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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 98 LCM-10

Date: February 6, 1998

Division: Administration

TO: Local District Commissioners

SUBJECT: Social Services District Foster Boarding Home Payments

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

Department Regulation 427.6(a), Foster family boarding home program payments and State reimbursement, 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 annually submit this information to the Department. The 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 by February 21, 1998 to:

New York State Office of Children and Family Services
Program Support
40 North Pearl Street, Floor 11A
Albany, NY 12243-0001
Attention: James Smith

You may e-mail your response by completing the Attachment and sending it to user ID 89d001 through OFIS LINK. If you would rather send your response via the CONNECTIONS System, contact James Smith at (518) 432-0144 or at user ID 89d001 and request that the Attachment be sent to you through EXCHANGE on CONNECTIONS.

If you have any questions, call James Smith at (518) 432-0144.

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Transfer Implementation

Chapter 436 of the Laws of 1997 renames the Department of Social Services as the Department of Family Assistance comprised of two independent offices: the Office of Children and Family Services and the Office of Temporary and Disability Assistance. Upon the execution of a Memorandum of Understanding and compliance with the Civil Service Laws, responsibility as specified in Chapter 436 will be transferred from the former Department of Social Services to the Office of Children and Family Services (OCFS) and fully integrated with the functions and duties of the former Division for Youth. The contents contained herein have been approved by all necessary staff of the referenced agencies.

Donald K. Smith
Associate Commissioner
Financial Management

ATTACHMENT

FOSTER BOARDING HOME RATE SCHEDULE

Please provide the following information:

1. District: _____

2. Payments to Foster Parents:

List the current monthly or per diem 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:

Age	0 - 3	\$ _____
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5. Day Care and Baby-sitting:

If your district allows special payments to foster parents for day care and baby-sitting, please provide the amount of the average monthly payment.

\$ _____

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 amount of the fee.

\$ _____

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

From Month/Year_____to Month/Year_____

8. Name, Title, Telephone Number, and User ID of the Person Who Completed this Schedule:

Name: _____

Title: _____

Telephone: _____

User ID: _____