

Specialized Care Rate (SCR) Assessment Form

The increased level of payment may be used for licensed foster care homes, and non-relative placements. Training requirements established by the Tehama County Department of Social services must be met prior to payment. Reassessments are to be completed quarterly.

Identification

Minor's name: _____ Date of birth: _____

Caregiver's name: _____ Placement Date: _____

Any known Medical/Psychiatric diagnosis: _____

Is the minor a Regional Center Client: ____ Yes ____ No ____ Unknown

Current Visitation Schedule (include location): _____

Social Worker: _____

Health Needs and Concerns: *Please indicate if each section is applicable to youth, by indicating N/A, Yes or No.*

Concern	Mild	Moderate	Severe
Food Allergies-	Restriction of certain foods, i.e., strawberries, seafood, etc., severity of reaction is mild. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Restriction of 1 food category, i.e., dairy products, gluten, etc., requires special foods/supplements; severity of reaction is moderate. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Restriction of more than 1 category, i.e., dairy products and sugar, etc.; requires special diet, severe reaction to certain foods. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Feeding (children two years of age and above)-	Feeds self with supervision. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Feeds self with supervision and special equipment. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to feed self. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Self-help skills (children 5 years of age and older)- <i>(continued to next page)</i>	Moderate Age appropriate self-help skills; Feeds and dresses self with minimal assistance, walks unassisted,	Minimal self-help skills; Mobile with assistance and/or special equipment, frequent bowel and bladder accidents, dresses self	Non-ambulatory, and incapable of independent movement, cannot dress self and unable to assist, unable to care for own hygiene needs, no bowel

	requires some supervision with toileting; occasional soiling accidents, needs assistance with hygiene <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	with assistance but is resistant <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	or bladder control. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please explain any of the above observed behaviors or concerns in detail below. In addition, please describe what you do on a daily basis to meet the child's needs which requires a higher level of care that you believe to be above basic parenting responsibilities:

Medical and Special Needs: Please indicate if each section is applicable to youth, by indicating N/A, Yes or No.

Concern	Mild	Moderate	Severe
Pre-natal Drug/Alcohol Exposure- (Please describe in complete detail below)	Prenatal drug exposure; Fetal Alcohol Effects/Syndrome diagnosed: minimal effects. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Prenatal drug exposure; Fetal Alcohol Effects/Syndrome diagnosed: moderate concerns or effects. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Prenatal drug exposure; Fetal Alcohol effects/syndrome diagnosed: severe effects. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Appointments-	Medical appointments. 2-4 per month, caregiver participates and transports. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical appointments. 4+ per month, caregiver participates and transports. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical appointments. 4+ per month, caregiver participates and transports out of the area. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic or Life Threatening Illness-	Chronic and/or contagious life threatening illness; little to mild complications. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic and/or contagious life threatening illness; moderate complications. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic and/or contagious life threatening illness; moderate to severe complications. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling and Mental Health- ___/___/___ Date of Mental Health Assessment or check box below if non-applicable.	Routine frequency of counseling appointments; 4 per month. Caregiver transports and participates. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Routine frequency of counseling appointments; 5 to 7 per month. Caregiver transports and participates. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Routine frequency of counseling appointments; 8+ per month. Caregiver transports and participates. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Psychotropic Medications- <i>(continued to next page)</i>	Stabilized; minor takes psychotropic medication as administered with little to no resistance.	Stabilized; moderate compliance with psychotropic medication. Minor has to be encouraged to	Unstable; frequent changes in medications and/or refusal to take prescribed medications.

