

PLACER COUNTY — S.M.A.R.T.

Systems Management, Advocacy, and Resource Team

C.S.O.C./A.C.C.E.S.S.

Children's System of Care/Adult, Child & Community Emergency Services System

Member Agencies: Superior Court Juvenile Court Department of Health and Human Services
 Probation Department Placer County Office of Education



PLACER COUNTY FOSTER CARE RATES BASIC, CLOTHING, & SPECIALIZED CARE

Includes 5% Rate Increase January 1, 2008

Rate Level		0-4 Years	5-8 Years	9-11 Years	12-14 Years	15-18 Years
STANDARD BASIC RATE		\$446.00	\$485.00	\$519.00	\$573.00	\$627.00
Clothing Allowance Initial & Semi-Annual		\$126.00	\$167.00	\$167.00	\$254.00	\$254.00
Specialized Care Increment Level	Points	0-4 Years	5-8 Years	9-11 Years	12-14 Years	15-18 Years
Level 1	01-04	\$ 92.00	\$ 83.00	\$ 83.00	\$ 62.00	\$ 62.00
Level 2	05-08	\$187.00	\$165.00	\$165.00	\$121.00	\$121.00
Level 3	09-12	\$282.00	\$248.00	\$248.00	\$184.00	\$184.00
Level 4	13-16	\$378.00	\$332.00	\$332.00	\$245.00	\$245.00
Level 5	17-20+	\$473.00	\$414.00	\$414.00	\$305.00	\$305.00

Clothing allowance and SCI payments are based on the county policy in which a child resides.

In Placer County, initial Clothing Allowances may be paid to Foster Family Homes, FFA's, & Regional Center clients. (Not Group Homes). An initial clothing allowance may be authorized for any change of placement for the aforementioned facilities. In addition, a semi-annual clothing allowance is issued every January and August to foster family homes. (Not FFA or Group Homes).

Our specialized Care Increments are assessed for each child. The rates are paid based both on the behaviors or problems of the child and the services provided. We have two sets of assessment forms. One for children ages 0 through 5 years and one for ages 6 through 18 years.

If you need copies of the forms please contact:
 Assessment forms can be sent through e-mail.

Children's System of Care (530) 889-6700 or
 Mari Szkotak Eligibility Supervisor (530) 889-6776

CSOC/ACCESS
 11716 Enterprise Drive
 Auburn, CA 95603
 Phone: (530) 889-6700

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 Administration
 11716 Enterprise Drive
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 1130 Conroy Lane
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CSOC/ACCESS
 5225 North Lake Blvd.
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 Carnelian Bay, CA 96140

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 101 Cirby Hills Drive, Suite 5
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PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assessment Forms

Specialized Care Assessment Form:

In some respects, it is easier to quantify behaviors than it is to quantify the kinds of care required of young children. In part, this is because it is easier to place behaviors on a continuum and assign points to different events along the continuum.

Foster parent explanation of changes in past six months: Useful as a quick check of how the caretaker views the child. No points assigned.

Psychiatric/Psychological Care: Getting a child into therapy when a child should, in the caretaker's opinion, should be in therapy but is not, can be made a condition of receipt of specialized care rates.

The diagnosis is a useful piece of information but generally is not something for which points are given. Behaviors are more significant than diagnoses.

When appointments are weekly, one point for transportation can be give. It is not uncommon for a child to have more frequent than weekly appointments. Additional points can be given as deemed appropriate.

Excessive Dependency: All children need reassurance and verbal signs of approval. Points should only be given when the child demands assurance excessively.

<u>Points</u>	<u>Behaviors</u>
0	Must be told to do chores or to take care of personal needs. Needs to be reassured that he/she is capable of doing tasks.
1	Must always know what is going on. Finds ways to intrude on conversations between adults or when the caretaker is on the telephone.
2	Is always underfoot. Would even follow the caretaker into the bathroom if allowed.

Inability to Relate to Others:

<u>Points</u>	<u>Behaviors</u>
0	Must always be the center of attention. Engages in negative behavior to get attention.
1	Engages in frequent verbal bouts with the caretaker and peers.
2	Engages in frequent physical altercations with others.

PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assessment Forms

Specialized Care Assessment Form:

Passivity, Lack of Responsiveness: At some time or another, must children will not express themselves, especially after being confronted.

