



SENDCAA

3233 S. University Drive • P.O. Box 2683 • Fargo • ND 58108

Application for Foster Children Living with Child Care Provider to Qualify for Tier I Reimbursement

Name of Child Care Provider and/or Facility: _____

In certain cases a foster child is eligible to be claimed for Tier I rates (the higher rates), regardless of the foster parent's household income.

If you have a foster child living with you who meets the definition of a foster child, complete this application, sign, and return it to the SENDCAA office at the address listed at the top of this page. A separate application must be completed for each foster child.

Foster Child's Name: _____

Foster Child's Age and Birth date: _____

Foster Child's Monthly Income: _____

A foster child is a child who is living with a household, but who remains the legal responsibility of the welfare agency court. A foster child is considered a household of one. Only the following income should be considered: (1) Funds provided by the welfare agency which are specifically identified by category for personal use of the child, such as those for clothing, school fees, allowances, etc. Welfare agency funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare agency funds cannot be identified by category, no portion of the provided funds shall be considered as income. (2) Funds personally received by the child. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time employment. Earnings from such sources as paper routes and baby-sitting, which generally do not significantly affect the household's level of income, should not be considered as income.

I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Foster Parent _____ Date _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY

Date Received _____

Approved

Denied

Date of Determination _____

Signature of Determining Official _____