



**GLENN COUNTY
HUMAN RESOURCE AGENCY
HRA**



**SOCIAL SERVICES
DIVISION**
P.O. Box 611
420 E. Laurel St.
Willows, CA 95988
(530) 934-6514

ROBYN KRAUSE
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**COMMUNITY ACTION
DIVISION**
P.O. Box 611
420 E. Laurel St.
Willows, CA 95988
(530) 934-6510

GLENN COUNTY SPECIALIZED CARE RATES

Foster Family Homes Schedule of Basic Rates	
Age	Basic Rate Effective 01/01/2010
0-4	\$446
5-8	\$485
9-11	\$519
12-14	\$573
15-19	\$627

**Glenn County - Specialized Care Rates
Effective January 1, 2011**

Level A	\$120	Concerns can be readily controlled with specialized intervention.
Level B	\$240	Is difficult to control but will respond to sustained specialized intervention
Level C	\$360	Concern requires almost continuous specialized intervention.

Glenn County Clothing Allowance January 1, 2011	
Summer (July or August)	\$149
Fall (November or December)	\$149
Initial Clothing Allowance	\$149

To determine the specialized care rate complete the Child's Needs Assessment indicating the severity and frequency of the concerns. Complete the special care rate request form and submit to your supervisor for approval. Submit the approved special care rate request memo with the SOC 158 to eligibility.

SOUTH COUNTY FACILITY LOCATION
420 E. Laurel St.
Willows, CA 95988

TOLL FREE 1-800-287-8711

NORH COUNTY FACILITY LOCATION
604 East Walker Street, Suite A
Orland, CA 95963

Needs Assessment for Child in Care

Please rank the level of care needed based on *Severity* and *Frequency* of the concerns.

Circle 1 for Mild: Can be readily controlled with specialized intervention

Circle 2 for Moderate: Is difficult to control but will respond with specialized intervention.

Circle 3 for Severe: Requires almost continuous specialized intervention.

If the specific concern **does not apply** please circle **0**.

Child: _____ **DOB** _____

PART 1: MEDICAL CONCERNS

1. Overall Health Condition (How is the child’s health? Do they get colds and/or flues frequently? Do they miss a lot of school because of their health? Does the child’s health prevent them from doing age appropriate activities often?)

Description: _____

Level of Care **0 1 2 3**

2. Diagnosis (Has the child been officially diagnosed by a doctor with a disease, disorder, etc.?)

Description: _____

Level of Care **0 1 2 3**

3. Problems with feeding (Is the child able to feed him/herself as appropriate to his/her age? Does the child require tube feeding? Does the child need to be reminded or prodded to eat appropriately? Does the child overeat/under eat/hoard food?)

Description: _____

Level of Care **0 1 2 3**

4. Bedwetting or “Accidents” (Does the child wet the bed at night? Does the child have accidents? Is the child potty trained? Is the child unable to be potty trained? If an older child, has this issue been addressed by a doctor?)

Description: _____

Level of Care **0 1 2 3**

5. Breathing Difficulties (Does the child use a nebulizer? An inhaler?)

Description: _____

Level of Care **0 1 2 3**

6. Allergies (What are the child’s allergies? How severe are they? Is there a special diet needed to prevent the child from consuming what he/she is allergic to? Does the child take medication for allergies? Does the child use an Epi Pen?)

Description: _____

Level of Care **0 1 2 3**

7. Birth Defects (Does the child have any birth defects that limit his/her abilities? Were there any problems with the delivery? Was there oxygen deprivation during the delivery?)

Description: _____

Level of Care **0 1 2 3**

8. Physical Disabilities (Does the child have any physical limitations? If so how do these limitations affect daily living activities? What kind of assistance does the child need?)

Description: _____

Level of Care **0 1 2 3**

9. Physical Developmental Delays (Is the child growing and developing normally? Is the delay temporary or permanent? Does the child need assistance performing daily living activities?)

Description: _____

Level of Care **0 1 2 3**

10. Prenatal Exposure to Drugs/ Alcohol (Does the child have Fetal Alcohol Syndrome? Was the mother using drugs/alcohol while pregnant? If so, during what trimester? How much and how frequent? Was the child born tox-positive? How has this exposure affected the child's development?)

Description: _____

Level of Care **0 1 2 3**

11. Medication Monitoring (Is the child on medication? How often do they have to take the medication? Can the child self administer the medication or does the child need assistance?)

Description: _____

Level of Care **0 1 2 3**

12. Medical Equipment Needed (Does the child use prescribed medical equipment that needs to be set-up, cleaned, administered, or taken apart?)

Description: _____

Level of Care **0 1 2 3**

13. Medical Supervision (Does the child have a life threatening condition or diagnosis that requires constant supervision or immediate medical attention? i.e. Epilepsy, Seizures, etc.)