<u>Points</u>	<u>Behaviors</u>
0	Does not respond when disciplined. Does not express feelings.
1	Is taken advantage of by peers.
2	Spends more than a usual amount of time alone when compared with other children of similar ages. Spends more than a usual amount of time alone and seems to stare into space. Is frequently and deeply depressed.

School Problems:

<u>Points</u>	<u>Behaviors</u>
0	Does not do well academically in school. Must be prompted to do homework. Gets into trouble at school. Gets into trouble at school.
1	Caretaker must tend closely while the child is doing homework. Child will not/cannot do homework alone.
2	Caretaker must maintain close contact with the school. Child is suspended or frequently at risk of suspension.

Difficulty with Peers: Most children do not enjoy good relationships, by conventional standards, with siblings. Unless the sibling rivalry places one or another sibling at real risk of physical harm, no points should be given.

<u>Points</u>	<u>Behaviors</u>
0	Does not play well with others, when compared with other children of similar ages. Constantly fights with siblings. Tattles on peers.
1	Is not liked by peers. Engages in frequent verbal altercations with peers.
2	Engages in physical altercations with peers on a regular basis.

PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assessment Forms

Specialized Care Assessment Form:

Runs Away:

<u>Points</u>	<u>Behaviors</u>
0	Talks about running away. Hides in the house or yard to avoid something. Goes into neighbors' houses when this is unacceptable. Goes to the end of the street and occasionally out of sight around the corner.
1	Is very independent and goes away from the home without letting the caretaker know his/her whereabouts.
2	Has run away in the past. Has run away within the recent past and was not found within a reasonable length of time for the child's age.
3 - 5	Appears to be constantly on the run and the foster parent is doing all he/she can to hang in there.

Steals: All children steal at some time or another. The issue is the frequency, the significance of the act, and what the caretaker must do as a consequence.

<u>Points</u>	<u>Behaviors</u>
0	Takes food from the refrigerator. Hoards food. Takes the toys of other children in the home.
1	Steals money or other items of value from the caretaker. Steals from school.
2	Steals from neighbors' homes. Steals from stores.

Drug Use:

<u>Points</u>	<u>Behaviors</u>
0	Regularly and frequently wants medicine. Talks about drugs.
1	The child is known to have used drugs in the past.
2	The child's behavior suggests use of drugs.
3 - 5	The child is known to regularly use drugs.

Specialized Care Assessment Form:

Destructive Behavior:

<u>Points</u>	<u>Behaviors</u>
0	Is hard on toys and games. Is hard on clothing. Is hard on furniture and household belongs.
1	Appears to deliberate destroy toys and games.
2	Appears to deliberate destroy clothing.
3	Deliberate destroys things of value to siblings, peers, and others.
4	Is destructive outside the home, in the neighborhood or at school.
5	Destroys, deliberately, or seemingly unintentionally but on a regular basis, items of value such as televisions, refrigerators, cars.

Activity Level:

<u>Points</u>	<u>Behaviors</u>
0	Normal age appropriate activities.
1	Is an active child who may engage in a great deal of activity but can be directed, can focus on reading or television, can be controlled or channeled.
2	Is hyperactive, with or without medication, and has little or no control over his or her activity level.

Sexual Activity:

<u>Points</u>	<u>Behaviors</u>
0	Masturbates.
1	Masturbates age inappropriately and frequently. Talks about sex or is fascinated by sex. Attempts to engage others in sex play when all partners are under about age 11.
2	Attempts to engage others in sex play when there is a significant difference in ages.
3	Is sexually active but cautious.
4 - 5	Is openly promiscuous and there is a significant risk of pregnancy or contracting a disease.

PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assessment Forms

Specialized Care Assessment Form:

Self-Destructive:

<u>Points</u>	<u>Behaviors</u>
0	Is clumsy or lacks coordination. Scratches at bug bites and sores.
1	Engages in daredevil activities.
2	Deliberates scratches / cutting and bites oneself.
3	Talks about suicide or death.
4	Is significantly depressed and has talked about suicide or death.
5 - 7	Has attempted self-destructive acts. Is significantly depressed and has attempted self-destructive acts.

Enuresis:

<u>Points</u>	<u>Behaviors</u>
0	Has occasional "accidents," usually due to inattention or total absorption in an activity, and is under about age 8.
1	Has occasional "accidents," and is over age 8. Wets the bed one to three times a week.
2	Has no control at night.