	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	comply. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide-	Threatened or discussed suicide on one occasion. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequently threatening and discussing suicide. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Attempted suicide or has current or previous crisis unit hospitalization. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Enuresis/Encopresis (children over 4 years of age)-	Wets or soils clothing or bed 1 to 2 times per week. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Wets or soils clothing or bed 3 to 4 times per week. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Wets or soils clothing several times per week and wets bed daily, hides wet clothing and/or sheets, pattern of smearing feces. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse-	Has experimented on occasion with drugs and/or alcohol. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent experimentation with drugs and/or alcohol. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic use of drugs and or alcohol; 2 to 3 times a week. (Social worker to refer minor to Drug and Alcohol Services). <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any of the above observed behaviors or concerns in detail below. In addition, please describe what you do on a daily basis to meet the child's needs which requires a higher level of care that you believe to be above basic parenting responsibilities:

Behavior Needs and Concerns: *Please indicate if each section is applicable to youth, by indicating N/A, Yes or No.*

Concern	Mild	Moderate	Severe
Interaction with others and/or animals-	Moderate social interaction; some threats, manipulative, disruptive, occasional aggression toward others and/or animals. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Poor social interactions, verbal threats, manipulative, disruptive, frequent aggression toward others and/or animals, difficult to redirect. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Severely inappropriate or no social interaction; verbal and physical threats, severely manipulative, disruptive, frequent aggression toward others and/or animals with harmful intent. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Destruction-	Occasionally destructive to property and/or self abusive. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Destructive to property and/or abusive one to three times a week; very difficult to redirect. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Destructive to property on a daily basis and/or self abusive; Constant vigilance required. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Sexualized Behavior-	Some inappropriate sexual behavior with others and/or animals, requires correction. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent inappropriate sexual behavior with others and/or animals requires correction. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive inappropriate sexual behavior with others and/or animals; constant vigilance required. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Listening and Following Directions-	Understands and follows verbal instructions and directions with minimal misunderstanding and reminding. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Follows directions but requires constant reminding and supervision. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	No receptive and/or expressive language; cannot follow directions. (3 to 18 years of age) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Routine Disruptions-	Change presents minimal difficulty; needs frequent assistance and reminding. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Change presents moderate difficulty; needs frequent assistance and reminding. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Intolerant of change. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Running Away-	Tendency to wander on occasion, comes back on own. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent tendency to wander or runaway. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent tendency to wander, runaway, involves others or threatens to leave; must be brought back, requires constant supervision <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
School Attendance-	Resistant to attend school and/or cuts school occasionally. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Refuses to attend school and/or cuts school weekly. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Refuses to attend school and/or cuts school weekly. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
School Meetings/IEP-	Caregiver required to attend school related meetings approximately once per month. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver required to attend school related meetings approximately once per week. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver required to attend school related meetings multiple times per week. <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any of the above observed behaviors or concerns in detail below. In addition, please describe what you do on a daily basis, including transportation to meet the child's needs which requires a higher level of care that you believe to be above basic parenting responsibilities:

Tehama County Department of Social Services Specialized Care Rate Training Requirements

I/We will ensure the availability of at least one parent in the home on a full-time basis when child(ren) is/are home.

I/We will attend ongoing foster training as outlined below;

- 24 hours each year for Level I
- 36 hours for Level II
- 48 hours for Level III.

****Training hours are in addition to valid First Aid/CPR certification.*

Services Required for Specialized Rate Reimbursement

- I/We agree to work as a parent role model for families participating in Reunification services.
- I/We agree to supervise relative visits upon request.
- I/We agree to transport the child(ren) to services.
- I/We agree to participate in services, such as counseling and medical appointments, when deemed necessary and appropriate.
- I/We agree to provide a special diet, including a bag lunch for school, if necessary.
- I/We agree to provide other services as specified on the Service Plan, to include but not limited to, Independent Living Skills Program (ILSP), WRAP, Multi-Agency Team (MATT), and Therapeutic Behavioral Services (TBS).

I/We understand that the Department policy requires on-going documentation by the caregiver of the minor's behaviors and appointments. Re-assessment of the minor's needs will be required on a quarterly basis, and the Specialized Care Rate may be increased, decreased, or discontinued following each review.

I/We have completed the training requirements and agree to provide the services noted above.

Caregiver Signature

Date

PST Supervisor Signature

Date

For Department use only

SCR Approval/Assessment Date: _____ **Approved Level** _____

Suggested Training Topics and PST comments:

