

Monterey County's SCI Program was developed by Family and Children's Services Program Managers, analysts, social workers, and the licensed caregivers of special needs foster children. The committee was required to submit the plan to the California State Department of Social Services (CSDSS) prior to seeking approval of the Monterey County Board of Supervisors. Then, the program had to be submitted again to the CSDSS for finalization.

A lot of time and thought went into the planning, development, and several trial runs of the program while being fine-tuned to meet the needs of Monterey County's foster children. Our County has one of the most comprehensive SCI programs in the State which allows us to help support the caregivers who work so hard to care for these children who's lives have often been affected by prenatal substance exposure and been impacted by the trauma of abuse or neglect.

Monterey County has a three-tiered SCI Program based on the moderate to severe conditions that may impact the family while caring for a child. SCI rates are added to the basic foster care rate which is set by the CSDSS, and broken down by the ages of the children:

Age of the child: Basic Rate:

0 to 4 years old	\$446
5 to 8 years old	\$485
9 to 11 years old	\$519
12 to 14 years old	\$573
15 to 19 years old	\$627

All SCI assessments are reviewed by an analyst who was a Monterey County licensed foster parent and adopted a very special needs child. The analyst not only has a medical background and understanding of children's needs, but is empathetic regarding the impact the needs may have on a caregiving family. If the child qualifies for SCI and the primary caregiver has completed the required training, the analyst will approve the SCI rate.

Monterey County  
Family and Children's Services

Specialized  
Care  
Incentive  
(SCI)

Facts for Caregivers



Monterey County  
Family and Children's Services  
1000 S. Main Street, Suite 205  
Salinas, CA 93901  
(831) 755-4475

## Frequently Asked Questions:

Q: What is SCI?

A: SCI is Specialized Care Increment and is provided to the caregiver to help meet the special medical, emotional and/or behavioral needs of the foster child.

Q: How can I get the Specialized Care Increment (SCI)?

A: SCI is based on the special medical, emotional or behavioral needs of the child.

Q: As a caregiver, how do I qualify?:

A: All caregivers must complete pre- service TEAM training — or — ROOTS AND either Specialized Care Training or SPARK.

Q: My foster child was born with serious medical problems and had surgery. Would this qualify for SCI?

A: Possibly, if the medical issues are ongoing. If the issues have resolved, then no.



Q: My foster child received SCI while in his last foster care placement home. Will he get the SCI when he moves to my home?

A: Every child is reassessed when he or she changes placement, yet if the issues that qualified the minor were not resolved, and if you qualify by completing the required training, the SCI may continue.

Q: What is the approval process? I recently had a child placed in my home who I believe qualifies for SCI. How do I get the SCI rate?

A: Contact the child's current social worker and ask him or her to complete an SCI Worksheet to determine if the child qualifies. The social worker submits it to a management analyst for approval.

Q: What do I do if the social worker or analyst says the child does not qualify for SCI?

A: Contact the social worker's supervisor or the Program Manager who will be able to resolve any disputes.

Q: Under what circumstances would the SCI rate become higher or lower?

A: If the child's needs become worse or improve the SCI rate may change.

Q: How often is the SCI assessed?

A: At least once a year — or more if the needs of the child have changed.

Monterey County  
**Family and Children's Services**  
 Foster Care Rates  
 January 1, 2009

Age Range	Current Basic Rate (Effective January 1, 2008)	Specialized Care Increments (Without Professional Parent)		
		Level One Specialized Care	-or- Level Two Intermediate Care	-or- Level Three Intensive Care
0-4	\$446	+ \$ 315 = \$761	+ \$ 499 = \$945	+ \$ 683 = \$1,129
5-8	\$485	+ \$ 315 = \$800	+ \$ 499 = \$984	+ \$ 683 = \$1,168
9-11	\$519	+ \$ 315 = \$834	+ \$ 499 = \$1,018	+ \$ 683 = \$1,202
12-14	\$573	+ \$ 315 = \$888	+ \$ 499 = \$1,072	+ \$ 683 = \$1,256
15-19	\$627	+ \$ 315 = \$942	+ \$ 499 = \$1,126	+ \$ 683 = \$1,310

CLOTHING ALLOWANCE	
AGE	RATE
0-6	\$565
7-12	\$635
13-20	\$706

Professional Parent Rate	\$988
<i>A Professional Parent is a caregiver who performs a service to the child that would otherwise need to be provided in the community for a fee.</i> Example: A Professional Parent may be a Physical Therapist (PT) who performs daily physical therapy with the child so that the child does not need to use a PT in the community, thereby saving the caregiver time/money and/or the county money.	

WHOLE FAMILY FOSTER HOMES (WFFH) -- with special qualifications & approval	
<b>Dependent Teen Parent:</b> Qualifies for Basic Rate or SCI based on the teen's needs and the caregiver's training qualifications	<b>Non-Dependent Infant/Child of Teen Parent:</b> Basic Rate based on the age of the Infant/Child. Not eligible for SCI
WFFH <b>WITH</b> Shared Responsibility Plan \$200 per month paid to the caregiver	

INFANT SUPPLEMENT (for NON- WFFH)	
Foster Family Home / FFA	\$411
Group Home	\$890

Emergency Rate (0-3 days)	\$38 per diem
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Assessment Homes (0-120 days)	\$38 per diem
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### DUAL RATE (DR)

(For children receiving AFDC-FC or AAP and are Regional Center Clients)

