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| Name: | Date of Birth: | MiSACWIS Person ID: |
| Caseworker:  | Foster Parent Name:  | Foster Parent Address:  |

The childplaced in this home has been determined eligible to receive Enhanced Foster Care (EFC) Services. EFC is a family-based service that provides individualized treatment for children in general foster care who present with intensive behavioral or emotional needs. EFC incorporates training and support for families to implement important aspects of treatment in the context of family and community life. Daily rates that exceed the standard Determination of Care rates are available, enabling caregivers to dedicate the needed time to attend required services and provide additional supervision to the child in their home. The following outlines the qualifications of the caregiver, training to be provided by the agency, and additional responsibilities agreed upon by the identified caregivers and the assigned foster care agency:

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| List the training that has been completed to prepare the caregiver for this placement (include if caregiver has completed Pressley Ridge Treatment Parenting Model).  |  |
| Describe the schedule of additional trainings to be provided to the caregiver.  |  |
| Describe the transition plan for the caregiver and child that will occur prior to placement (if applicable).  |  |
| Describe the specific behavior management techniques that must be performed by the caregiver to care for this child.   |  |
| Describe the specific service level engagement that must be performed by the caregiver to care for this child.  |  |
| Describe the specific educational participation that must be performed by the caregiver to care for this child.  |  |
| Describe the specific crisis management tasks that must be performed by the caregiver to care for this child.  |  |
| Indicate recommended rate based on youth’s assessed level and caregiver participation (Level I, II, III or an adapted rate due to reduced caregiver participation in treatment).  |   |

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| EFC Clinical Case Manager Signature: | Date: |
| Caregiver Signature:  | Date:  |
| Caregiver Signature:  | Date:  |
| EFC Supervisor Signature:  | Date: |

**Waiver Required for Identified Caregiver:**

* **Yes** – PAFC Director can authorize the exception and training plan, indicated by a signature below.
* **No –** Caregiver completed Pressley Ridge Treatment Parenting Model.

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| PAFC Director: | Date: |