



Child Placing Agency Referral

Child Information Placement Referral (DSHS 15-300) and Parent Child Visit Plan (DSHS 15-209C) must accompany this referral per policy 4531.

PROVIDER NAME	PROVIDER NUMBER	DATE
CLIENT NAME	CASE NUMBER	DATE OF BIRTH
PLACEMENT DATE OF THIS EVENT	BEGIN SERVICE DATE	
REFERRING ASSIGNED CA STAFF (PLEASE PRINT)	TELEPHONE NUMBER	
Service Option: IF NOT checked, the CPA Provider HAS NOT been asked to provide that service.		
Current rates are published in the CPA and Tribal CPA fee tables and posted in FamLink <input type="checkbox"/> CPA Referral <input type="checkbox"/> Tribal CPA Referral		
DCFS REFERRED CPA FOSTER CARE SERVICE	CURRENT RATE	TOTAL AMOUNT
CPA FOSTER CARE BASIC RATE LEVEL 1 <input type="checkbox"/> Less than 6 years of age <input type="checkbox"/> 6 through 11 years of age <input type="checkbox"/> 12 years of age or older	\$	\$
CPA FOSTER CARE LEVEL 2, 3, 4 Based on the Updated Foster Care Rate Assessment. Rate will be determined after rate assessment has been completed within 30 days of placement and every six (6) months thereafter. <input type="checkbox"/> CPA FC Level 2 <input type="checkbox"/> CPA FC Level 3 <input type="checkbox"/> CPA FC Level 4	\$	\$
CPA SERVICE FEE Child Specific Case Management and Support Activities.	\$	\$
CPA FOLLOW-UP SERVICE FEE	\$	\$
CPA BORROWED HOME FEE This fee cannot be used with CPA service fee. When using borrowed home fee, all foster care payments shall be made directly to the foster parent (not the CPA) using FamLink ID codes 38,39, 40 Foster Care Basic.	\$	\$
CPA RESPITE - HOURLY Respite care provided for less than five (5) hours per day. Choose one: <input type="checkbox"/> Hourly FC Level 1 or 2 <input type="checkbox"/> Hourly FC Level 3 or 4 <input type="checkbox"/> Hourly FC Exceptional Cost	\$ per hour	\$
CPA RESPITE - DAILY Respite care provided for five (5) hours or more per day. Choose one: <input type="checkbox"/> Daily FC Level 1 or 2 <input type="checkbox"/> Daily FC Level 3 or 4	\$	\$
CPA INTENSIVE CASE MANAGEMENT SERVICES Services above regular case management. This requires an approval by the Regional Gatekeeper. Choose one: <input type="checkbox"/> CPA ICM Level 1 <input type="checkbox"/> CPA ICM Level 2	\$	\$

<p align="center">CPA FOSTER CARE SUPPORT AIDE</p> <p>If above 40 hours a month, requires a Regional Administrator or designee approval.</p> <p>Case aide services for a maximum of _____ billable hours per month. Based on actual service provided each month.</p>		\$	\$
<p align="center">FOSTER CARE SPECIAL SUPERVISION</p> <p>To a caregiver for supervision and specialized care for a child with extraordinary medical or behavioral needs. Required Regional Administrator or designee approval.</p> <p>Choose one reason code:</p> <p><input type="checkbox"/> Special Supervision Medical Behavioral, Physical \$0 - \$1,500</p> <p><input type="checkbox"/> Special Supervision Medical Behavioral, Physical \$1,501 - \$3,000</p>			\$ \$
MONTHLY TOTAL			\$
ASSIGNED CA STAFF SIGNATURE	DATE	CA SUPERVISOR SIGNATURE	DATE
CA AREA ADMINISTRATOR SIGNATURE (IF REQUIRED)	DATE	CA REGIONAL ADMINISTRATOR OR DESIGNED SIGNATURE (IF REQUIRED)	DATE
CA GATEKEEPER SIGNATURE (IF REQUIRED)	DATE	CPA AGENCY SIGNATURE	DATE
<p>This is only a referral to initiate services. This referral shall not modify or supersede terms of the CPA contract. CA agrees to reimburse the CPA Contractor only for services and under conditions set forth in the CPA contract.</p>			

Assigned CA Staff may refer to the CPA policy for more information.