

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
REGULAR FAMILY FOSTER CARE HOME
Service Code 153**

LICENSE REQUIREMENT:

Licensed as a DES Regular Family Foster Care Home.

REQUIREMENTS:

Ability to work with probation youth and understand and court processes

TRAINING:

The following training (1, 2, & 3) must be completed **prior** to the placement of any youth:

1. DES licensure
2. Probation and court procedures
3. CPR/First Aid
4. In addition to re-licensing requirements, 6 hours of annual continuing education which must be applicable to population of youth served

LIMIT YOUTH: 4

REIMBURSEMENT: DES scale rate

UNIT OF SERVICE:

One unit of service equals one 24 hour period. To be considered as a billable unit, the client must have been under supervision by the foster parent at 11:59 p.m. that day.

SERVICE TASKS:

1. Provide all necessary client transportation.
2. Provide a supportive and caring living environment.
3. Provide the client with appropriate structure and discipline.
4. Ensure client attends school.

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5. Provide for all clothing, food and personal needs.
6. Provide the client with positive role models.
7. Assist the client in meeting spiritual needs through his/her choice of attendance at a church or other appropriate venue.
8. Assist the client in managing his/her personal and clothing allowance.
9. Document disbursement of personal and clothing allowance to the client.
10. Report acts of violence or other unlawful behavior to client's probation officer, licensing agent and law enforcement as appropriate.
11. Report runaways immediately to law enforcement, probation officer and licensing agent.
12. Keep a client file and document client's behavior weekly.

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I have read and fully understand the requirements to provide Regular Family Foster Home and agree to all requirements and restrictions.

Proposed service rate: \$ _____ /day / youth

Other proposed agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate \$ _____ /day /youth

Other final agreement: _____

Provider Signature / Date

AOC Signature / Date