DR Children who are younger than 3 years old without a developmental disability = \$898
DR Children who are 3 years old or more or are under 3 with a developmental disability = \$2,006
DR Children who received a higher rate than above and were dual rate clients prior to July 1, 2007 will continue to receive the higher rate.
Supplemental: \$250 — \$500 — \$750 — \$1,000 based on completion of the <b>Supplement to the Rate Questionnaire SOC 837</b> and <b>Supplement to the Rate Eligibility Form SOC 836</b>
DR Children in a Community Care Licensed Vendorized home = Alternative Residential Model (ARM) Rate

### AAP RATES

#### AAP Agreements **ORIGINALLY** executed **PRIOR** to January 1, 2008

Age Range	Basic Rate	Specialized Care Increments		
		Level One Specialized Care	-or- Level Two Intermediate Care	-or- Level Three Intensive Care
0-4	\$425	+ \$ 300 = \$725	+ \$ 475 = \$900	+ \$ 650 = \$1,075
5-8	\$462	+ \$ 300 = \$762	+ \$ 475 = \$937	+ \$ 650 = \$1,112
9-11	\$494	+ \$ 300 = \$794	+ \$ 475 = \$969	+ \$ 650 = \$1,144
12-14	\$546	+ \$ 300 = \$846	+ \$ 475 = \$1,021	+ \$ 650 = \$1,196
15-19	\$597	+ \$ 300 = \$897	+ \$ 475 = \$1,072	+ \$ 650 = \$1,247

#### AAP Agreements executed for the first time **AFTER** January 1, 2008

Age Range	Basic Rate	Specialized Care Increments		
		Level One Specialized Care	-or- Level Two Intermediate Care	-or- Level Three Intensive Care
0-4	\$446	+ \$ 315 = \$761	+ \$ 499 = \$945	+ \$ 683 = \$1,129
5-8	\$485	+ \$ 315 = \$800	+ \$ 499 = \$984	+ \$ 683 = \$1,168
9-11	\$519	+ \$ 315 = \$834	+ \$ 499 = \$1,018	+ \$ 683 = \$1,202
12-14	\$573	+ \$ 315 = \$888	+ \$ 499 = \$1,072	+ \$ 683 = \$1,256
15-19	\$627	+ \$ 315 = \$942	+ \$ 499 = \$1,126	+ \$ 683 = \$1,310

## SPECIALIZED CARE RATE DETERMINATION WORKSHEET

\* *Note: Specialized Care Rate does not apply to Foster Family Agency Homes*

Foster Care       AAP →       If 1<sup>st</sup> AAP, rate child last received in foster care is \_\_\_\_\_.

Does child have other income (such as SS, SSI, Regional Center)? Explain and show amount: \_\_\_\_\_

**CG = Caregiver (Foster Parent, Relative, NREFM, Adoptive Parent)**

Child's (CURRENT) Name	DOB	Age	Social Worker
Caregiver's Name:		Case Name (if a Court Dependent)	
<b>Date Placement Began: * must be entered!</b>	Initial SCI Plan Date/Rate:	Analyst: SCI Effective Date/Rate	

LEVEL:	Level 1	Level 2	Level 3
# of Areas of Concern For Social Worker:			
For Analyst:			
Rate For Analyst:			

Analyst will determine if child meets minimum standards for any level. Do not duplicate entries i.e. 'Asthma medication' and '1-3 medications per day.' Check one box per level if it applies.

Social Worker (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Program Analyst Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Specialized Care for this child is based on:

Medical needs     Emotional needs     Behavioral needs

**The following section must be completed except for AAP cases. Social worker must have a copy of the appropriate certificate on file or a verbal verification from Hartnell staff. A verbal verification from the caregiver WILL NOT BE ACCEPTED.**

- Has the caregiver completed the Relative/NREFM Orientation (if a relative or NREFM)?     yes     no  
*Social Worker must attach a copy of the Certificate of Completion for placements which began after March, 2009.*

- Has the caregiver completed TEAM Pre-Service or ROOTS (if a Relative)?     yes     no  
Method of verification: \_\_\_\_\_

- Has the caregiver completed SPARK?     yes     no  
Method of verification: \_\_\_\_\_

- Has the caregiver completed the Specialized Care Training?     yes     no  
Method of verification: \_\_\_\_\_

The caregiver has received other training qualifying them for the SCR: \_\_\_\_\_

# SPECIALIZED CARE RATE DETERMINATION WORKSHEET

**Child Age: Birth Through 18 Months**

## PHYSICAL CARE NEEDS

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>TRANSPORTATION</b> CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week.  —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month.  —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month  —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
<b>SEIZURES:</b> CG must monitor minor for seizure activity	<ul style="list-style-type: none"> <li>• At least weekly</li> <li>• Loss of consciousness less than 10 minutes, no apnea</li> <li>• Medical treatment needed to control</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• At least daily</li> <li>• Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop</li> <li>• Intensive medical care required</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Hospitalization or surgery required to control.</li> </ul> <input type="checkbox"/>
<b>INFECTIOUS DISEASE:</b> CG must use the following special hygiene precautions	<ul style="list-style-type: none"> <li>• Known or suspected, and more than usual hygiene measures needed.</li> <li>• Increased risk for contracting, so should remain in home as much as possible</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Known; requiring specialized handling of all body fluids.</li> <li>• Great risk for contracting – specialized handling of food, toys, etc needed</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ Child must be isolated from other children and adults not living in the home.</li> </ul> <input type="checkbox"/>
<b>FEEDING:</b> CG must use special handling of procedure for feeding. Minor’s food intake must be monitored.	<ul style="list-style-type: none"> <li>• Special diet/food preparation beyond what is normal for age of child</li> <li>• Takes 41-50 minutes for caregiver to feed a bottle</li> <li>• Projection vomit at least twice daily</li> <li>• Vomits entire feeding</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Chokes or gags easily— frequent special handling needed</li> <li>• Takes 51+ minutes for caregiver to feed a bottle</li> <li>• Requires medication to control vomiting.</li> <li>▪ Has difficulty gaining weight.</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Requires feeding by N/G, GTT, JT and/or pump</li> <li>• Every 2 hours with night feedings</li> </ul> <input type="checkbox"/>
<b>ELIMINATION:</b> CG must use special handling or procedures according to minor’s need	<ul style="list-style-type: none"> <li>• Prone to urinary tract infections, requiring medication/needs increased fluids</li> <li>• Chronic constipation/ occasional suppository</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Credé needed to empty bladder</li> <li>• Chronic diarrhea/runny stools; or constipated and needs daily program</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Has vesicostomy/ uretostomy/illial conduit</li> <li>• Colostomy/ileostomy</li> </ul> <input type="checkbox"/>
<b>SLEEP PATTERN:</b> CG must comfort minor during night sleep time—beyond what is normal for age.	May wake up several <b>times nightly</b> <b>(Wakefulness not due to normal functions such as teething or needing to</b>	Prolonged periods of crying creating sleep disturbance requiring significant interaction. <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Averages less than 2-3 hours of sleep nightly</li> <li>• Inconsolable crying</li> </ul> <input type="checkbox"/>
<b>MUSCLE TONE:</b> CG must spend extra time handling minor and working with minor to improve muscle functioning	Impact on care and or some developmental delay; need to monitor Hyperreflexia <input type="checkbox"/>	Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
<b>MEDICALLY FRAGILE</b> CG must constantly monitor minor’s medical needs, FP must insure minor receives ongoing medical care to address medically fragile condition	<ul style="list-style-type: none"> <li>• High SIDS risk</li> <li>• Tremors</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Born with serious medical defects. Close monitoring and medical supervision needed.</li> <li>• Requires apnea monitor</li> </ul> Describe: <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Born with major medical defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care</li> </ul> Describe: <input type="checkbox"/>

RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma needing at least one medication daily. <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>
SPECIAL EQUIPMENT: CG must be trained in the use of equipment needed to assist minor in the areas listed	Splints, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Aspiration, suctioning ventilator, or must tent</li> <li>• Apnea monitor</li> </ul> <input type="checkbox"/>	Daily oxygen, broviac catheter, or tracheotomy (Circle those that apply) <input type="checkbox"/>
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). EXCLUDES VITAMINS <input type="checkbox"/>	2-4 prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	5 + prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>
OTHER: Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>
SUBSTANCE EXPOSED; AT RISK	<ul style="list-style-type: none"> <li>• Acute/Long Term With _____</li> <li>• Uncoordinated fine motor skills</li> <li>• Sensory input problems</li> <li>• Jitteriness/irritability</li> <li>• Poor feeding/reflux</li> <li>• Hyper/hypotonicity</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Acute withdrawal (opiates &amp; methadone)</li> <li>• Diagnosis of acute gastroesophageal reflux</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Includes Level 1 and Level 2 plus medication needed to control withdrawal</li> </ul> <input type="checkbox"/>

**Not mandatory to complete —**

What are some of the child's positive traits:

# SPECIALIZED CARE RATE DETERMINATION WORKSHEET

**Child Age: 18 Months to 3 Years**

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>TRANSPORTATION</b> CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week.  —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month.  —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
<b>SEIZURES:</b> CG must monitor minor for seizure activity	<ul style="list-style-type: none"> <li>• At least weekly</li> <li>• Loss of consciousness less than 10 minutes, no apnea</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• At least daily</li> <li>• Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Hospitalization or surgery required to control.</li> </ul> <input type="checkbox"/>
<b>INFECTIOUS DISEASE:</b> CG must use the following special hygiene precautions	<ul style="list-style-type: none"> <li>• Known or suspected, and more than usual hygiene measures needed.</li> <li>• Increased risk for contracting, so should remain in home as much as possible <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Known; requiring specialized handling of all body fluids.</li> <li>• Great risk for contracting – specialized handling of food, contacts, toys, etc is needed</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ Child must be isolated from other children and adults not living in the home.</li> </ul> <input type="checkbox"/>
<b>FEEDING:</b> CG must use special handling of procedure for feeding. Minor’s food intake must be monitored.	<ul style="list-style-type: none"> <li>• Special diet/food preparation beyond what is normal for age of child</li> <li>• Takes 41-50 minutes for caregiver to bottle feed</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Chokes or gags easily; frequent special handling needed</li> <li>• Takes 51+ minutes for caregiver to bottle feed</li> <li>• Vomits at least twice daily; or requires medication to control vomiting.</li> <li>▪ Has difficulty gaining weight.</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Requires feeding by N/G, GTT, JT and/or pump</li> <li>• Every 2 hours with night feedings</li> </ul> <input type="checkbox"/>
<b>ELIMINATION:</b> CG must use special handling or procedures according to minor’s need	<ul style="list-style-type: none"> <li>• Prone to urinary tract infections, requiring medication/needs increased fluids</li> <li>• Chronic constipation/ occasional suppository <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Credé needed to empty bladder</li> <li>• Chronic diarrhea/runny stools; or constipated and needs daily program</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Has vesicostomy/ uretostomy/illial conduit</li> <li>• Colostomy/ileostomy</li> </ul> <input type="checkbox"/>
<b>SLEEP PATTERN:</b> CG must comfort minor during night sleep time—beyond what is normal for age.	May wake up several times nightly (Wakefulness not due to normal functions such as teething or needing to eat). <input type="checkbox"/>	Prolonged periods of crying creating sleep disturbance <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Averages less than 2-3 hours of sleep nightly</li> <li>• Inconsolable crying</li> <li>• Night terrors</li> </ul> <input type="checkbox"/>
<b>MUSCLE TONE:</b> CG must spend extra time handling minor and working with minor to improve muscle functioning <input type="checkbox"/>	Impact on care and or some developmental delay; need to monitor <input type="checkbox"/>	Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
<b>APPOINTMENTS:</b> CG must take minor to medical/therapy appointments; or insure minor’s attendance at medical/therapy appointments <input type="checkbox"/>	5 or more appointments monthly (not including visitation) <input type="checkbox"/>	7 or more appointments monthly (not including visitation) <input type="checkbox"/>	Level 2 plus frequent need for emergency appointments <input type="checkbox"/>

