

Section 5- Financial

a) Foster Care Rate Sheet

Includes reimbursement rates, information on clothing allowance and incidental funds, vouchers and more.

- **General Purchase of Service Voucher**
- **Medical Assistance Mileage Voucher**

The child must be receiving medical assistance. The foster parent can request reimbursement for mileage to medical, dental and therapy appointments only.

b) Reimbursement for Pre-placement Visits and for Youth on Run

Explanation for how foster parents are reimbursed when a child is on a pre-placement visit or is on run.

c) Reimbursement for Damages

Guidelines for reimbursement of damages made to the home by a foster child

d) Minnesota Joint Underwriting Association

Description of liability insurance coverage and an incident report form (i.e. claim form).

e) WIC (Women, Infants and Children Program) and Free and Reduced Lunch Program

f) What About Child Care?

Information for foster parents who need to utilize child care while they are working or attending school



Olmsted County Health, Housing and Human Services
Foster Care Provider Request for Payment

Month:

Olmsted County Health, Housing and Human Services

Name:

2117 Campus Drive SE, Suite 200

Address:

Rochester, MN 55904

City:

State:

Zip:

**Receipts for clothing and incidental expenses
are required for reimbursement**

Phone:

	Client Name	Service Description	Dates (from-to)	# of Days	Rate	Amount
1						
2						
3						
4						
5						
6						
7						

Total:

I/We declare under penalties of perjury that I/We are making the within claim; that I/We have examined said claim and that the same is just and true; that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and are such as are allowed by law; and no part of said claim has been paid.

Vendor Signature:

Date:



MA MILEAGE REIMBURSEMENT

I certify that the information on this reimbursement form is true and the expenses claimed were for MA covered services: (Signature of Client, Parent/Legal Guardian, or Representative.)



CLIENT INFORMATION

First Name:

Last Name:

Medicaid #:

Date of Birth:

Gender:

Phone:

Zip code:

PAYMENT INFORMATION

Name of Driver:

Make Payment To:

Phone:

Address:

City:

State:

Zip:

Relationship:

Self

Friend

Family (related)

Foster Parent (not related)

TRIP LOG #1

Appointment date:

Type:

Round Trip

One Way

Address where you were picked up:

Home

Other

Of Miles:

Parking:

Address where you were dropped off:

Meals:

Lodging:

Health Care Provider Name and Address:



I certify that this patient was seen for a Medicaid covered health service. **Signature & Title of Healthcare Provider**

TRIP LOG #2

Appointment date:

Type:

Round Trip

One Way

Address where you were picked up:

Home

Other

Of Miles:

Parking:

Address where you were dropped off:

Meals:

Lodging:

Health Care Provider Name and Address:



I certify that this patient was seen for a Medicaid covered health service. **Signature & Title of Healthcare Provider**

Quality Review Signature (FSA Staff Only): 

TRIP LOG #3

Appointment date: **Type:** Round Trip One Way

Address where you were picked up: Home Other **# Of Miles:**

Parking:

Address where you were dropped off: **Meals:**

Lodging:

Health Care Provider Name and Address:



I certify that this patient was seen for a Medicaid covered health service. **Signature & Title of Healthcare Provider**

TRIP LOG #4

Appointment date: **Type:** Round Trip One Way

Address where you were picked up: Home Other **# Of Miles:**

Parking:

Address where you were dropped off: **Meals:**

Lodging:

Health Care Provider Name and Address:



I certify that this patient was seen for a Medicaid covered health service. **Signature & Title of Healthcare Provider**

TRIP LOG #5

Appointment date: **Type:** Round Trip One Way

Address where you were picked up: Home Other **# Of Miles:**

Parking:

Address where you were dropped off: **Meals:**

Lodging:

Health Care Provider Name and Address:



I certify that this patient was seen for a Medicaid covered health service. **Signature & Title of Healthcare Provider**

Quality Review Signature (FSA Staff Only): 

Keep for your records.



INSTRUCTIONS

- Complete one reimbursement form per client.
- Submit reimbursement forms no more than 10 months past the date of the first appointment.
- The mileage forms MUST be signed by a healthcare professional at the facility to verify you attended your appointment. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
- If you don't have a mileage form to be signed, ask your healthcare provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. *Attach the note from your healthcare provider in place of healthcare provider signature.
- Mileage reimbursement will be paid for the shortest route available and paid to the nearest whole mile.
- Incomplete forms cannot be processed and will not be reimbursed if incorrect. The form will be returned to you to be corrected.
- Keep a copy of your mileage form for your records.
- If you are a foster parent, please check foster parent box in the Payment Information section.
- Meal reimbursement amounts: breakfast \$5.50, lunch \$6.50, dinner \$8.00
- Mileage amounts: \$.22/mile for family/friend (vested interest); current IRS rate per mile for licensed foster care reimbursement
- To get parking, meal or lodging reimbursement, your original receipt must be attached.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home.

MAIL, FAX OR EMAIL THE COMPLETED LOGS TO:

Family Support & Assistance

MA Transportation

2117 Campus Drive SE Suite 100

Rochester, MN 55904

Fax: 507-328-7956

Email: marides@co.olmsted.mn.us

If you have questions about this form or MA Transportation, you may call 507-328-6200 or email marides@co.olmsted.mn.us



Memo

Date: June 2, 2021

To: Family Foster Care Providers

CC: Child and Family Services
Developmental Disabilities – Child
Court Services/Juvenile Corrections

From: Michelle Freiderich
Child Foster Care Placement Coordinator
(507)328-6413

RE: Child Foster Care Rates (Northstar Care for Children) – Effective July 1, 2021

On July 1, 2021, child foster care rates will be increasing based on changes in the USDA *Estimates of the Cost of Raising a Child*. If you currently have a child placed in your home, you will notice an increase in your July payment. Reminder, payment for July is received in August.

Northstar Care for Children rates are based on the Minnesota Assessment of Parenting for Children and Youth (MAPCY) tool. The MAPCY is more comprehensive than previous tools and assesses two areas of care: the child's needs and what the caretaker is doing to meet those needs. The MAPCY allows for a more consistent and less subjective assessment. It also takes into consideration the child's strengths and needs, and the extra parenting provided by the caregiver to meet the child's needs. Foster parents will have an active role in completing the MAPCY tool.



Northstar Care for Children

Age of Child	Daily Basic Rate	Ongoing Clothing and Personal Needs	Initial Clothing Allowance
0 to 5 years	\$23.05	\$143	\$701.00 (\$350.50/Year)
6 to 12 years	\$27.32	\$169	\$831.00 (\$415.50/Year)
13 to 20 years	\$32.28	\$200	\$982.00 (\$491.00/Year)

Supplemental Level rates are determined using the Minnesota Assessment of Parenting for Children and Youth (MAPCY). The child's social worker, foster parent, and the Northstar Specialist will complete the MAPCY together. The foster parents will then receive a letter, informing them of the rate.

Emergency Rate – If the foster parent is given less than a 24-hour notice of placement, then the emergency rate is paid for the first, eight days of care.	
Age of Child	Daily Rate
0 to 5 years	\$52.24
6 to 12 years	\$56.51
13 to 20 years	\$61.47

Ongoing Clothing & Personal Needs – Foster parents must set aside a portion of the monthly rate for ongoing clothing and personal needs. The recommended amount (shown in this column) is 20% of the monthly rate (based on 31 days).

Initial Clothing Allowance – Clothing allowance is based on need, and foster parents must have prior approval of the child's social worker.

Childcare – The MAPCY assessment includes a childcare allowance when the foster parents are working and/or attending school and need childcare during those hours. The foster parent will be responsible for paying the childcare allowance directly to the childcare provider.



Ages 0-6		
Hours	Foster Parent's Payment to Childcare Provider – Month 1 ONLY	Foster Parent's Payment to Childcare Provider - After Month 1
< 10 hours/week	\$0/month	\$0/month
10-19 hours/week	\$0/month	\$100/month
20-29 hours/week	\$0/month	\$200/month
30-39 hours/week	\$0/month	\$300/month
40 or more hours/week	\$0/month	\$400/month

Ages 7 through 12		
Hours	Foster Parent's Payment to Childcare Provider – Month 1 ONLY	Foster Parent's Payment to Childcare Provider - After Month 1
< 20 hours/week	\$0/month	\$0/month
20-39 hours/week	\$0/month	\$100/month
40 or more hours/week	\$0/month	\$200/month

Respite Rates: If the foster parent or the child's social worker feels that a higher rate is warranted, the social worker can complete an additional assessment.

Age of Child	Daily Rate
0 to 5 years	\$52.24
6 to 12 years	\$56.51
13 to 20 years	\$61.47

Relief Rates: Foster parents can receive up to 30 days of relief care per year. The relief provider receives the same daily rate that the regular provider receives for the child. The regular provider should also bill the daily rate for the child while he/she is in relief care. In other words, both the relief provider and the regular provider are paid for those days.



Additional Reimbursement for Full-Time Placements: Please note that these additional funds are NOT available for respite placements

Clothing	
Initial Clothing	
<ol style="list-style-type: none">1. All children receive an initial clothing allowance (please refer to the enclosed chart). This is a two-year allowance.2. Use of the clothing allowance must be PRE-APPROVED by the child's social worker.3. Foster parents can either purchase the clothing and submit the receipts with their monthly voucher or request a voucher to Children's Exchange.4. A voucher for Children's Exchange can only be used ONE TIME. For example, the voucher is for \$250.00 and you only purchase \$150.00 of clothing. You cannot return to Children's Exchange a month later and use that same voucher for the remaining \$100.00. You must request a new voucher.	
Ongoing Clothing and Personal Needs	
Because a clothing allowance is only issued once every two years, it is recommended that foster parents set aside 20% of their monthly reimbursement for the child's ongoing clothing and personal needs.	
Incidental Expenses	
<ol style="list-style-type: none">1. \$35.00 per child for Christmas (the child must be in care during the month of December),2. \$25.00 per day, up to 7 days per year, for vacations (when the foster child accompanies the foster family), and up to \$195.00 per child for miscellaneous expenses (e.g., driver's education, one-half the cost of music lessons). Use of the \$195.00 must be PRE-APPROVED by the child's case manager	



Mileage Reimbursement for Medical/Therapy Appointments

1. The child must be receiving Medical Assistance.
2. Please use the separate voucher entitled "MA Mileage Reimbursement".
3. You must include the appointment date, address where the child was picked up and dropped off, the number of miles and the health care provider's name and address. Then mail the voucher to Family Support & Assistance, MA Transportation, 2117 Campus Drive SE, Suite 100, Rochester, MN 55904 or fax the voucher to 507-328-7956 or email the voucher to marides@co.olmsted.mn.us.
4. **Please bring this form with you to the appointment as the healthcare provider will need to sign/verify each appointment.**

BILLING POLICIES:

- **REGULAR PLACEMENTS:**

Payment is made for the day that the child enters your care. Payment is not made for the day that the child leaves your care, unless he/she leaves after 3:00 P.M.

Example 1: A child enters placement on Friday, 2/14/21 at 6:00 P.M. and leaves on Friday, 2/21/21 at 2:30 P.M. The payment would be for 7 days of care.

Example 2: A child enters placement on Friday, 2/14/21 at 6:00 P.M. and leaves on Friday, 2/21/21 at 5:00 P.M. The payment would be for 8 days of care.

Note to foster parents and social workers:

- Please indicate on the reimbursement form and the "Notice of Change in Placement" form when a child leaves the foster home after 3:00 P.M. Then Accounting can pay for the extra day.
- Record the day that the child was placed in care and the day that he/she left care. Accounting will adjust for the day that the child left care unless you indicate that the child left after 3:00 P.M.
- If the child is picked up from school after 3:00 P.M., the foster parent is not paid for the day that he/she leaves care because the child actually left the foster home earlier in the day.)

- **EMERGENCY PLACEMENTS:**

Payment is made for both the day that the child enters care and the day that the child leaves care. It does not matter if the child leaves before or after 3:00 P.M.



- **RESPITE PLACEMENTS:**

Payment is made per half day.

Drop-off before 12 PM = full day

Drop-off after 12 PM = ½ day

Pick-up before 12 PM = ½ day

Pick up after 12 PM = full day

Example: A child enters care on Friday, 2/14/21 at 6:00 P.M. The child leaves care on Sunday, 2/16/21 at noon. The payment would be for 2 days of care (2/14/21 = ½ day, 2/15/21 = 1 day, and 2/16/21 = ½ day).

- **RELIEF PLACEMENTS:** The relief provider receives the same daily rate for the child that the regular foster parent receives for the child.

Payment is made per half day.

Drop-off before 12 PM = full day

Drop-off after 12 PM = ½ day

Pick-up before 12 PM = ½ day

Pick up after 12 PM = full day

Example: A Child enters care on Friday, 2/14/21 at 6:30 P.M. The child leaves care on Sunday, 2/16/21 at 5:00 P.M. The payment would be for 2 ½ days (2/14/21 = ½ day, 2/15/21 = 1 day, and 2/16/21 = 1 day).

COMPLETING YOUR VOUCHER:

- Reimbursement forms are completed on-line.
([Foster Care Provider Reimbursement Form \(link opens to DocuSign form\)](#))
- To complete the reimbursement form:
 1. Click "Foster Care Provider Reimbursement Form"
 2. Complete required information (name, address, city, state, ZIP, phone number)
 3. Enter information for which you are requesting payment
 4. Enter amounts, which will calculate automatically (there is a slight delay)
 5. Attach receipts, if applicable
 6. Electronically sign
 7. Submit
- Accounting staff pays to the exact cent. Please note that your monthly reimbursement check will vary depending on the number of days in a given month. The reimbursement that you receive each month is determined by multiplying the daily rate times the number of days in the month.
- Please limit each reimbursement form to six entries. Siblings can be placed on the same reimbursement form. However, if you are caring for children from several different families, each family should be placed on a separate reimbursement form.



HEALTH, HOUSING AND
HUMAN SERVICES
2117 CAMPUS DRIVE SE-STE 200
ROCHESTER MN 55904

507.328.6400

- Reimbursement checks are mailed within 35 days of receipt of the reimbursement form by Accounting. Please do not submit your reimbursement form until the 1st of the month. If you have any questions, please contact your licensor.
- Make sure to record the **exact dates** that the child was in your care in the "Dates (from-to)" column of the reimbursement form. When a foster parent reports dates of care from 3/1/21 to 3/31/21, for example, but then asks to be reimbursed for only 10 days of care, it causes problems for Accounting staff.

REIMBURSEMENT FOR PREPLACEMENT VISITS

Pre-placement visits include:

- Children/Youth transitioning from a residential facility to a foster home or
- Children/Youth transitioning from a foster home to a pre-adoptive home.

If the child/youth is transitioning from a residential facility to a foster home,

- the provider will be reimbursed at the respite care rate (Level J of the MAPCY) for a maximum of 30 days.
- The child's/youth's case manager must have the approval of his/her program manager and/or the Associate Director for payment.
- The child's/youth's case manager must discuss with a program manager and/or the Associate Director whether or not payment will be made to the residential facility during this time. Note - The residential facility may or may not have their own policy regarding payment during this time.

If the child/youth is transitioning from a foster home to a pre-adoptive home,

- the pre-adoptive home will be reimbursed at the same rate as the current foster home for a maximum of 30 days.
- Payment to the current foster home continues during this time.
- The child's/youth's case manager must have the approval of his/her program manager and/or the Associate Director for payment.

REIMBURSEMENT FOR TEMPORARY ABSENCE FROM PLACEMENT (i.e. Runaway, JDC, Shelter)

If the plan is for the youth to return to that foster home,

- the foster care provider can receive 7 days of continued reimbursement.

If the case manager changes that plan, and the youth is not going to return to the foster home,

- the case manager must immediately inform the foster parent, with follow up in writing as soon as possible.

If there is no plan to return the child to the foster home (agency decision or foster parent request),

- then reimbursement for placement ends when the child runs from the home.

REIMBURSEMENT FOR DAMAGES

Foster parents need to be aware that foster care can involve extra wear and tear and occasional damage to their home. Some examples of “normal” wear and tear may include damaged wallpaper, soiled carpeting, writing on the walls, etc. Occasionally things may happen that go beyond what would be considered normal wear and tear such as intentional destruction of property, unauthorized phone calls or other things that result in a major expense.

Foster parents must take the following steps when requesting reimbursement for damages.

- Contact your licensor.
- Describe the extent of the damage and how it occurred.
- Provide an estimate of the cost to repair the damaged item(s).

Foster Care Staff:

- May ask you to consult with your homeowner’s insurance agency.
- May ask you to submit claim to Minnesota Joint Underwriting Association.
- Will ask program manager for permission to reimburse for the damage(s). Do not repair the damage(s) until foster care staff has informed you that payment was approved. Repairs made prior to approval for payment may not be reimbursed.
- When approved, payment can be made directly to the vendor, or payment can be made to the foster parent. If payment is made to the foster parent, the receipt must be attached to the foster parent’s monthly “Foster Care Provider Request for Payment.”

Minnesota Joint Underwriting Association

2400 Portland Ave S, Suite 190,
Burnsville, MN 55337
(952) 641-0260 Fax: (952) 641-0274
WWW.MJUA.ORG

FOSTER PROVIDER LIABILITY INSURANCE

WHO IS COVERED?

Adult and child family foster care providers and family adult day services providers in the State of Minnesota licensed by the Minnesota Department of Human Services, Minnesota Department of Corrections, and those licensed and approved by Indian Tribal Governments.

WHAT IS COVERED?

We will pay damages you become legally obligated to pay for as a result of injury or damage in the course of providing foster care. This includes:

- Injury caused by a foster client - \$250,000 per occurrence/\$1,000,000 aggregate limit
- Injury to client for alleged negligent care by the foster care provider - \$250,000 per occurrence/\$1,000,000 aggregate limit
- Damage to someone else's property caused by foster client- \$250 limit
- Damage to foster client's property- \$250 limit

WHAT IS NOT COVERED?

Basic exclusions to the policy include:

- Damage to any property that is owned by, rented to, or leased by the provider or anyone in the provider's household
- Damages arising out of an act or omission that a reasonable person would know is likely to result in injury or property damage
- Any injury or property damage resulting from the operation or use of a auto, aircraft or watercraft
- Damages arising out of sexual abuse or molestation

Please refer to the policy for a complete list of what the policy does not cover.

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FOSTER PROVIDER LIABILITY INSURANCE

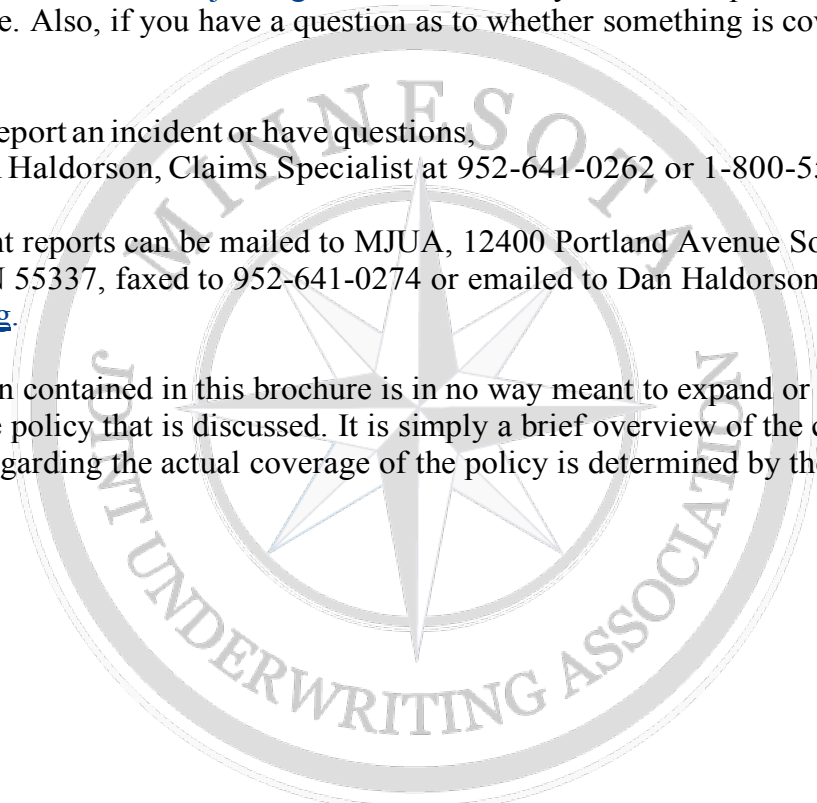
WHAT TO DO IF YOU HAVE A CLAIM OR AN INCIDENT?

If something should happen in the course of providing foster care or adult day services that may result in a claim or law suit against you, it is your duty to notify MJUA. The policy requires that you provide MJUA with a written report. Incident report forms are available on the MJUA web site www.mjua.org. We also ask that you call to report an incident as soon as possible. Also, if you have a question as to whether something is covered, please call.

If you need to report an incident or have questions, please call Dan Haldorson, Claims Specialist at 952-641-0262 or 1-800-552-0013.

Written incident reports can be mailed to MJUA, 12400 Portland Avenue South, Suite 190, Burnsville, MN 55337, faxed to 952-641-0274 or emailed to Dan Haldorson at danh@mjua.org.

The information contained in this brochure is in no way meant to expand or limit the coverage of the policy that is discussed. It is simply a brief overview of the coverage and any question regarding the actual coverage of the policy is determined by the policy language.



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of your annual premium that is attributable to coverage for acts of terrorism is, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant’s Signature

Print Name

Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____

Minnesota Joint Underwriting Association

2400 Portland Ave S, Suite 190,
Burnsville, MN 55337
(952) 641-0260 Fax: (952) 641-0274
WWW.MJUA.ORG

FOSTER PROVIDER LIABILITY INSURANCE

INCIDENT REPORT FORM

1. Name, address, phone number and policy number of insured:

- _____
- _____
- _____
() _____ Policy Number: _____

2. Name, address, and phone number of potential claimant:

- _____
- _____
- _____
() _____

3. Name, address, and phone number of injured person(s) (if different from potential claimant):

- _____
- _____
- _____

4. Date and time of incident: _____

5. Full address where incident occurred (attach floor plan or street plan if necessary):

- _____
- _____
- _____

6. Names, address and phone numbers of all persons involved in the incident and an explanation of the relation, if any, or each to the insured. (Attach additional sheets if necessary.)

- _____
- _____
- _____

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WWW.MJUA.ORG

FOSTER PROVIDER LIABILITY INSURANCE

7. Names, address and telephone number of all witnesses to the incident:

Name

Address

Phone

- _____
- _____
- _____
- _____

8. Completely describe the incident, including all relevant circumstances and actions preceding and following the incident (attach additional pages if necessary). Attach a copy of police report if applicable.

- _____
- _____
- _____
- _____
- _____

9. Names, addresses and phone numbers of any person injured and description of injuries:

Name

Address

Phone

Injury

- _____
- _____
- _____
- _____

10. Itemize all damages property, extent of damage, estimated or actual repair cost:

Property

Description of Damage

\$ Estimate (by whom)

- _____
- _____
- _____
- _____

FRAUD WARNING

*A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD
AGAINST AN INSURER IS GUILTY OF A CRIME*

I hereby certify that the foregoing statements made by me are true.

Signature of person completing report _____

Date _____

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I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant’s Signature

Print Name

Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____

WOMEN, INFANTS, AND CHILDREN – WIC:

Please take advantage of this program to assist you in providing your young foster child with nutritious foods. This program is available for children up to 5 years of age. You may be eligible for milk, eggs, cheese, cereals, juice, peanut butter, and formula. Either the child's social worker or your licensor will inform the WIC office that a child has been placed in your home. Then you simply call (507-328- 7555) and make an appointment.

FREE & REDUCED LUNCH PROGRAM:

All children in foster care qualify for free school lunch. Either the social worker or the foster parent can contact the local school district to complete the application. Most school districts have the application available on their website.

- **Byron Public Schools:** [Food Service / Free and Reduced - Price Lunch \(byron.k12.mn.us\)](http://byron.k12.mn.us)
- **Chatfield Public Schools:** [Food Service - Chatfield Public Schools \(chatfieldschools.com\)](http://chatfieldschools.com)
- **Dover/Eyota Public Schools:** [Application for Educational Benefits State and Federally Funded Programs for Schools - Food and Nutrition - Dover-Eyota Public Schools \(desch.org\)](http://desch.org)
- **Pine Island Public Schools:** [Home - ISD 255 - Pine Island](http://isd255.org). Click on "Families" and then choose "Application for Educational Benefits" from the drop-down menu.
- **Rochester Public Schools:** [Free and Reduced Price Meals - Rochester Public Schools - Rochester, MN \(rochesterschools.org\)](http://rochesterschools.org)
- **Stewartville Public Schools:** [Stewartville School District \(ssd.k12.mn.us\)](http://ssd.k12.mn.us). Under "Quick Links" choose "Free and Reduced Lunch Application".

You only need to complete Step 1 (List all Household Members who are infants, children, and students up to and including grade 12) and Step 4 (Contact information and adult signature) and return the form to the child's school. You do not need to complete the income information.

WHAT ABOUT CHILD CARE?

Child care may be utilized when:

- the foster parent is working, or
- the foster parent is attending school, and
- the foster parent needs child care during those hours.

When child care is requested by the social worker or other professional based on the child's emotional, social or developmental needs (i.e. the foster parent is not working or attending school); the social worker must get prior approval from his/her supervisor.

You may choose a **licensed family child care provider**, a **licensed child care center** or a **legal, unlicensed child care provider**. However, if you choose a legal unlicensed child care provider, the provider must meet the following criteria:

- provider and other adults present during child care hours must pass a public background study,
- provider and other caregivers must complete sudden unexpected infant death syndrome training,
- provider and other caregivers must complete abusive head trauma training, and
- provider and other caregivers must complete child passenger restraint training if they will be transporting the child.

PAYMENT:

The Minnesota Assessment of Parenting for Children and Youth (MAPCY) includes a foster parent share when foster parents are working and/or attending school and need child care during those hours. The foster parent will be responsible for paying the foster parent share directly to the child care provider. Olmsted County will issue payment to the child care provider for any remaining balance.

Foster Parent Share for Children Age 0-6			
Hours	Foster Parent's Payment to Child Care Provider – Month 1 ONLY	Foster Parent's Payment to Child Care Provider – After Month 1	Olmsted County's Payment to the Child Care Provider – Month 1 and Beyond
< 10 hours/week	\$0/month	\$0/month	Remaining child care balance
10-19 hours/week	\$0/month	\$100/month	Remaining child care balance
20-29 hours/week	\$0/month	\$200/month	Remaining child care balance
30-39 hours/week	\$0/month	\$300/month	Remaining child care balance
40 or more hours/week	\$0/month	\$400/month	Remaining child care balance
Foster Parent Share for Children Age 7-12			
Hours	Foster Parent's Payment to Child Care Provider – Month 1 ONLY	Foster Parent's Payment to Child Care Provider – After Month 1	Olmsted County's Payment to the Child Care Provider – Month 1 and Beyond
< 20 hours/week	\$0/month	\$0/month	Remaining child care balance
20-39 hours/week	\$0/month	\$100/month	Remaining child care balance
40 or more hours/week	\$0/month	\$200/month	Remaining child care balance

Licensed Family Child Care Providers and Licensed Child Care Centers will be paid per contract, including holidays, vacations, and/or sick days.

Legal, Unlicensed Providers are paid \$30/day (full-time) or \$3/hour (part-time).

Note regarding early learning scholarships: Some children may be eligible for an early learning scholarship. The Northstar Specialist will reach out to you if this is an option.

EXPECTATIONS OF FOSTER PARENT:

1. During the home study process, discuss child care needs. Update as needed (i.e. change in work or school hours).
2. Assist in the search for child care.
3. Assist the placing social worker in completing enrollment paperwork (i.e. emergency contact information, drop-off and pick-up times, etc).
4. Review the child care provider's policies.
5. Inform the child care provider if the child is ill or is absent for some other reason.
6. Inform the placing social worker if there is an incident at child care (i.e. injury, behavior) or if there is a concern about the child care.
7. Provide a termination notice (per the child care provider's policy).
8. Provide payment (foster parent share) to the child care provider each month as stated in the previous section.