

**ASSESSMENT GUIDE FOR SPECIALIZED FOSTER CARE LEVELS FOR LICENSED FOSTER HOMES, RELATIVES, NREFM's  
NON-DEPENDENT NON RELATED LEGAL GUARDIANS & KIN-GAP (GUARDIANSHIP ESTABLISHED ON OR AFTER 5/1/11)**

Descriptions below are guidelines to assist social workers and caregivers in identifying extra levels of care and supervision required for children beyond what is normally expected for age and developmental level and beyond mild symptoms of separation anxiety following removal from parental home.

Instructions: (check one)     Initial Authorization by Social Worker     Renewal

Minor: \_\_\_\_\_ Age: \_\_\_\_ Current Rate: \_\_\_\_\_ Caregiver: \_\_\_\_\_ SW: \_\_\_\_\_ ERS: \_\_\_\_\_

<b>LEVEL I – Basic Rate Plus \$175</b>	<b>LEVEL II – Basic Rate Plus \$400</b>	<b>LEVEL III – Basic Rate Plus \$600</b>
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<p><b>One or more of the following applies:</b>  <i>Caregiver providing up to 2 hours of extra care &amp; supervision per day due to the following behavioral or physical issues:</i></p> <p><input type="checkbox"/> Excessive demands for attention  <input type="checkbox"/> Moderate behavioral/emotional problems  <input type="checkbox"/> Mildly inappropriate sexual behavior <b>(Explain below)</b>  <input type="checkbox"/> Moderate symptoms of drug withdrawal <b>(Explain below)</b>  <input type="checkbox"/> Chronic medical condition such as asthma, epilepsy, heart condition or premature birth  <input type="checkbox"/> Other emotional, behavioral or physical needs not covered above. Indicate need and additional foster parent activities required. <b>(Explain below)</b></p> <p><i>Caregiver providing extra care &amp; supervision due to required participation in the following activities:</i></p> <p><input type="checkbox"/> Therapy appointments (once per month)  <input type="checkbox"/> Moderate educational problems and/or learning disabilities requiring foster parent to meet with school personnel 2 X per month. IEP with added duties for caregiver. <b>(Explain below)</b>  <input type="checkbox"/> Average of 2 medical/professional appointments per month</p> <p><b><u>Explanation(s):</u></b>          _____          _____          _____</p>	<p><b>One or more of the following applies:</b>  <i>Caregiver providing 2-4 hours of extra care &amp; supervision per day due to the following behavioral or physical issues:</i></p> <p><input type="checkbox"/> Severe depression, anxiety or fear  <input type="checkbox"/> Frequent loss of emotional control, defiance towards adults  <input type="checkbox"/> Destructive to household property <b>due to behavioral issues</b>  <input type="checkbox"/> Sexual acting out, causing problems at school or with peers  <input type="checkbox"/> Severe drug withdrawal symptoms or condition from prenatal drug exposure <b>(Explain below)</b>  <input type="checkbox"/> Other emotional, behavioral or physical needs not covered above, such as the need for intensive services. Indicate need and additional foster parent activities required <b>(Explain below)</b></p> <p><i>Caregiver providing extra care &amp; supervision due to required participation in the following activities:</i></p> <p><input type="checkbox"/> Two to three therapy appointments per month  <input type="checkbox"/> Frequent intervention to mediate issues between child and school, child and peers  <input type="checkbox"/> Administers one or more medications by injection  <input type="checkbox"/> Average of 3 medical/professional appointments per month</p> <p><b><u>Explanation(s):</u></b>          _____          _____          _____</p>	<p><b>One or more of the following applies:</b>  <i>Caregiver providing more than 4 hours of extra care &amp; supervision per day due to the following behavioral or physical issues:</i></p> <p><input type="checkbox"/> Severely disturbed, bizarre behavior, chronic depression.  <input type="checkbox"/> Dangerous to self or others, assaultive.  <input type="checkbox"/> Severe hyperactivity not controlled by medication.  <input type="checkbox"/> Sexual aggression, offensive to others.  <input type="checkbox"/> Impulsive destruction of property, fire setting, and continuous supervision required.  <input type="checkbox"/> Medical condition requires extra care more than 4 hours/day. <b>(Explain below)</b>  <input type="checkbox"/> Minor at high risk of group home placement <b>due to mental or behavioral issues (Explain below)</b>  <input type="checkbox"/> Technology dependent – <b>(Explain below)</b>  <input type="checkbox"/> Medically fragile – <b>(Explain below)</b></p> <p><i>Caregiver providing extra care &amp; supervision due to required participation in the following activities:</i></p> <p><input type="checkbox"/> Four or more therapy appointments per month  <input type="checkbox"/> Average of 4 or more medical/professional appointments per month</p> <p><b><u>Explanation(s):</u></b>          _____          _____          _____</p>
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<input type="checkbox"/> Memo attached with additional information. (Optional)	<input type="checkbox"/> Memo attached with additional information. (Optional)	<input type="checkbox"/> Memo attached with additional information. (Optional)
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<input type="checkbox"/> Initial or new placement Date of placement: _____	<input type="checkbox"/> Renewal or rate change in continuing placement. Caregiver signature: _____	Rate level proposed by care provider: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Other? _____
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Social Worker Recommends:  I  II  III Other: \_\_\_\_\_ Effective: \_\_\_\_\_ through \_\_\_\_\_ Is rate required to avoid:  GH  FFA  Yes  No  
 Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Division Manager: \_\_\_\_\_ Date: \_\_\_\_\_