MEDICALLY FRAGILE: CG must constantly monitor minor's medical needs, FP must insure minor receives ongoing medical care to address medically fragile condition	N/A	<ul style="list-style-type: none"> <li>Born with serious medical defects. Close monitoring and medical supervision needed</li> </ul> Describe: <ul style="list-style-type: none"> <li>High SIDS risk <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Born with major medical defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care needed</li> </ul>
RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma needing at least one medication daily. <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>
SPECIAL EQUIPMENT: CG must be trained in the use of equipment needed to assist minor in the areas listed <input type="checkbox"/>	Splints, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Aspiration, suctioning ventilator, or must tent</li> <li>Apnea monitor</li> </ul> <input type="checkbox"/>	Daily oxygen, broviac catheter, or tracheotomy (Circle those that apply) <input type="checkbox"/>
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included <input type="checkbox"/>	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	2 – 4 prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	5 + prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>
OTHER; Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>
SUBSTANCE EXPOSED— <i>Neurological Issues</i>	<ul style="list-style-type: none"> <li>Acute/Long Term With _____</li> <li>Sensory input problems</li> <li>Jitteriness</li> <li>Poor feeding/reflux</li> <li>Hyper/hypotonicity <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Acute withdrawal (opiates &amp; methadone)</li> <li>Diagnosis of acute gastroesophageal reflux <input type="checkbox"/></li> </ul>	Level 1 and Level 2 with— <ul style="list-style-type: none"> <li>Meds needed to control withdrawal <input type="checkbox"/></li> </ul>

## BEHAVIORS WHICH ARE NOT AGE APPROPRIATE

Child Age: 18 Months to 3 Years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
EXCESSIVE ACTIVITY: Constant movement, over-excitability and restlessness won't sit still.	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires continuous specialized intervention. <input type="checkbox"/>	
POOR TOLERANCE FOR CHANGE or SEPARATION ANXIETY ^: Restlessness or disruption of typical functioning, cries when FP not present.	MODERATE: - Anxiety & fear which is difficult to control, but will respond to sustained specialized intervention. - Resists being alone or is withdrawn. -Multiple fears <input type="checkbox"/>	SEVERE: Anxiety & fear which requires continuous specialized intervention. <input type="checkbox"/>	
AGGRESSION TOWARD SELF OR OTHERS: Deliberate violent episodes injury to others or destruction of property.	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires continuous specialized intervention. <input type="checkbox"/>	Rages for more than 1 hour 2 or more times per week; destructive to property. Behaviors potentially put child in danger. Requires immediate professional intervention. <input type="checkbox"/>
REACTIVE ATTACHMENT DISORDER *	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention. <input type="checkbox"/>	
OTHER	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	

^ Separation anxiety is the recurrent, excessive distress when separated from home or attachment figure. This distress may include persistent and excessive worry about losing or possible harm to major attachment figure, persistent reluctance or refusal to go to school, excessively fearful or reluctant to be alone or repeated physical complaints when separation is anticipated.

\* Reactive Attachment Disorder is the persistent failure to initiate or respond in the developmentally appropriate fashion to most social interactions as manifested by inhibition, hypervigilance, and highly ambivalent, contradictory responses.

### Not mandatory to complete —

What are some of the child's positive traits:

