

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NOTIFICATION OF FOSTER CARE LEVEL OF CARE AND ROOM and BOARD PAYMENT

NOTICE DATE:		NAME AND ADDRESS OF LOCAL SOCIAL SERVICES DISTRICT OR VOLUNTARY AUTHORIZED AGENCY:		
CASE NUMBER	CHILD'S CIN NUMBER			
FOSTER PARENT'S NAME AND ADDRESS				
		To Request a Conference () -		
		To Request Record Access Once a Fair Hearing has been Requested () -		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Listed below is the level of care determination and the rate of room and board payment that will be made to you on behalf of the foster child placed in your care. The effective date is listed below.

Name of child _____ Date of placement of the child in your foster home ____ / ____ / ____

Level of care and rate of foster care room and board payment:

The rate of the foster care room and board payment for your foster child is based on the level of care determination checked below (normal, special or exceptional). If you disagree with the level of care determination checked below for your foster child, you have a right to appeal the decision by using the procedures listed on the reverse of this form. You are entitled to a new notice if the level of care determination for your foster child (normal, special or exceptional) is changed.

- Normal** – The child has no diagnosed physical or mental condition requiring special or exceptional care, although he or she may have problems relating to neglect, maltreatment, or lack of care.
- Special** – The child has a pronounced physical condition certified by a physician as requiring a high degree of physical care; OR is awaiting a family court hearing on a Person in Need of Supervision (PINS) or Juvenile Delinquency (JD) petition or has been adjudicated as a PINS or JD; OR has been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or with a behavior disorder requiring a high degree of supervision; OR is a refugee or Cuban/Haitian entrant and is unable to function successfully because of factors related to that status; OR entered foster care directly from inpatient hospital care within the past year. {Note: Four hours of training required annually}
- Exceptional** – The child requires 24-hour-a-day care by a qualified nurse or someone supervised by a qualified nurse or physician, as certified by a physician ; OR has severe behavior problems involving violence and has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; OR has been diagnosed by a qualified physician as having severe mental illness, severe developmental disabilities, brain damage or autism; OR has been diagnosed by a physician as having AIDS or HIV-related illness (up to one year if child tests positive for HIV and then subsequently test negative for HIV). {Note: Five hours of training required annually}

Amount of foster care room and board payment is \$ _____ per day, effective ____ / ____ / ____ .

The actual rate you will receive may be different than the rate listed above. The rate amount may change over time due to circumstances other than the foster child's level of care determination. These rate amounts may change due to the foster child's age, state rate changes and other changes allowed by law.

For special and exceptional rates, the child's qualifying condition or circumstance is identified as: _____

The regulation that governs the special and exceptional rate setting process is 18 NYCRR 427.6.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION.

Worker Signature/Date: _____

Supervisor Signature/Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NOTIFICATION OF FOSTER CARE ROOM and BOARD PAYMENT
CLIENT/FAIR HEARINGS COPY

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made an incorrect decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the conference number on the first page of this notice or by sending a written request to us at the address listed at the top right of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference, you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is incorrect, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)
Statewide Toll-Free **1-800-342-3334 Fair Hearing Requests and Inquiries, OR**
- (2) **Writing:** By sending a **completed** copy of this notice to Office of Temporary and Disability Assistance, Office of Administrative Hearings, , P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself. OR**
- (3) **FAX:** Your fair hearing request to (518) 473-6735. **OR**
- (4) **Email:** Form: <http://www.otda.state.ny.us/oah/forms.asp>

In Person Walk-in Location for New York City: 14 Boerum Place, First Floor Brooklyn (near Jay St./Borough Hall)
330 West 34th Street, Third Floor Manhattan (by Penn Station/34th St.)

Please include the following information when requesting a Fair Hearing:

Child's name -----	Child's date of birth -----/-----/-----	Child's case number -----
The birth mother's name -----	Local social services district or voluntary agency name -----	

I want a fair hearing. The Agency's action is incorrect because:

Signature of Foster Parent: _____

Date _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:

To help you get ready for the hearing, you have a right to look at certain portions of your foster child's case file. If you call or write to us, we will provide you with free copies of the pertinent documents which we will give to the hearing officer at the fair hearing.

If you want copies of the pertinent documents from your foster child's case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed. To ask for documents or to find out how to look at the pertinent documents in your foster child's case file, please contact the Record Access telephone number listed on the first page of this notice.

INFORMATION:

If you want more information about your foster child's case, how to ask for a fair hearing, how to see relevant records, or how to get additional copies of documents, call us at the telephone numbers listed on the first page of this notice, or write to us at the address printed on the first page of this notice.