Encopresis:

<u>Points</u>	<u>Behaviors</u>
0	Doesn't wipe himself/herself after a bowel movement
1	Has occasional accidents.
2	Has frequent accidents. Smears feces.

Very Difficult or Unusual Behavior:

Allow no additional points if behaviors enumerated are elaborations of items already covered on the assessment form.

Allow no additional points for extra supervision if behaviors enumerated are elaborations of items already covered on the assessment form.

Allow no additional points for lying unless the lying appears to be habitual and results in problems other than irritation for the caretaker.

Allow additional points for other items as deemed appropriate.

PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assessment Forms

What to look for:

General

Keep in mind that rate setting is not an exact science. Both the rate setter and the caretaker come to the process with their own biases about what is and what is not a significant problem. Similarly, caretakers cover the full spectrum in terms of ability to communicate effectively on paper. Take this into consideration. More time is needed to "read between the Lines" when the caretaker is less sophisticated.

Look also at the tone of what the caretaker has written. The caretaker's feelings about the child and the childcare system frequently come through.

Rates should be based both on the behaviors or problems of the child and the services provided.

A child who has a history of seizures may need to be monitored. However, when no medication is required, the period of time since the last seizure is 18 months or more, and the seizures have not resulted in a loss of consciousness, there is not really anything for a foster parent to do (caretakers should be continuously monitoring foster children anyway) and no points should be assigned.

Similarly, while it may be helpful to know what a professional's diagnosis of a child's problems are, a diagnosis by itself does not necessarily say anything about the behaviors exhibited or the services provided. It is possible to have a rather severe sounding diagnosis but not assign any points to a child.

Generally, significant medical problems will warrant a higher rate per month, behavior problems will not unless the problems are extremely significant.

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. Caretakers are expected to get up at night to feed an infant who is otherwise healthy. Similarly, infants are often awake at night while teething. This is "normal".

Likewise, some foster child behaviors are clearly the result of contact with their parents. Unless this is well beyond the norm of foster children, caretakers are expected to deal with this.

Keep in mind the age of a child. Frequently caretakers will include on the assessment form behaviors that are age appropriate. It is appropriate for a two year old to be strong willed and oppositional as well as have a short attention span.

Similarly, behaviors and problems, at different ages, should be weighted differently. A nine-year-old with a cast on a broken arm, all other things being equal, should not warrant additional points. However, a nine-month-old with a cast on a broken arm should be given extra points as the foster mother will need to do positioning, carry the child, etc. Conversely, a five-year-old who likes to play mommy and daddy, and all that entails, may only warrant an extra two points for including others in his/her sex play. A fifteen-year-old who plays mommy and daddy, and all that entails may warrant five points due to the additional risk of pregnancy or transmittal of a disease.

Try to look at the total picture of the child, including age, behaviors, and all other factors. Rates are not set based on

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individual items but rather on the whole picture of a child. While this seems to be contradicted by the use of an assessment form that assigns points to specific items, the alternative leads to other problems. Caretakers have to say "my child is now in therapy, how much more money do I get?"

Use the behavior log to validate what that caretaker has written. Often the impression gained from the behavior log is very different from what is written on the assessment form.

The rate setter has a great deal of latitude and a great deal of responsibility. Rates must be justifiable. Rates set too high will increase county costs because caretakers have a good grapevine and the word will get out. Rates that are too low will result in increased complaints, may result in an unacceptably high loss of placements, or even a loss of foster homes. Rates that are not consistent and not justifiable on the basis of the information at hand will call the fairness of the system into question and result in multiple problems for the rate setter and the department.

High Risk Assessment Form:

Below is a guide to how points may be assigned on the High Risk Assessment Form. This is only a guide. More important that following a "canned" response is being consistent in assigning points across many children.

Foster parent explanation of changes in past six months: Useful as a quick check of how the caretaker views the child. No points assigned.

Child's Weight: Useful in looking at eating/feeding problems. If the child appears to be gaining weight appropriately, a closer look needs to be made at whatever eating/feeding problems are stated elsewhere. No points assigned.

Medical/physical conditions: Identifies the significance of medical problems. Places the other problems identified for a child within a larger context. Use discretion in assigning points. A HIV positive child may warrant the highest rate allowed without reviewing the rest of the form.

Medical Equipment: Look at the amount of work the equipment requires on the part of the caretaker and the significance of the equipment to the child. For example, a ventilator requires little additional work by a caretaker, and may warrant one point. A Central Line Catheter must be kept sterile or an infection can be introduced directly into the child's lungs and heart. This warrants as much money as we can give because of the risk involved.

