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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-021

Date: February 9, 1990

Division: Family & Children
Services

TO: Local District Commissioners

SUBJECT: Local District Foster Boarding Home Payments

ATTACHMENTS: Attachment A - Foster Boarding Home Rate Schedule -
(available on-line)

Department of Social Services Regulation 427.6(a) requires social services districts to establish a schedule of rates paid to foster family boarding homes and annually submit this schedule to the Department.

Please complete one copy of the attached Foster Boarding Home Rate Schedule and return it within two weeks to:

New York State Department of Social Services
Bureau of Resource Management
11th Floor, Section A
40 North Pearl Street
Albany, New York 12243

Attention: James Smith

If you have any questions, please call James Smith at 1-800-342-3715, extension 4-9420. Thank you for your assistance.

Sincerely,

Joseph Semidei
Deputy Commissioner

FOSTER BOARDING HOME RATE SCHEDULE

Please provide the following information:

1. District: _____

2. Monthly Payments to Foster Parents:

List the current monthly payments to foster parents who care for the categories of children indicated below.

Normal: Ages 0 - 5	\$_____
6 - 11	\$_____
12 and over	\$_____
Special level of care	\$_____
Exceptional level of care	\$_____

3. Annual Allowances for Clothing Replacement:

Ages 0 - 5	\$_____
6 - 11	\$_____
12 - 15	\$_____
16 and over	\$_____

4. Monthly Diaper Allowance:

Ages 0 - 3	\$_____
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5. Day Care and Babysitting:

If your district allows special payments to foster parents for day care and babysitting, please provide the following:

- a) The average monthly payment to foster parents for day care/babysitting. \$_____
- b) The average number of payments made each month. _____

6. Finder's Fee for New Foster Homes:

If your district pays a finder's fee to certified or approved foster parents who recruit new foster parents, please provide the following:

- a) The amount of the fee: \$_____
- b) The average number of payments made each month: _____

7. Supplemental Payments for Children with AIDS

Does your district pay voluntary agency foster boarding home programs the \$15 supplementary rate for children who have AIDS, ARC or who have tested positive for the HTLV virus? Check NA (not applicable) if your district does not have any children with AIDS in foster boarding home care. YES _____ NO _____ NA _____.

8. The Effective Dates of the Foster Boarding Home Rates:

From (Month/Year) _____ to Month/Year _____

If these rates change before the next reporting date in January 1991, please notify the Department of the amounts of the revised rates and new effective dates.

9. Name, Title and Telephone Number of the Person Who Completed This Schedule:

Name: _____

Title: _____

Telephone: () _____