## SPECIALIZED CARE RATE DETERMINATION WORKSHEET

**Child Age: 3 through 5 years**

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>TRANSPORTATION</b> CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week.  —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
<b>SEIZURES</b> CG must monitor minor for seizure activity	<ul style="list-style-type: none"> <li>• At least weekly</li> <li>• Loss of consciousness less than 10 minutes, no apnea. <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• At least daily</li> <li>• Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalization or surgery required to control. <input type="checkbox"/></li> </ul>
<b>INFECTIOUS DISEASE</b> CG must use the following hygiene precaution	<ul style="list-style-type: none"> <li>• Known or suspected &amp; more than usual hygiene measures needed</li> <li>• Increased risk for contracting, so should remain in home as much as possible <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Known; requiring specialized handling of all body fluids</li> <li>• Great risk for contracting – specialized handling of food, toys, etc. is needed <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Child must be isolated from other children and adults not living in the home. <input type="checkbox"/></li> </ul>
<b>FEEDING</b> CG must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> <li>• Special diet/food preparation beyond what is normal for age of child <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Chokes or gags easily; frequent special handling needed</li> <li>• Vomits at least twice daily; or requires medication for vomiting</li> <li>• Failure to gain weight <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Requires feedings by N/G, GTT, JT and/or Pump</li> <li>• Night feeding needed every 2 hours <input type="checkbox"/></li> </ul>
<b>BLADDER/BOWEL FUNCTIONING</b> CG must use special handling or procedure according to minor's need	<ul style="list-style-type: none"> <li>• Prone to urinary tract infections, needs increased fluids</li> <li>• Chronic constipation/ occasional suppository <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Credé needed to empty bladder</li> <li>• Chronic diarrhea/runny stools; or constipated &amp; needs daily program <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Has vesicostomy/ uretostomy/illial conduit</li> <li>• Colostomy/ ileostomy <input type="checkbox"/></li> </ul>
<b>ADAPTIVE FUNCTIONING:</b> CG must assist minor with developmental delays in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	Can learn some self-care with constant repetitive training & instructions, i.e. toilet-training, speech delay <input type="checkbox"/>	Cannot perform age appropriate functions or can only do so with assistance. Specify _____ _____ _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper because of Dx of adaptive function delay. <input type="checkbox"/>
<b>MEDICALLY FRAGILE</b> CG must constantly monitor minor's medical needs and insure minor receives ongoing medical care to address medically fragile condition	N/A	Born with serious medical defects having long-term implications. Close monitoring & medical supervision needed. <input type="checkbox"/>	Born with major medical defects that are life threatening. Constant care & supervision needed; surgery pending or post surgical care needed. <input type="checkbox"/>
<b>RESPIRATORY PROBLEMS:</b> CG must Monitor minor's condition & follow appropriate medical procedure to address respiratory condition	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma requiring at least one medication daily. <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>

SPECIAL EQUIPMENT: CG must be trained in the use of technology needed to assist minor in the areas listed.	Splints, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Aspiration, suctioning, ventilator, or mist tent <input type="checkbox"/></li> <li>Apnea monitor <input type="checkbox"/></li> </ul>	Daily oxygen, broviac catheter, tracheostomy (Circle those that apply) <input type="checkbox"/>
MEDICATIONS CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	2 — 4 medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	5 + medications per day (other than those that apply in another section of SC worksheet) <input type="checkbox"/>
CG performs physical therapy/occupational therapy/speech therapy exercises with minor as prescribed by therapist or doctor	CG performs 1 – 4 times a month <input type="checkbox"/>	CG performs at least one hour per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>	CG performs 2 – 3 hours per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>

### EMOTIONAL CARE NEEDS

Child Age: 3 through 5 years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING: CG must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed	<ul style="list-style-type: none"> <li>Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort &amp; attention.</li> <li>Tantrums &amp; is not easily distracted from tantrum behavior <input type="checkbox"/></li> </ul>	At least daily tantrums, very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Rages lasting 2 hours or more per day and requiring professional intervention. Security Management needed. Potentially life-threatening. <input type="checkbox"/>
ADDITIONAL STRUCTURE/SUPERVISION: CG must provide minor with a level of structure higher than appropriate to minor's chronological age.	Child cannot play alone or with peers for any period of time without adult supervision <input type="checkbox"/>	Child can <u>never</u> be left unattended <input type="checkbox"/>	
SLEEP DISTURBANCE: CG must comfort minor during night sleep time.	Nightmares <u>or</u> night terrors 2x per week. <input type="checkbox"/>	Level 1 + Child agitated at bedtime. <input type="checkbox"/>	Nightmares <u>or</u> night terrors every night. <input type="checkbox"/>
ENURESIS: CG must monitor, assist minor with gaining control; extra laundry	Loss of bladder control at night <input type="checkbox"/>	Loss of bladder control during the day & at night. <input type="checkbox"/>	Need for medical intervention to gain bladder control <input type="checkbox"/>
ENCOPRESIS: CG must monitor; assist minor with gaining control; extra laundry.	Occasional bowel accidents—at least weekly. <input type="checkbox"/>	Daily bowel accidents. <input type="checkbox"/>	Need for medical intervention to gain bowel control <input type="checkbox"/>
AGGRESSIVE TO OTHERS/PROPERTY: CG must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior <input type="checkbox"/>	Emerging pattern of physical aggression with peers. Emerging pattern of property destruction. <input type="checkbox"/>	Regularly aggressive/assaultive FP must protect other children & property <input type="checkbox"/>	Same as level 2 & chronic, extreme destruction of property Specify _____ _____ _____ <input type="checkbox"/>

SEXUAL BEHAVIOR: CG must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	<ul style="list-style-type: none"> <li>• Redirection of sexualized behavior — beyond what is age-appropriate.</li> <li>• Preoccupation with public masturbation</li> </ul>	<ul style="list-style-type: none"> <li>• Child often initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely</li> <li>• Requires counseling</li> </ul>	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children
SCHOOL PROBLEMS CG maintains contact with pre-school/school personnel; attends pre-school/school meetings and/or IEPs, assist minors with schoolwork and/or homework; insure minor's educational needs & objectives are met.	Child presents discipline problems; or learning problems. IEP or 504 Plan has been initiated.	Same as level 1 & Has been evaluated for special education services and has an IEP or 504 Plan. Receives pull-out services.	Child receives Special Ed Services due to being emotionally disturbed. Receives full-time Academic Spec. Ed.
EMOTIONAL & BEHAVIORAL CONCERNS CG must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations	Behavior indicates need for therapy from a psychologist or a psychiatrist.	Unresponsive & withdrawn; FP must monitor closely; Caregiver expected to participate in therapy sessions at least twice weekly.	Suicidal gesture or ideation; need for on-going or intensive therapy three or more times per week.
CG IS EXPECTED TO PARTICIPATE IN THERAPY SESSION	At least twice weekly		
HYPERACTIVE: CG must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Highly active & demanding of attention from family members. No medication necessary.	Recommended by doctor to control activity with medication.	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house.