Apnea Monitor: Weigh the frequency and severity of alarms.

Tracheotomy: Weigh the frequency that suctioning is required.

Diet: Many children have food allergies or are otherwise on a restricted diet. Look at what is required of the foster parent in terms of cost, preparation, and vigilance. For example, a hyperactive child should not have sweets but this is relatively easily monitored and few if any additional points should be allowed. A child that cannot have wheat or milk products may require additional points because of the difficulty in identifying wheat or milk in prepackaged items and other problems associated with providing that kind of a diet.

Look also at whether the diet is prescribed or just what the caretaker believes to be a good idea. The diet should be prescribed or result in significant problems for the child before additional points are assigned.

Medications: Generally, no points are assigned for over-the-counter remedies, fluoride tablets, and such things that are usually associated with childhood. Look at whether the medication is prescribed and what the consequences will be if the medication is not closely monitored and administered. For example, antibiotics for ear infections may warrant no extra points (all kids get ear infections) while antibiotics for a renal problem may warrant extra points due to the problems that can result if inappropriately administered.

Look also at whether the medication is on going or whether it is situational. If it is on going, points may be warranted.

Medical Follow-up: This is helpful in knowing what the caretaker is dealing with. In terms of transportation, if more than one appointment a week is required, one point can be given for transportation. More frequent appointments may warrant additional points.

Other Required Therapies: Look at what is being provided, who is providing it, and where. If the caretaker is

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providing it, is it required or just something the caretaker thinks is appropriate? If required, or if the caretaker must have other people in the home on a weekly or more frequent basis, or if the caretaker is required to take the child somewhere on a weekly or more frequent basis, one or more points are warranted.

Seizures: If the last seizure was 18 months or more ago, assign no points. Otherwise, look at both the frequency and severity and assign points for each. For example a child with at least one seizure per week with a loss of consciousness without apnea should get two points for frequency and two points for severity.

Again, this needs to be viewed in the overall context of the child and the caretaker. If the seizures are very light and the doctor has prescribed neither medications nor interventions, it may be appropriate to assign on points. On the other hand, some caretakers are quite stressed by seizures and it may be appropriate to assign a point or two simply for their anxiety. At the same time, some caretakers conclude that any odd behavior by a child is a seizure.

Infectious Diseases: This, particularly, needs to be viewed in the context of the child. Generally no points are given if the child is especially susceptible to colds unless the child's overall health is such that colds present additional risks. Similarly, many children are susceptible to ear infections. Look at what the consequences may be and what will be required of the foster parent.

At the other end of the spectrum, many caretakers of newborns will rate these items at the maximum because it is unknown whether the child is HIV positive. Unless there is very hard evidence that the child is at significant risk, points should only be assigned in the low or mid-range. Generally, only assign points at the high range when it is known the child is HIV positive or it appears clear from the other presenting problems that there may be an immune system problem.

Feeding/Eating Problems: These four items should be viewed together, again to get a full picture of the child, to determine if there is a significant eating/feeding problem, which places the child at some risk.

This particular item pertains especially to newborns but many older drug exposed children also present feeding/eating problems. At the same time, many caretakers identify problems in this area that are common to all newborns and are not necessarily symptomatic of major problems. Use discretion in assigning points.

Length of Time to Feed: Again, this item pertains particularly to newborns. Older children who dawdle at meals probably should not be given any points. On the other hand, the older drug exposed child who is not into eating, may require additional time and prodding to eat and should be given a point or two.

How Often the Child Must Be Fed: Caretakers are expected to feed newborns, essentially, on demand. This item should only pertain if the child has a weight gain problem or some other medically documented problem, which requires an exceptional feeding pattern.

Vomiting/Reflux: Many newborns have problems in this area. Points should be assigned only if it is a medically documented problem, which requires special care.

High Risk Assessment Form:

Problems with Elimination: Generally points can be assigned according to the severity indicated by the caretaker.

Bowel Control/Problems: Many children are presenting chronic constipation or diarrhea. Look also at weight gain and eating feeding problems as well as what the caretaker is required to do in assigning points.

Sleeping Problems: Caretakers are expected to feed newborns as required. No points should be assigned unless the child requires exceptional care at night due to sleep disturbance, medications, or medical problems.

