -

Frequency of Appointments:

☐  More often than weekly
☐  Weekly
☐  Every other week
☐  Monthly
☐  Other; Explain: ________________

☐  Any therapy cost paid by caretaker? _____

Amount? ________________

Who provides transportation to therapy? ______________________

---

C.  Prescribed Medication:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Prescribing Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ritalin</td>
<td>5 mg</td>
<td>2 tablets a.m.</td>
<td>For Hyperactivity</td>
<td>Dr. Jones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II – Behaviors Exhibited

A. Excessive Dependency (Needs constant reassurance, is always under foot, etc.) (Check one)

☐ 0 – Not a problem
☐ 1 – Minor problem
☒ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ____________________
(Month – Day – Year)

B. Inability to relate to others. (Doesn’t know how to get attention appropriately, has other problems getting along with other children or adults, etc.) (Check one)

☐ 0 – Not a problem
☐ 1 – Minor problem
☒ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ____________________
(Month – Day – Year)
C. Passivity, lack of responsiveness, withdrawn (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ____________________________
(Month – Day – Year)

D. School Problems (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ____________________________
(Month – Day – Year)

E. Difficulty with peers (fighting, etc.). (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?

Date: ____________________________
(Month – Day – Year)
F. Runs away (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ____________________________
(Month – Day – Year)

G. Steals (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ____________________________
(Month – Day – Year)

H. Illicit Drug Use (Check one)

- ☐ 0 – Not a problem
- ☐ 1 – Minor problem
- ☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ____________________________
(Month – Day – Year)
I. Destructive behavior (intentionally destroys property, etc.) (Check one)

☐ 0 – Not a problem

☐ 1 – Minor problem

☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?  
Date: ________________  
(Month – Day – Year)

J. High Activity Level (Check one)

☐ 0 – Not a problem

☐ 1 – Minor problem

☐ 2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?  
Date: ________________  
(Month – Day – Year)

2. Diagnosed Hyperactive by a doctor or therapist?

☐ No  ☐ Yes  

Please attach documentation.

A. On Medication?

☐ No  ☐ Yes; Medication: ____________________________  

Please attach documentation.
K. Sexual Activity (i.e., Excessive masturbation, sexual activities w/other children, objects or animals, etc.)  (Check one)

☐   □  0 – Not a problem

☐   □  1 – Minor problem

☐   □  2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ________________________________ (Month – Day – Year)

L. Self-destructive (Hurts or harms oneself, has an unusual number of harmful accidents, etc.)  (Check one)

☐   □  0 – Not a problem

☐   □  1 – Minor problem

☐   □  2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

Approximately when did this problem last occur?
Date: ________________________________ (Month – Day – Year)
Part II – Behaviors Exhibited

M. Does child have problems with Elimination?

1. Enuresis (Bedwetting or wetting oneself) (Check one)
   - ☐ 0 – Not a problem
   - ☐ 1 – Minor problem
   - ☐ 2 – Major problem requiring lots of effort

   If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior medical condition.

    Approximately when did this problem last occur?

    Date: ____________________
    (Month – Day – Year)

2. Encopresis (Bowel Movements on self) (Check one)
   - ☐ 0 – Not a problem
   - ☐ 1 – Minor problem
   - ☐ 2 – Major problem requiring lots of effort

   If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior.

    Approximately when did this problem last occur?

    Date: ____________________
    (Month – Day – Year)

* Describe measures being taken to resolve and identify reason for problems with elimination (Enuresis and/or Encopresis).
N. Very difficult or unusual behavior (Check one)

😊  □  0 – Not a problem
😊  □  1 – Minor problem
😊  □  2 – Major problem requiring lots of effort

If 1, or 2 is checked, explain behavior, frequency, and what foster parent must do to prevent / modify behavior medical condition.

Approximately when did this problem last occur?

Date: ________________________________
(Month – Day – Year)

P. Other: Describe any issues not already documented in this form.
Give examples. Include the number of times behaviors are exhibited per month. Note what caretaker must do to prevent/modify behavior. List any other exceptional care or services or services provided for this child.

Foster Parent Signature: ________________________________

Date: ________________________________
## SPECIAL NEEDS POINT SCALE
### HIGH RISK ASSESSMENT FORM

CHILD __________________  AGE ___________  DATE ___________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART 1- Medical Data</strong></td>
<td></td>
</tr>
<tr>
<td>Supplemental</td>
<td></td>
</tr>
<tr>
<td>A. Medical/Physical conditions</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B. Medical equipment</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>C. Diet</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>D. Medications</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>E. Medical follow-up required</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>F. Other required therapies/interventions</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td></td>
</tr>
<tr>
<td>G. Seizures</td>
<td></td>
</tr>
<tr>
<td>1. Frequency</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. Severity</td>
<td>1 2 3</td>
</tr>
<tr>
<td>H. Catching/Transmitting infection disease</td>
<td></td>
</tr>
<tr>
<td>1. Transmitting</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. Contracting</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td><strong>Part II - Physical Care</strong></td>
<td></td>
</tr>
<tr>
<td>A. Feeding/eating problems</td>
<td></td>
</tr>
<tr>
<td>1. Suck/swallow coordination</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. Length of time to feed</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3. Frequency of feeding</td>
<td>1 2 3</td>
</tr>
<tr>
<td>4. Vomiting/reflux problems</td>
<td>1 2 3</td>
</tr>
<tr>
<td>B. Problems with elimination</td>
<td></td>
</tr>
<tr>
<td>1. Bladder control/problems</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. Bowel control/problems</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>C. Problems sleeping at night</td>
<td>1 2 3</td>
</tr>
<tr>
<td>D. Problems with muscle tone</td>
<td>1 2 3</td>
</tr>
<tr>
<td>1. Impact on care</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
Part III - Behaviors
1. Irritability 1 2 3
2. Hyperflexia 1 2 3
3. Jitteriness, tremors or jerky movements 1 2 3
4. Poor social interaction w/ care giver 1 2 3

Part IV - Behaviors (18 months or older)
1. Short attention span 1 2 3
2. Hyperactivity 1 2 3
3. Inability to accept change 1 2 3
4. Aggression toward others or property 1 2 3 4 5 6 7
5. Self-destructiveness 1 2 3 4 5 6 7

Part V - Self Help (child 3-5 years old)
1. Toilet training 1 2 3
2. Eating 1 2 3
3. Dressing 1 2
4. Personal hygiene 1 2

Part VI - Communication
1. Ability to communicate w/ others 1 2 3
2. Ability to understand others 1 2 3

Part VII - Social and emotional interaction 1 2 3

Part VIII - Psychiatric/psychological care
1. Counseling 1 2 3 4 5 6 7

Part VIII
Other 1 2 3 4 5 6 7

Effective Date ____________________________
Next Review Date _________________________
Total Points ____________________________
Basic Rate ______________________________
SpN Rate ________________________________
TOTAL RATE ____________________________

If Age Change (before next review)
Effective Date: _________________________
Basic Rate: ____________________________
Special Needs Rate: _____________________
Reviewed By: __________________________
SPECIAL NEEDS POINT SCALE
CHILDREN AGES 5 - 18

<table>
<thead>
<tr>
<th>CHILD</th>
<th>AGE</th>
<th>DATE</th>
</tr>
</thead>
</table>

PART I - Psychiatric/Psychological Care

<table>
<thead>
<tr>
<th>Counseling</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Psychotropic Medication</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

PART II - Behaviors Exhibited

A. Excessive dependency | 1 | 2 |
B. Inability to relate to others | 1 | 2 |
C. Passivity | 1 | 2 |
D. School problems | 1 | 2 |
E. Difficulty with peers | 1 | 2 |
F. Runs away | 1 | 2 | 3 | 4 | 5 |
G. Steals | 1 | 2 |
H. Illicit drug use | 1 | 2 | 3 | 4 | 5 |
I. Destructive behavior | 1 | 2 | 3 | 4 | 5 |
J. High activity level | 1 | 2 |
K. Sexual activity | 1 | 2 | 3 | 4 | 5 |
L. Self-destructive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
M. Elimination
   1. Enuresis | 1 | 2 |
   2. Encopresis | 1 | 2 |
N. Very difficult/unusual behavior | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
P. Other, Medical, Medication, Services, LE | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Review Date</td>
<td>Basic Rate</td>
</tr>
<tr>
<td></td>
<td>SpN Rate</td>
</tr>
<tr>
<td></td>
<td>TOTAL RATE</td>
</tr>
</tbody>
</table>

If Age Change (before next review)

Effective Date:  
Basic Rate:  
Special Needs Rate:  
Reviewed By:  