**Not mandatory to complete —**

What are some of the child's positive traits:

**SPECIALIZED CARE RATE DETERMINATION WORKSHEET**

**Child's Age: 6 through 11  
PHYSICAL CARE NEEDS**

<b>CONCERNS</b>	<b>LEVEL 1</b>	<b>LEVEL 2</b>	<b>LEVEL 3</b>
<b>TRANSPORTATION</b> CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week.  —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month.  —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month  —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
<b>SEIZURES:</b> CG must monitor minor for seizure activity	<ul style="list-style-type: none"> <li>• At least weekly</li> <li>• Loss of consciousness less than 10 minutes, no apnea</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• At least daily</li> <li>• Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Hospitalization or surgery required to control.</li> </ul> <input type="checkbox"/>
<b>INFECTIOUS DISEASE:</b> CG must use the following hygiene precautions.	<ul style="list-style-type: none"> <li>• Known or suspected and more than usual hygiene measures needed.</li> <li>• Increased risk for contracting so should remain in home as much as possible</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Known; requiring specialized handling of all body fluids.</li> <li>• Great risk for contracting – specialized handling of food, toys, etc. is needed</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Child must be isolated from other children and adults not living in the home.</li> </ul> <input type="checkbox"/>
<b>FEEDING:</b> CG must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> <li>• Some choking; occasional special handling needed.</li> <li>• Special diet/food preparation</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Chokes or gags easily; frequent special handling needed</li> <li>• Vomits at least twice daily, or requires medication for vomiting</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Requires feedings by N/G, GII, JT and/or pumps</li> <li>• Same as level 2; and affecting adequate weight gain</li> </ul> <input type="checkbox"/>
<b>BLADDER/BOWEL FUNCTIONING:</b> CG must use special handling or procedure according to minor's need	<ul style="list-style-type: none"> <li>• Prone to urinary tract infections, need increased fluids</li> <li>• Chronic constipation/ occasional suppository</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Credé needed to empty bladder</li> <li>• Chronic diarrhea/runny stools; or constipated and needs daily program</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Has vesicostomy/ uretostomy/illial conduit</li> <li>• Colostomy/ileostomy</li> </ul> <input type="checkbox"/>
<b>ADAPTIVE FUNCTIONING:</b> CG must monitor minor with developmental delays and assist minor in the formation of age-appropriate self-help and developmental skills	Can learn some self-care with constant repetitive training and instruction, i.e. toilet-training, speech delay  <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ _____ _____  <input type="checkbox"/>	Requires total care. Cannot communicate verbally. CG must bathe, dress, diaper because of Dx of delayed adaptive functioning.  <input type="checkbox"/>
<b>MEDICALLY FRAGILE:</b> CG must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	Born with serious defects having long-term implications. Close monitoring and medical supervision needed.  <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Born with major defects that are life-threatening.</li> <li>• Constant care and supervision needed; surgery pending or post surgical care</li> </ul> <input type="checkbox"/>

SUBSTANCE EXPOSED – AT RISK	Diagnosis of FAS/FAE or other history of in utero drug exposure requiring extraordinary care. Describe: <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Central Nervous System disturbance</li> <li>• Metabolic/ respiratory disturbance</li> <li>• GI disturbance</li> </ul> Requiring extraordinary care. Describe: <input type="checkbox"/>	Other, more involved. Describe: <input type="checkbox"/>
RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma needing at least one medication daily <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>
SPECIALIZED EQUIPMENT: CG must be trained in the use of technology needed to assist minor in the areas listed.	Splints, case, braces or positioning equipment <input type="checkbox"/>	Aspiration, suctioning ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Oxygen, broviac catheter, tracheostomy (Circle those that apply) <input type="checkbox"/>
NON-AMBULATORY CG must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.; motorized wheelchair <input type="checkbox"/>	Need total care. Same as level 2; and requires special equipment for feeding positioning, bathing, etc. <input type="checkbox"/>
MEDICATIONS CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Consistent need for prescription medication (other than those that apply in another section of SC Worksheet) <input type="checkbox"/>	2—4 medications per day <input type="checkbox"/>	5 + medications per day <input type="checkbox"/>
<b>CG must perform</b> physical therapy, occupational therapy or speech therapy exercises with minor on a daily basis as prescribed by therapist or doctor	N/A	CG provides at least one hour per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>	CG provides 2 – 3 hours per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>
OTHER Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>