Many drug exposed older children have poor sleep habits and often require significantly less sleep than other children or even adults. Often these children place themselves in danger situations at night while the rest of the family asleep. Points should be given for this.

Problems with Muscle Tone: Look at the age of the child, the severity of the problem, and what is required of the caretaker and assign points accordingly.

Irritability: This really pertains to drug exposed newborns. All two year-olds are irritable as are most three-year-olds at some time or another. Unless the caretaker documents that the older child has prolonged periods of crying for no known reason, no points should be assigned.

Hyperflexia: Look both at the frequency and the severity of the response. Again, use caution in assigning points to older children.

Jitteriness: This pertains especially to drug-exposed newborns. Look also at what the caretaker must do to control the movements. If nothing is done, especially when the tremors only occur while the child is asleep, no points should be assigned.

Poor Social Interaction: This pertains especially to newborns that do not make eye contact. Virtually no child over two will look at caretaker in the eye while being disciplined. In this situation, no points should be assigned.

The items below pertain to children ages 18 months and over:

Occasionally, especially with drug-exposed infants, children under 18 months will exhibit some of these problems and points should be assigned for them as well.

Short Attention Span: This item needs to be considered with the next item on hyperactivity. Especially keep in mind the child's age. No two-year old is going to do one thing for very long. A good measure is how long the child will accept being read to or will watch a favorite cartoon.

Generally, hyperactivity and short attention span go together. If the caretaker indicates the child will accept being read to, the child is not hyperactive.

Ability to Accept Change: Look especially at what the caretaker must do and the frequency of tantruming. Look also at the child's age. For a two-year-old, tantrums are not that significant in and of themselves.

High Risk Assessment Form:

Aggression: Again, look at the age of the child. Two-year-olds and many three-year-olds do not play with one another; they play along side each other with squabbling in between.

Throwing toys is not necessarily a sign of aggression. Look also at frequency.

Similarly, virtually all children engage in sibling rivalry. If the object of aggression is nearly always the sibling, assign points only on the basis of severity and need for intervention.

Often aggression goes hand-in-hand with hyperactivity.

Self-Destructiveness: Two-year-olds know no-danger. Look especially at the degree of supervision required. Assign points for "clumsiness" in the context of the child's other problems. A child who has gross motor delays may be falling frequently and need significant additional care from the caretaker.

Toilet Training: Keep in mind that boys tend to potty train later than girls. Do not be quick to assign points unless the child is at or over age four.

Eating: If points are assigned on the earlier feeding/eating problems, do not assign points here. Look at the fastidiousness of the caretaker. A sloppy four-year is not unusual.

Dressing: Look at age and coordination. Assign points only as the child moves closer to age five.

Personal Hygiene: Look at age and coordination. Assign points only as the child moves closer to age five.

Ability to Communicate: Look at age and what is required, especially if speech and language therapy is required.

Ability to Understand Others: Look at age and what is required, especially if speech and language therapy is required.

Social and Emotional Interaction: Look at the child's activity level, whether the child is in preschool and if so what is occurring in that setting, and what is required of the caretaker.

Other: Assign points to other items only if is something that is otherwise not covered in the assessment form or is so significant that it cannot be ignored.

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Child Name:

Date of Birth:

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: (530) 889-6700

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

This is an initial assessment of special needs

This is a reassessment of special needs

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 _____

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part I Medical Data:

B. Medical Equipment or Special Aids required by the child

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Apnea Monitor* | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Central Line (Broviac Catheter) | <input type="checkbox"/> Positioning Equipment |
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Splints, Casts, Braces |
| <input type="checkbox"/> Feeding Pump | <input type="checkbox"/> Suctioning Equipment |
| <input type="checkbox"/> Gastrostomy Tube | <input type="checkbox"/> Tracheotomy** |
| <input type="checkbox"/> Ileostomy | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Jejunostomy | <input type="checkbox"/> Nasogastric Tube |
| <input type="checkbox"/> Other; explain | |

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

**If the child has a tracheotomy, explain the frequency that Suctioning is required:

Diet

- Regular diet for children of similar ages
- Special diet prescribed for this child; list the diet, and when medical personnel will review it:

Medications

- No special medications
- Medications prescribed; list medications; how given if not orally; date of next review;
(Include oxygen and amounts):

High Risk Child Rate Assessment Form Children Ages 0 - 5 Years

Part I Medical Data:

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 specialists/clinics Anticipated frequency of visits

3. Name of Lab or Specialized Tests Frequency/date

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.

