

## HIGH-RISK SUPPLEMENT ASSESSMENT

Child's name:

Foster home:

DOB:

Foster home TWIST#:

SS#:

Date child entered foster home:

R&C FSOS:

R&C case manager:

Case manager:

High-risk supplements are temporary assistance to foster home parents to ensure the provision of appropriate services for a child with extraordinary care needs. The attached **Memo of Justification** provides details about the child's extraordinary care that meets the requirements of 922 KAR 1:520, Section 2(2).

The **Memo of Justification** determines if additional reimbursement is necessary to meet the extraordinary care needs of the child.

Standardized high-risk supplement per diem: \$\_\_\_\_\_

**Memo of Justification:**

**Approved**       **Denied**       **Request additional information.**

**SRA:** \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If approved, I concur there is a need for a high-risk supplement for a period of six months. The child currently has a well-documented need for additional services to maintain his or her current placement.