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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-5

Date: January 11, 1995

Division: Services & Community
Development

TO: Local District Commissioners

SUBJECT: Social Services District Foster Boarding Home Payments

ATTACHMENTS: A: Foster Boarding Home Rate Schedule
(Available On-line)

Department regulation 427.6(a) requires social services districts to establish a schedule of rates paid to foster family boarding homes for normal, special and exceptional foster care services and clothing replacement. This regulation is referenced in the Standards of Payment for Foster Care of Children Program Manual, Chapter VIII, Section A, Page 1.

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 12243-0001
Attention: James Smith

If you have any questions, please call James Smith at 1-800-343-8859, extension 6-3438 or directly at (518) 432-2922 or User ID # 89D001.

Frank Puig
Deputy Commissioner
Division of Services and
Community Development

ATTACHMENT A

FOSTER BOARDING HOME RATE SCHEDULE

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 \$ _____
- Ages 6 - 11 \$ _____
- Ages 12 and over \$ _____
- Special Level of Care \$ _____
- Exceptional Level of Care \$ _____

3. ANNUAL CLOTHING REPLACEMENT ALLOWANCE:

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

4. MONTHLY DIAPER ALLOWANCE:

- Ages 0 - 3 \$ _____

5. DAY CARE AND BABY-SITTING:

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

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

6. FINDER'S FEE:

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. EFFECTIVE DATES OF THE FOSTER BOARDING HOME RATES:

From: Month/Year _____ to Month/Year _____.

If these rates are changed before the next reporting date in January 1996, please notify the Department of the amounts of the revised rates and the new effective dates.

8. ADOPTION SUBSIDIES:

Please indicate whether your district uses the DSS 3527-A (Adoption Subsidy Agreement not based on adoptive family's income) or DSS 3527-B (Adoption Subsidy Agreement based on adoptive family's income) to determine rate of subsidy to be paid for a child:

+++ +++ DSS 3527A	+++ +++ DSS 3527B
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9. NAME, TITLE, AND TELEPHONE NUMBER OF THE PERSON WHO COMPLETED THIS SCHEDULE:

NAME: _____

TITLE: _____

TELEPHONE: () _____