TO: Local District Commissioners  

SUBJECT: Social Services District Foster Boarding Home Payments  

ATTACHMENTS: Attachment A, 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. Districts must
annually submit this information to the Department. The regulation is
referenced in the program manual, Standards of Payment for Foster Care of
Children, in 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
40 North Pearl Street, Floor 11A
Albany, NY 12243-0001
Attention: James Smith

If you wish, you may e-mail your response to user ID # 89d001.

If you have any questions, call James Smith at (518) 432-2922, user ID
89d001

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Rose M. Pandozy
Deputy Commissioner
Division of Services and
Community Development
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:

   Age  
   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 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 and Telephone Number of the Person Who Completed this Schedule:

Name: ________________________________
Title: ________________________________
Telephone: ____________________________