



# DEPARTMENT OF SOCIAL SERVICES

10877 Conductor Blvd. Sutter Creek, CA 95685 209-223-6550

## AMADOR COUNTY FOSTER CARE RATES

Effective January 1, 2008

| <u>AGE</u> | <u>BASIC RATE</u><br>(per month) | <u>BASIC EMERGENCY SHELTER CARE</u><br>(per night) |
|------------|----------------------------------|--|
| 0-4        | 446.00                           | 14.00  |
| 5-8        | 485.00                           | 16.00  |
| 9-11       | 519.00                           | 17.00  |
| 12-14      | 573.00                           | 19.00  |
| 15-20      | 627.00                           | 20.00  |

### SPECIALIZED FOSTER CARE INCREMENT

|          |            |               |
|----------|------------|---------------|
| Level A: | Add 141.00 | to Basic Rate |
| Level B: | Add 281.00 | to Basic Rate |
| Level C: | Add 424.00 | to Basic Rate |

### SPECIALIZED FOSTER CARE RATE

| AGE   | LEVEL A | LEVEL B | LEVEL C |
|-------|---------|---------|---------|
| 0-4   | 587.00  | 727.00  | 870.00  |
| 5-8   | 626.00  | 766.00  | 909.00  |
| 9-11  | 660.00  | 800.00  | 943.00  |
| 12-14 | 714.00  | 854.00  | 997.00  |
| 15-20 | 768.00  | 908.00  | 1051.00 |

### EMERGENCY SHELTER CARE SPECIALIZED RATE

| AGE   | LEVEL A<br>(per night) | LEVEL B<br>(per night) | LEVEL C<br>(per night) |
|-------|------------------------|------------------------|------------------------|
| 0-4   | 19.00                  | 25.00                  | 29.00                  |
| 5-8   | 20.00                  | 25.00                  | 30.00                  |
| 9-11  | 22.00                  | 26.00                  | 31.00                  |
| 12-14 | 23.00                  | 28.00                  | 33.00                  |
| 15-20 | 25.00                  | 30.00                  | 35.00                  |

### CLOTHING ALLOWANCE

|          |        |
|----------|--------|
| Initial: | 149.00 |
| January: | 149.00 |
| July:    | 149.00 |

### SUPPLEMENTL CLOTHING ALLOWANCE

100.00



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## SCI-Rate Criteria Description of qualifying factors

| Name of Behavior/<br>Problem   | Name of Level   |   |   |
|--|---|---|---|
| <b>Medical Needs</b>   | <b>Level A: Moderate Care</b><br>Medical conditions such as asthma, epilepsy, heart condition, enuresis, or moderate symptoms of drug withdrawal; frequent trips must be made to physician; medical condition that requires maintenance of a constant temperature in the home | <b>Level B: Intensive Care</b><br>Severe physical or medical problems requiring frequent trips to the physician, which may include out of county trips; encopresis; severe drug withdrawal symptoms requiring frequent physician or other types of medical contacts | <b>Level C: Exceptional Care</b><br>Severe medical complications, such as those resulting from prenatal drug exposure requiring frequent medical treatment and in-home monitoring; severe physical problems |
| <b>Emotional/Behavioral Needs</b>  | <b>Level A: Moderate Care</b><br>Enuresis, hyperkinetic behavior, moderate and/or occasional emotional problems; natural parent visits result in problems for child; frequent visits must be made to therapist  | <b>Level B: Intensive Care</b><br>Frequent trips to therapist, including out of county trips  | <b>Level C: Exceptional Care</b><br>Severe emotional/behavioral problems, drug use, destructive behavior, sexual acting out, running away, assaultive behavior, stealing, hyperactivity, fire setting       |
| <b>Educational Needs</b>   | <b>Level A: Moderate Care</b><br>Moderate education problems  | <b>Level B: Intensive Care</b><br>Severe educational problems   | <b>Level C: Exceptional Care</b><br>Severe problems in school requiring frequent foster parent intervention with educational personnel  |
| <b>Methodologies Used</b><br>When a child has special needs, the Specialized Foster Care Assessment form is completed by the assigned Social Worker who assesses the child's needs based on the above listed guidelines to determine the care level. The Social Worker submits the completed form and any documentation to the Supervisor/Program Manager. The Supervisor/Program Manager reviews the paperwork, signs the form, and indicates whether or not in agreement. If the rate is approved, a copy of the signed form is submitted to the Eligibility Unit. If the Supervisor/Program Manager denies the request, the social worker informs the foster parents. |   |   |   |



- Severe problems in school requiring frequent foster parent intervention with education personnel
- Severe medical complications as a result of prenatal drug exposure requiring frequent medical treatment and in-home monitoring.

Supportive information for care level:

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

- Approve
- Denied

Reassessment Due Date (90 days): \_\_\_\_\_