Therapy	Provided by		At		How Often
	Foster Pt.	Therapist	Home	Ctr	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>
Vision (for visually impaired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>
Hearing (for hearing impaired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>
Infant Stimulation/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>

Children Ages 0 - 5 Years

Part I Medical Data:

F. Other required therapies or interventions

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, 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

G. Does the child have seizures or a history of seizures? (continued)

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; last more than 10 minutes; or medical treatment needed to stop seizure.

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

- No Yes; if yes complete 1, 2, and 3 below:
1. Child's Risk of Transmitting an Infectious Disease (check one)
- 0 - Has no infectious disease
- 1 - Has or may have an infectious disease but the foster parent can control its spread by taking usual hygiene measures
- 2 - Has or may have an infectious disease and the foster parent can control its spread by taking more than usual hygiene measures
- 3 - Has or may have an infectious disease and the foster parent must use special handling of all the child's body fluids and secretions to control its spread

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part I Medical Data:

2. Child's Risk of Contracting an Infectious Disease (check one)
- 0 - At no increased risk of contracting an infectious disease
- 1 - At an increased risk of contracting an infectious disease but can go out to therapy, medical appointments, etc.
- 2 - At an increased risk of contracting an infectious disease and should remain at home as much as possible
- 3 - At great risk of contracting an infectious disease and the foster parent must use special handling of contacts, toys, foods, etc.

Part II Physical Care:

A. Does the child have feeding/eating problems?

- No Yes; if 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 the 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, list them:

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

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part II Physical Care:

2. Length of Time it Takes to Feed the Child (check one)

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 Feed (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, 3 is checked, explain why the child must be fed so often:

Part II Physical Care:

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

B. Does the Child have Problems with Elimination?

- No
- Yes; if 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 vesicotomy / urethrostomy / ileal conduit

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part II Physical Care:

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 / ileostomy

C. Does the Child have Problems Sleeping at Night (11:00 PM to 06:00 AM)
(compared with other children the same age?) (check one)

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

If 1, 2, or 3 or 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:

D. Does the child have Problems with Muscle Tone?

- No Yes; if yes, complete 1, 2, 3 below

1. Child has: (check one)
- Hypotonia (floppy; low tone)
 - Hypertonia (tight; still, high tone)
 - Combination of Hypotonia / Hypertonia

2. Location of motor dysfunction:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> No problem | |
| <input type="checkbox"/> Monoplegia | <input type="checkbox"/> Triplegia |
| <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Diplegia | <input type="checkbox"/> Quadriplegia |

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part II Physical Care:

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

- 0 - No problem
- 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

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.)

- 0 - Not a problem
- 1 - Occurs but readily controlled with specialized handling, intervention, handling, 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 control it:

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

- 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

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part III Behaviors: (compared to other children the same age)

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

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

- 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, 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 control it:

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

- 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 parents must do control it:

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part IV Behaviors: (For children over 18 months of age and compared the child to other children the same age)

1. Short attention span (can't keep attention on one object, or person, or activity, etc.)

- 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 control it:

2. Hyperactivity (easily excitable, restless, in constant motion, etc.)

- 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 control it:

3. Ability to accept a change in routine (has temper tantrums, is restive, must always know what will happen next, etc.)

- 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

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part IV Behaviors: (For children over 18 months of age and compared the child to other children the same age)

3. Ability to accept a change in routine (continue)

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

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

- 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 control it:

5. Self-destructiveness (tries to hurt self deliberately; does dangerous things without understanding they are dangerous)

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

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

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

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

1. Toilet Training

- 0 - Toilet trained
- 1 - Can use the toilet when taken; has some control
- 2 - Can sometimes go when taken
- 3 - Has no control

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

2. Eating

- 0 - Feeds self independently
- 1 - Feeds self with spillage
- 2 - Does not use utensils; feeds self with fingers
- 3 - Does not feed self; needs to be fed

If 1, 2, or 3 is checked, explain efforts to eating training:

3. Dressing

- 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 dressing:

4. Personal Hygiene

- 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

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part V self-Help: (For children 3 to 5 years of age and compared to other children the same age)

4. Personal Hygiene

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

Part VI Communication: (For children 3 to 5 years of age and compared to other children the same age)

1. Ability to Communicate with Others

- 0 - Talks and is able to verbally communicate needs
- 1 - Uses 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:

2. Ability to Understand Others

- 0 - Talks and is able to verbally communicate needs
- 1 - Uses 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:

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Part VII Social and Emotional Interaction: (For children 3 to 5 years of age and compared to other children the same age)

1. Social

- 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 or 2 is checked, explain efforts to get the child to play with others or interact with others:

Part VIII Other Information: Explain, gives examples, number of times exhibited per month and what foster parent must do to prevent/modify behavior. You may report here any other exceptions care or services provided for this child. (Supervised visits with family or extra transportation needs.)