Description: _____

Level of Care **0 1 2 3**

14. Paramedical Services (Does the child require someone to be trained in administering a medical service? i.e. injections)

Description: _____

Level of Care **0 1 2 3**

15. Doctor Visits (How frequent does the child need to see the doctor? How many different doctors? Are there any specialists necessary for the child to see? Where are the doctor visits? How far does the child have to travel to see the appropriate doctors?)

Description: _____

Level of Care **0 1 2 3**

16. Other (Anything else not discussed for medical needs)

Description: _____

Level of Care **0 1 2 3**

PART 2: BEHAVIOR CONCERNS

- 1. Diagnosis** (Has the child been officially diagnosed by a doctor with a behavioral or mental disease, disorder, etc.?)

Description: _____

Level of Care **0 1 2 3**

- 2. Therapy** (Is the child currently going to therapy? Does the child need therapy? Has the child had therapy in the past?)

Description: _____

Level of Care **0 1 2 3**

- 3. Aggression** (Has the child had any violent episodes resulting in physical injury? Does the child exhibit aggressive behavior or bullying to others? i.e. hitting, biting, shoving)

Description: _____

Level of Care **0 1 2 3**

4. Destructive Behavior (Has the child caused serious property damage? i.e. breaks toys, hits the wall, destroys clothing, etc.)

Description: _____

Level of Care **0 1 2 3**

5. Self Injury (Does the child hurt him/herself on purpose? i.e. biting, scratching, banging head, etc. Does the child engage in risky or dangerous behaviors?)

Description: _____

Level of Care **0 1 2 3**

6. Depression (Does the child suffer extensive periods of depression? Does the child exhibit a lack of motivation or energy?)

Description: _____

Level of Care **0 1 2 3**

7. Resistance to authority (Is the child frequently uncooperative, stubborn, and hard to direct? Are there certain situations when the child is more likely to show resistance?)

Description: _____

Level of Care **0 1 2 3**

8. Unacceptable Social Behavior (Does the child lie, steal, scream, curse, tease, defecate in places other than the toilet, etc.?)

Description: _____

Level of Care **0 1 2 3**

9. Temper Tantrums (How frequently does the child have a temper tantrum? How long do the tantrums last? How does the child finally calm down?)

Description: _____

Level of Care **0 1 2 3**

10. Ability to Adapt (How does the child respond to change? Does the child's functioning get disrupted when change occurs? How long does it take for the child to adjust to change?)

Description: _____

Level of Care **0 1 2 3**

11. Coping Mechanisms (Does the child display unhealthy coping mechanisms? i.e. withdraw, act out, etc.)

Description: _____

Level of Care **0 1 2 3**

12. Level of Activity (Is the child hyperactive? Does the hyperactivity only happen during specific situations or circumstances? Does the hyperactivity only happen during specific times of the day?)

Description: _____

Level of Care 0 1 2 3

13. Running or Wandering Away (Has the child ever run away from home? If so, how often? Does the child wander off if not supervised?)

Description: _____

Level of Care 0 1 2 3

14. Affection (Does the child respond to affection? Is the child resistant toward affection? Does the child reciprocate affection? Does the child give affection in an appropriate manner?)

Description: _____

Level of Care 0 1 2 3

15. Sexual Issues (Does the child exhibit inappropriate sexual behavior? Does the child lack appropriate boundaries for private and personal space?)

Description: _____

Level of Care 0 1 2 3

16. Social Relationships (Does the child make friends easily? Does the child keep and maintain relationships with friends? Is the child able to carry on a conversation and interact with fellow peers? Non-peers? Does the child participate in group activities? Does the child like spending a lot of time alone?)

Description: _____

Level of Care 0 1 2 3

17. School Behavior (How is the child doing in school? Does the child obey the teachers? Does the child display appropriate behavior in the classroom? Does the child have a learning disability which affects school work? Does the child have an I.E.P.?)

Description: _____

Level of Care 0 1 2 3

18. Behavioral/ Mental Health Appointments (How frequent does the child need to see the doctor/ therapist? How many different doctors? Are there any specialists necessary for the child to see? Where are the doctor visits? How far does the child have to travel to see the appropriate doctors?)

Description: _____

Level of Care 0 1 2 3

19. Other (Anything not discussed)

Description: _____

Level of Care **0 1 2 3**

CONCLUSION

SPECIALIZED CARE RATE REQUEST

Memo

To: Social Worker Supervisor

From:

Date:

RE:

Name of Foster Home:

Foster Home County:

Reason for Request:

Start Date:

Base Rate:

SCI Rate:

Total:

FFA Rate:

Supervisor Approval based on Needs Assessment:

Signature

Date

Confidential