

### HIGH-RISK SUPPLEMENT ASSESSMENT

Child's Name: \_\_\_\_\_ Foster Home: \_\_\_\_\_  
DOB: \_\_\_\_\_ Foster Home TWIST#: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date Entered Foster Home: \_\_\_\_\_  
R&C FSOS: \_\_\_\_\_ R&C Case Manager: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ [CRP Level: \_\_\_\_\_]

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 as to the child's extraordinary care that meets the requirements of 922 KAR 1:520, Section 2(2). ~~[need for transitional, crisis, or Level IV or V services that warrant a high-risk supplement. The Memo of Justification contains, at a minimum, detailed information in each of the following five (5) areas:~~

- ~~(A) Transportation:~~
- ~~(B) Education:~~
- ~~(C) Medical specialized therapies (i.e. speech therapy, OT, PT):~~
- ~~(D) Mental health (attach psychological evaluation or letter from provider if applicable):~~
- ~~(E) Placement history:]~~

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

Current rate: \$ \_\_\_\_\_ [Attachments submitted: ]  
Standardized high-risk supplement: \$ \_\_\_\_\_ [Case Plan attached: ]  
Total 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 [transition, crisis, or Level IV/V] services to maintain his or her current placement.**

