

**Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services
Division of Protection and Permanency**

FOSTER HOME CONTRACT SUPPLEMENT

(Relates to Foster Home Contract Number: _____)

Section A.

1. Name of child:

_____ Date of Birth: _____
Last First M.I.

_____ Child's iTWIST Case Number _____ Child's SSN

2. Placement Date: _____ 3. Effective Date of Rate: _____

4. Foster Care Rate: Child Specific \$ _____

Basic..... \$ _____

Advanced... \$ _____

5. Medically Complex Rate (Basic, Adv., Degreed)..... \$ _____

6. Specialized Medically Complex Rate (Advanced or Degreed).... \$ _____

7. Care Plus Rate (Basic or Advanced)..... \$ _____

8. Supplemental Services Rate..... \$ _____

APPROVED: _____ FSOS _____
Signature Title Date

Section B.

Date the Medical Passport was given to the Foster Home Parents _____

Child's Current Grade Level (circle one)
Pre-school/Pre-K 1 2 3 4 5 6 7 8 9 10 11 12

Child is Performing (check one): At grade level Below grade level Above grade level

Name and address of school the child previously attended:

Date the Educational Passport was requested from the school: _____

Name and address of school will be attending, if different:

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As required by KRS 605.090, the following history and risk factors regarding the child being placed were disclosed and discussed with the Resource Home parents.

Abuse

- Neglected
- Physically Abused
- Sexually Abused or Exploited
- Juvenile Sex Offender as defined by KRS 635.505(2)

Health

- Attachment difficulties
- Allergies
- Developmental delays
- Eating habits or disorders
- Failure to thrive
- Medically Fragile (including HIV)
- Medications
- Physical Handicaps
- Special nutritional needs
- Speech disorders
- Sleeping difficulties

Cooperation

- Cooperative
- Non-Cooperative

Personal

- Talents (sports, music, art, etc.)
- Likes/Dislikes (foods, animals, etc.)
- Religious activities
- Musical tastes
- Favorite color

Behaviors

- Attachment difficulties
- Destroys property
- Inappropriate sexual acts or behaviors
- Fire-setting
- Hyperactive
- Injury to self (cutting, etc.)
- Lying
- Makes friends easily
- Physically aggressive
- Rocking, head banging, etc.
- Running away (AWOL)
- Sense of humor
- Sexually aggressive
- Smokes
- Substance abuse problems
- Stealing
- Suicidal
- Verbally aggressive
- Wetting, soiling, smearing

For each item checked give a written explanation. Also, list any behaviors that indicate a safety risk for the placement.

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Number of Placements:

This is the child's (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15) placement.

Section C

We understand the information contained in this document and agree to fulfill our responsibilities to making this child's placement in this home successful.

Social Service Worker (SSW) Name (print)

Foster Home Parent (Signature and Date)

SSW Home Phone # SSW Work Phone #

Foster Home Parent (Signature and Date)

Family Services Office Supervisor FSOS
(Signature and Date)

Home Address

FSOS Home Phone # Work Phone #