## EMOTIONAL CARE NEEDS

Child's Age: 6 through 11

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>DISTRUPTIVE BEHAVIORS:</b> CG must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<ul style="list-style-type: none"> <li>• Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort &amp; attention.</li> <li>• Tantrums &amp; is not easily distracted from tantrum behavior <input type="checkbox"/></li> </ul>	Level 1 + at least daily tantrums, very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Rages that put themselves or others at risk, requiring emergent professional intervention. <input type="checkbox"/>
<b>ADDITIONAL STRUCTURE/SUPERVISION:</b> CG must provide minor with a level of structure higher than appropriate to minor's chronological age.	Child cannot play alone or with peers for any period of time without adult supervision <input type="checkbox"/>	Child can never be left unattended <input type="checkbox"/>	
<b>SLEEP DISTURBANCE</b> CG must comfort minor during night sleep time.	Nightmares & night terrors. <input type="checkbox"/>	Child terrified of sleeping becomes very agitated at bedtime acts out, etc. every night. <input type="checkbox"/>	Requires CG to calm child; unable to go to sleep without parent in the room. <input type="checkbox"/>
<b>ENURESIS;</b> CG must monitor, assist minor with gaining control; extra laundry	Loss of bladder control at night <input type="checkbox"/>	Loss of bladder control during the day. <input type="checkbox"/>	Need for on-going medical intervention to gain bladder control <input type="checkbox"/>
<b>ENCOPRESIS</b> CG must monitor; assist minor with gaining control; extra laundry.	Bowel accidents up to 2x per week <input type="checkbox"/>	Daily bowel accidents <input type="checkbox"/>	Need for on-going medical intervention to gain bowel control <input type="checkbox"/>
<b>EMOTIONAL &amp; BEHAVIORAL CONCERNS:</b> CG must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendation	Requires need for assessment by mental health professional or in therapy. - Child is easily frustrated - Mood swings - Depression - Avoidant - Suspicious - Hostile <input type="checkbox"/>	CG must monitor closely; work with therapist - Unresponsive & withdrawn; - Defiant/oppositional - Explosive outbursts - Disoriented <input type="checkbox"/>	Need for on-going or intensive therapy - suicidal gestures - Anxiety/panic attacks requiring medical attention <input type="checkbox"/>
<b>SEXUAL BEHAVIOR</b> CG must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	<ul style="list-style-type: none"> <li>• Redirection of sexualized behavior — beyond what is age-appropriate.</li> <li>• Preoccupation with public masturbation <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Child often initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely <input type="checkbox"/></li> </ul>	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children <input type="checkbox"/>
<b>SCHOOL PROBLEMS</b> CG maintains contact with school personnel; attends school meetings and/or IEP's assist minor with school work and/or home-work; insure minor's educational needs and objectives are met	Child presents discipline problems; or learning problems. IEP or 504 Plan has been initiated. <input type="checkbox"/>	Same as level 1 & Has been evaluated for special education services and has an IEP or 504 Plan. Receives pull-out services. <input type="checkbox"/>	Child receives Special Ed Services due to being emotionally disturbed. Receives full-time Spec. Ed. <input type="checkbox"/>

HYPERACTIVE: CG must constantly monitor and redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety	Highly active and demanding of attention from family members. No medication necessary	Activity level must be controlled with medication	Constant movement and restlessness. Cannot be controlled with medication. Child up at nights wandering through the house.
CAREGIVER IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	At least twice weekly		
CONDUCT VIOLATIONS: CG must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure it is not stolen; monitor drug use and intervene as necessary	AWOL behavior that puts child at risk. - Impulsive - Stealing in the home - Habitual lying that does not benefit the child in any way - Bullying - Threatening - Intimidating others	Pattern of truancy; stealing in the home or community; minor antisocial behavior. - Running away - Cruelty to animals - Fascination with Fires - Initiating fights	Alcohol/drug use; major theft, assaultive; weapons possession. - Killing animals - Setting fires that cause property damage

**Not mandatory to complete —**

What are some of the child's positive traits:

**SPECIALIZED CARE RATE DETERMINATION WORKSHEET**

**Child's Age: 12 years and older**

**PHYSICAL CARE NEEDS**

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>TRANSPORTATION</b> CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week. —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
<b>SEIZURES:</b> CG must monitor minor for seizure activity	<ul style="list-style-type: none"> <li>• At least weekly</li> <li>• Loss of consciousness less than 10 minutes, no apnea</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• At least daily</li> <li>• Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Hospitalization or surgery required to control.</li> </ul> <input type="checkbox"/>
<b>INFECTIOUS DISEASE:</b> CG must use the following hygiene precautions.	<ul style="list-style-type: none"> <li>• Known or suspected and more than usual hygiene measures needed.</li> <li>• Increase risk for contracting so should remain in home as much as possible</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Known; requiring specialized handling of all body fluids.</li> <li>• Great risk for contracting – specialized handling of food, toys, etc. is needed</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Child must be isolated from other children and adults not living in the home.</li> </ul> <input type="checkbox"/>
<b>FEEDING:</b> CG must use special handling or procedure for feeding. Minor's food intake must be monitored	<ul style="list-style-type: none"> <li>• Occasional vomiting, not serious</li> <li>• Special diet/food preparation</li> </ul> <input type="checkbox"/>	Diagnosis & treatment of : <ul style="list-style-type: none"> <li>• Anorexia</li> <li>• Obesity</li> <li>• Bulimia</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Requires feedings by N/G, GTT, JT and/or pump</li> </ul> <input type="checkbox"/>
<b>ADAPTIVE FUNCTIONING:</b> CG must monitor minor's development & assist minor in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	Can learn some self-care with constant repetitive training & instruction, i.e., toilet-training, speech delay. <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify _____ _____ _____ _____ _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper. <input type="checkbox"/>
<b>MEDICALLY FRAGILE:</b> CG must constantly monitor minor's medical needs. CG must insure minor receives ongoing medical care to address medically fragile condition.	N/A	Born with serious medical defects having long-term implications. Close monitoring & medical supervision needed <input type="checkbox"/>	Born with major medical defects that are life threatening. Constant care & supervision needed; surgery pending or post surgical care. <input type="checkbox"/>
<b>RESPIRATORY PROBLEMS:</b> CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma needing at least one medication daily <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>
<b>SPECIALIZED EQUIPMENT:</b> CG must be trained in the use of technology needed to assist minor in the areas listed.	Splints, case, braces or positioning equipment <input type="checkbox"/>	Aspiration, suctioning ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Oxygen, broviac catheter, tracheostomy (Circle those that apply) <input type="checkbox"/>

NON-AMBULATORY CG must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.; motorized wheelchair	Needs total care. Same as level 2; and requires special equipment for feeding positioning, bathing, etc.
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Consistent need for prescription medication (other than those that apply in another section of SC Worksheet)	2—4 medications per day (other than those that apply in another section of SC Worksheet)	5 + medications per day (other than those that apply in another section of SC Worksheet)
<b>CG must perform</b> physical therapy, occupational therapy or speech therapy exercises with minor on a daily basis as prescribed by therapist or doctor	N/A	CG provides at least one hour per day of exercise regimen prescribed by therapist or doctor	CG provides 2 – 3 hours per day of exercise regimen prescribed by therapist or doctor
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities	Describe:	Describe:	Describe:
SUBSTANCE EXPOSED – AT RISK	Diagnosis of FAS/FAE or other history of in utero drug exposure	<ul style="list-style-type: none"> <li>• Central Nervous System disturbance</li> <li>• Metabolic/ respiratory disturbance</li> <li>• GI disturbance</li> </ul>	

**EMOTIONAL CARE NEEDS**  
**Child's Age: 12 years and older**

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
<b>DISRUPTIVE BEHAVIORS:</b> CG must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed.	<ul style="list-style-type: none"> <li>• Frequent verbal outbursts.</li> <li>• Defiant</li> <li>• Refusal to follow basic rules.</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Constant challenge &amp; criticism of CG's actions attempts to undermine CG's authority in home.</li> <li>• Wants total attention of CG; overly jealous of other children in the home</li> </ul> <input type="checkbox"/>	Attention seeking behavior requires emergent professional intervention <input type="checkbox"/>
<b>ADDITIONAL STRUCTURE/ SUPERVISION</b> CG must provide minor with a level of structure higher than appropriate to minor's chronological age.	Child requires regimented routine in order to maintain appropriate behavior. <input type="checkbox"/>		
<b>SLEEP DISTURBANCE</b> CG must comfort minor during night sleep time.	Frequent Nightmares <input type="checkbox"/>	Child terrified of sleeping becomes very agitated at bedtime acts out, etc. every night. <input type="checkbox"/>	Night terrors every night.
<b>ENURESIS;</b> CG must monitor, assist minor with gaining control; extra laundry.	Night only	Loss of bladder control—day or night <input type="checkbox"/>	Need for medical intervention to gain bladder control <input type="checkbox"/>
<b>ENCOPRESIS;</b> CG must monitor; assist minor with gaining control; extra laundry.	Night only	Bowel accidents—day or night <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Pattern of smearing feces.</li> <li>• Need for medical intervention to gain bowel control.</li> </ul> <input type="checkbox"/>
<b>SEXUAL BEHAVIOR</b> CG must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	<ul style="list-style-type: none"> <li>• Redirection of sexualized behavior —beyond what is age-appropriate</li> <li>• Preoccupation with public masturbation</li> </ul> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Child often initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely</li> </ul> <input type="checkbox"/>	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children. <input type="checkbox"/>
<b>SCHOOL PROBLEMS</b> CG maintains contact with school personnel; attends school meetings and/or IEPs assist minor with school work and/or homework; insure minor's educational needs & objective are met	Child presents discipline problems; or learning problems. IEP or 504 Plan has been initiated. <input type="checkbox"/>	Same as level 1 & Has been evaluated for special education services and has an IEP or 504 Plan. Receives pull-out services. <input type="checkbox"/>	Child receives Special Ed Services due to being emotionally disturbed. Receives full-time Spec. Ed. <input type="checkbox"/>
<b>EMOTIONAL &amp; BEHAVIORAL CONCERNS:</b> CG must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor, follow-thru with therapy.	Requires need for assessment by mental health professional or in therapy. <ul style="list-style-type: none"> <li>- Child is easily frustrated</li> <li>- Mood swings</li> <li>- Depression</li> <li>- Avoidant</li> <li>- Suspicious</li> <li>- Hostile</li> </ul> <input type="checkbox"/>	CG must monitor closely; work with therapist <ul style="list-style-type: none"> <li>- Unresponsive &amp; withdrawn;</li> <li>- Defiant/oppositional</li> <li>- Explosive outbursts</li> <li>- Disoriented</li> </ul> <input type="checkbox"/>	Need for on-going or intensive therapy <ul style="list-style-type: none"> <li>- Suicidal gestures</li> <li>- Anxiety/panic attacks requiring medical attention</li> </ul> <input type="checkbox"/>

HYPERACTIVE: CG must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Highly active and demanding of attention from family members. No medication necessary	Activity level must be controlled with medication	Constant movement and restlessness. Cannot be controlled with medication. Child up at nights wandering through the house
CAREGIVER IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	At least twice weekly		
CONDUCT VIOLATIONS: CG must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure that it isn't stolen; monitor drug use & intervene as necessary.	AWOL behavior that puts child at risk. - Impulsive - Stealing in the home - Lying - Bullying - Threatening - Intimidating others	Pattern of truancy; stealing in the home or community; minor antisocial behavior. - Running away - Cruelty to animals - Fascination with Fires - Initiating fights  Law Violation requiring a Diversion Program	Alcohol/drug use; major theft, assault; weapons possession. - Killing animals - Setting fires that cause property damage  Has been arrested by law enforcement and placed on formal probation.
OTHER – Minor has emotional need not covered above that requires the CG to perform activities differing from the above.	Describe:	Describe:	Describe:

**Not mandatory to complete —**

What are some of the child's positive traits: