

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
 Contract Year 2009-2010
SERVICE SPECIFICATION
FOSTER HOME RESPITE CARE
 Service Code 155 & 156

LICENSE REQUIREMENT:

Licensed as a Regular Family Foster Care Home or Therapeutic Foster Care Home

REQUIREMENTS:

Ability to enter foster home and care for youth, or accept youth into own home for temporary care. This service is available for youth in foster care only.

TRAINING:

<p>The following (1, 2, 3, 4 only) must be completed prior to providing services to</p> <p><i>Regular Family Foster Home</i></p> <ol style="list-style-type: none"> 1. Basic DES pre-service training 2. CPR/First Aid 3. Behavior management 4. Behavioral observation and documentation 5. In addition to the re-licensing requirement, 6 hours annual on-going therapeutic education 	<p>The following (1, 2, 3, 4, 5 only) must be completed prior to providing services to the</p> <p><i>Therapeutic Foster Care Home</i></p> <ol style="list-style-type: none"> 1. Basic DES pre-service training 2. CPI 3. CPR/First Aid 4. Behavior management 5. Behavioral observation and documentation 6. In addition to the re-licensing requirement, <i>In Home Parent(s):</i> 10 hours of annual on-going therapeutic education <i>Other Parent:</i> 5 hours of annual on-going therapeutic education
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REIMBURSEMENT: Negotiated contract rate

SERVICE TASKS:

1. Provide all services in accordance with the service tasks required for the level of regular foster care home.
2. Document service delivery and client behaviors daily.

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I have read and fully understand the requirements to provide Foster Home Respite Care services, agree to all requirements and restrictions and propose the following rate:

<i>Regular Family Foster Home</i>	<i>Therapeutic Foster Care Home</i>
Proposed service rate: \$_____ / hour (Maximum of 12 hours)	Proposed service rate: \$_____ / hour (Maximum of 12 hours)
Proposed service rate: \$_____ / day	Proposed service rate: \$_____ / day

Other proposed agreement: _____

 Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

<i>Regular Family Foster Home</i> <i>(service code 155)</i>	<i>Therapeutic Foster Care Home</i> <i>(service code 156)</i>
Final service rate: \$_____ / hour (Maximum of 12 Hours)	Final service rate: \$_____ / hour (Maximum of 12 Hours)
Final service rate: \$_____ / day	Final service rate: \$_____ / day

Other final agreement: _____

 Provider Signature / Date

 AOC Signature / Date