

### SUPPLEMENT TO THE RATE ELIGIBILITY FORM

NAME OF CHILD/YOUTH:	AGE OF CHILD/YOUTH (SUPPLEMENT FOR CHILDREN THREE (3) YEARS OF AGE AND OLDER):
DATE FORM COMPLETED:	DATE OF REQUEST FOR SUPPLEMENT:

**The county child welfare services worker or the adoption worker must complete the following rate chart by circling the number(s) that correspond with all YES answers using the completed Questionnaire(s). A child may be eligible for a supplement to the rate reflected in any of the three boxes below. The supplement to the rate must not exceed one thousand (\$1,000) dollars.**

#### Rate Chart

Circle all yes answers	1,      3,      5,      6,      9,      10 Yes answer to any <b>one</b> of the above questions = \$1,000
Circle all yes answers	2,      4,      7,      8 Yes answer to any <b>four</b> of the above questions = \$1,000 Yes answer to any <b>three</b> of the above questions = \$750 Yes answer to any <b>two</b> of the above questions = \$500 Yes answer to any <b>one</b> of the above questions = \$250
OR	
Circle all yes answers	11a,    11b,    2,      4,      7,      8 Yes answer to 11(a) and any <b>one</b> of the above questions = \$1,000 Yes answer to 11(b) and any <b>two</b> of the above questions = \$1,000 Yes answer to 11(b) and any <b>one</b> of the above questions = \$750 Yes answer to 11(a) = \$750 Yes answer to 11(b) = \$500

SUPPLEMENT AMOUNT APPROVED:	EFFECTIVE DATE:
DATE OF APPROVAL:	DATE OF DENIAL:
PRINTED NAME OF PERSON COMPLETING THIS FORM:	

DATE:	PHONE:	FAX:
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AGENCY NAME: \_\_\_\_\_

*SOCIAL SERVICES/ADOPTION/PROBATION  
(CIRCLE ONE)*

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_