Services Foster Parent Provides:

- 0 - Provides no other extra transportation / or services (normal transportation is once a week)
- 1 - Provides two transportation / or services during a week.
- 2 - Provides over two transportation / or services (includes supervised visits).

PLACER COUNTY CHILDREN'S SYSTEM OF CARE
High Risk Child Rate Assessment Form
Children Ages 0 - 5 Years

Payments are released for Foster Parents only if this page is copied and sent to the Foster Care Eligibility Unit within thirty day of placement. Reassessments must be completed once every six months to keep payments current and uninterrupted.

Total Points Assessed: _____ Rate Amount Authorized: _____

Print Child's Full Name: _____ D.O.B. _____

Foster Parent Signature: _____ Date: _____

Print Social Worker's Full Name: _____ Effective Date: _____

Social Worker's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Administrative Approval: _____ Date: _____

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Child Name: _____

Date of Birth: _____

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: (530) 889-6700

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 change in the past six months:

Part I Psychiatric / Psychological / Medical Care

Does this child attend therapy? (Check one)

No

No, but this child should be in therapy; explain

Yes; complete A and B below:

A. Diagnosis: _____

B. Name & Address of Therapist: _____

_____ City & State _____

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? _____

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

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

0 - Not a problem

1 - Minor problem, explain below

2 - Major problem-requiring lots of effort; explain behavior and what foster parents must do:

How often does this happen?

Once in a while

Weekly

Daily

Other: _____

Approximately when did this problem last occur? Date: _____

(Month - Day - Full 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) (check one)

0 - Not a problem

1 - Minor problem, explain below

2 - Major problem-requiring lots of effort; explain behavior and what foster parent must do:

How often does this happen?

Once in a while

Weekly

Daily

Other: _____

Approximately when did this problem last occur? Date: _____

(Month - Day - Full Year)

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

C. Passivity, lack of responsiveness, withdrawn (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem-requiring lots of effort; explain behavior and what foster parents must do:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

D. School problems (check one)

- 0 - No problems
- 1 - Minor problems, explain below
- 2 - Major problems; explain type of problem(s), and what foster parent must do:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

Date: _____
(Month - Day - Full Year)

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
Special Needs Rate Assessment Form
Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

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

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem, explain behavior and what foster parent must do:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

F. Runs away (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem; explain what foster parent must do to prevent behavior or locate child:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

G. Steals (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem; explain behavior and what foster parents must do:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

H. Drug Use (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem; list type of drugs and what foster parent must do:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

I. Destructive behavior (intentionally destroys property) (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Major problem; explain type of behavior; type of items damaged; what foster parent must do to prevent behavior:

J. Activity Level

1. High Activity Level (check one)

- 0 - Not a problem
- 1 - Minor problem, explain below
- 2 - Extremely active requiring major effort; explain activity level and what foster parent must do to modify behavior:

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

2. Diagnosed Hyperactive by a doctor or therapist

- No
- Yes

On Medication

- No
- Yes Medication: _____

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

K. Sexual Activity (check one)

- 0 - Not a problem
 - 1 - Minor problem, explain below
 - 2 - Major problem; explain behavior and what foster parent must do to modify behavior
-
-

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

Approximately when did this problem occur? Date: _____
(Month - Day - Full Year)

L. Self-destructive (hurts or harms oneself, has an unusual number of harmful accidents)

(Check one)

- 0 - Not a problem
 - 1 - Minor problem, explain below
 - 2 - Major problem; explain behavior, and what foster parent must do to prevent/modify behavior:
-
-

How often does this happen?

- Once in a while
- Weekly
- Daily
- Other: _____

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

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

M. Enuresis (Bed wetting or wetting oneself) (check one)

0 - Not a problem

1 - Minor problem, explain below

2 - Major problem, explain problem and what foster parent must do:

How often does this happen?

Once in a while

Weekly

Daily

Other:

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

N. Encopresis (Bowel movements on self)

0 - Not a problem

1 - Minor problem, explain below

2 - Major problem, explain problem and what foster parent must do:

How often does this happen?

Once in a while

Weekly

Daily

Other:

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

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Part II Behaviors Exhibited:

O. Very difficult or unusual behavior (check one)

0 - Not a problem

1 - Minor problem, explain below

2 - Major problem; explain behavior, and what foster parent must do to modify behavior:

How often does this happen?

Once in a while

Weekly

Daily

Other:

Approximately when did this problem last occur? Date: _____

(Month - Day - Full Year)

P. Other: Explain, give examples, number of times exhibited per month and what foster parent must do to prevent/modify behavior. You may report here any other exceptions care or services provided for this child. (i.e. supervised visits with family or extra transportation needs.)

Services Foster Parent Provides:

0 - Provides no other extra transportation / or services

(Normal transportation is once a week)

1 - Provides two transportation / or services during a week.

2 - Provides over two transportation / or services (includes supervised visits).

PLACER COUNTY — S.M.A.R.T.

Systems Management, Advocacy, and Resource Team

C.S.O.C./A.C.C.E.S.S.

Children's System of Care/Adult, Child & Community Emergency Services System

Member Agencies: Superior Court Juvenile Court Department of Health and Human Services
 Probation Department Placer County Office of Education



PLACER COUNTY FOSTER CARE RATES BASIC, CLOTHING, & SPECIALIZED CARE

Includes 5% Rate Increase January 1, 2008

Rate Level		0-4 Years	5-8 Years	9-11 Years	12-14 Years	15-18 Years
STANDARD BASIC RATE		\$446.00	\$485.00	\$519.00	\$573.00	\$627.00
Clothing Allowance Initial & Semi-Annual		\$126.00	\$167.00	\$167.00	\$254.00	\$254.00
Specialized Care Increment Level	Points	0-4 Years	5-8 Years	9-11 Years	12-14 Years	15-18 Years
Level 1	01-04	\$ 92.00	\$ 83.00	\$ 83.00	\$ 62.00	\$ 62.00
Level 2	05-08	\$187.00	\$165.00	\$165.00	\$121.00	\$121.00
Level 3	09-12	\$282.00	\$248.00	\$248.00	\$184.00	\$184.00
Level 4	13-16	\$378.00	\$332.00	\$332.00	\$245.00	\$245.00
Level 5	17-20+	\$473.00	\$414.00	\$414.00	\$305.00	\$305.00

Clothing allowance and SCI payments are based on the county policy in which a child resides.

In Placer County, initial Clothing Allowances may be paid to Foster Family Homes, FFA's, & Regional Center clients. (Not Group Homes). An initial clothing allowance may be authorized for any change of placement for the aforementioned facilities. In addition, a semi-annual clothing allowance is issued every January and August to foster family homes. (Not FFA or Group Homes).

Our specialized Care Increments are assessed for each child. The rates are paid based both on the behaviors or problems of the child and the services provided. We have two sets of assessment forms. One for children ages 0 through 5 years and one for ages 6 through 18 years.

If you need copies of the forms please contact:
Assessment forms can be sent through e-mail.

Children's System of Care (530) 889-6700 or
Mari Szkotak Eligibility Supervisor (530) 889-6776

CSOC/ACCESS
11716 Enterprise Drive
Auburn, CA 95603
Phone: (530) 889-6700

CSOC/ACCESS
Administration
11716 Enterprise Drive
Auburn, CA 95603

CSOC @ Conroy
1130 Conroy Lane
Suite 500
Roseville, CA 95661

CSOC/ACCESS
5225 North Lake Blvd.
P.O. Box 399
Carnelian Bay, CA 96140

ACCESS
101 Cirby Hills Drive, Suite 5
Roseville, CA 95678
Phone: (916) 787-8860

PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Special Needs Rate Assessment Form

Children Ages 6 - 18 Years

Payments are released for Foster Parents only if this page is copied and sent to the Foster Care Eligibility Unit within thirty days of placement. Reassessments must be completed once every six months to keep payments current and uninterrupted.

Total Points assessed: _____ Rate Amount Authorized: _____

Print Child's Full Name: _____ D.O.B. _____

Foster Parent Signature: _____ Date: _____

Print Social Worker's Full Name: _____ Effective Date: _____

Social Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Administrative Approval: _____ Date: _____