

SUPPLEMENT TO THE RATE ELIGIBILITY FORM

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

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

Rate Chart

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

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

DATE:	PHONE:	FAX:
AGENCY NAME:		

(CHECK ONE) SOCIAL SERVICES ADOPTION PROBATION

ADDRESS:

SIGNATURE: