

SAN BERNARDINO COUNTY DEPARTMENT OF CHILDREN'S SERVICES

SCR Letter of Agreement/Training Requirements

(ATTACH appropriate Tier Assessment Checklist, DCS 152 SCR/Tier #)

SCR Start Date

SCR End Date

Care Provider Name: _____

Child's Name: _____

Care Needs of Child: Medical Behavioral

A Specialized Care Increment (SCI) is an amount added to the basic foster care rate resulting in a Specialized Care Rate (SCR). Care Providers are paid the SCR for the extra care needed by children with medical or behavioral problems or a combination of both. The assigned DCS Social Worker has assessed the child listed above at the following Tier (from ATTACHED Tier Assessment Checklist):

Tier # _____ SCI = \$ _____ Required Training Sessions _____

The Care Provider and the DCS Social Worker, by signing below, agree upon the Tier #, SCI amount and required number of training sessions listed above. This agreement will be reviewed no later than every twelve months at which time it may be revised or ended; and, no later than every six months for medically fragile children.

The Care Provider also agrees to participate in necessary appointments and training sessions related to the needs of the child as specified below.

Appointments/Provider	Frequency

Category	Training Requirements/Description	Due Date

Category	Training Description
A	Training Sessions (Community College, Foster Parent/Care Provider Association, County Training, etc.)
B	Individual Training Sessions/Consultation with Professional (e.g. Hospital Personnel, Counselor/Therapist, etc.)

*(Use the **DCS 152-B SCR** form for documenting completion of required SCR training.)

Care Provider Signature / Date

Social Worker Signature / Date