

Office of Provider Management
Caregiver Effort Declaration

This form may be submitted in lieu of a written statement from the caregiver to support an application for a Specialized Foster Care Per Diem or CPA Foster Parent Per Diem Waiver. The caregiver must complete the form.

Date Completed:	Agency Name or County Department:
Caregiver's Name:	Caregiver's Phone or Email Address:

Child Information

Child's Name:	Age:	<i>Considering the Child's Age, Check The Boxes Which Best Describe The Child:</i> <input type="checkbox"/> Average Weight <input type="checkbox"/> Under Weight <input type="checkbox"/> Over Weight <input type="checkbox"/> Average Height <input type="checkbox"/> Below Average Height <input type="checkbox"/> Above Average Height
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Based on your opinion, check the amount of care giving effort you believe is required to meet the child's needs :
 Extremely High Effort High Effort Average Effort

Approximate Number of Re-Occurring Monthly Appointments for The Child:
 Less Than 2 Per Month 3-5 Per Month More Than 5 Per Month

Average # of Miles Driven To Monthly Appointments:	If employed outside of the home, please indicate the average number of days missed from work in a month to care for this child:
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Caregiver Assessment of Child's Needs

Please check any boxes that apply. If a box is checked, provide supporting information or details. If the item does not apply, select N/A.

N/A Child is dependent upon medical support equipment including but not limited to a respirator, feeding pump or oxygen.
 Check All That Apply: Wheelchair Walker Feeding Tube Tracheotomy Oxygen Ventilator Suctioning Respirator
 Braces Prosthetic Crutches Other _____
 Describe:

N/A Child has a life-threatening, acute/chronic infectious disease.
 Describe:

N/A Child has a life-threatening, acute/chronic non-infectious disease.
 Describe:

N/A Child has a terminal illness.
 Describe:

N/A Child has a condition that requires ongoing administration of intravenous medication or nutrition support.
 Describe:

N/A Child has a condition that requires intensive rehabilitation and/or developmental disability services.
 Describe:

N/A Child is in a full body cast, partial body cast, other type cast
 Describe:

N/A Child requires regular range of motion stretching, atrophy avoidance exercising and/or physical repositioning.
 Describe:

Other:

Caregiver Home

N/A Caregiver home or auto requires special adaptive equipment directly related to care of the above named child.
 If so, what is needed and why?

N/A Caregiver home requires additional electrical outlets or other such modifications directly related to care of the above named child.
 If so, what is needed and why?

Caregiver Family

Describe the impact of caring for this child on your family (include any family or personal challenges, changes experienced whether negative or positive):

Caregiver Assessment of Child's Independent Functioning (If the child is 5 years old or older, please complete this section.)

Check All of the Functions That The Child Can Perform

- Takes Own Bath / Shower Puts On Clothes Without Assistance Feeds Self Washes Hands Brushes Teeth
 Performs Expected Hygiene Tasks Appropriate for Age Uses Toilet

Briefly Describe Any Age-Appropriate Self-Care Tasks That The Child Can Not Do:

Caregiver Observation of Behaviors

Check All Behaviors Exhibited By The Child

- Overanxious or Insecure Depressed or Extremely Sad Disturbed or Constantly Worried Nervous or Impulsive Failure To Thrive
 Eats Non-Food Items Hyperactive Sleeps Little Has Angry Outbursts Difficult to Bond With Starves Self Over-Eats
 Hits Others Self-Harms Disrespectful Chronically Lies Wets Bed Wets Self During the Day Has Bowel Movements Other than In the Toilet Smears Feces Cruelty to Animals Destroys Property Chronically Steals Runs Away Suicidal Behavior
 Homicidal Behavior Engages in Sexually Inappropriate Behavior Displays Psychotic Behavior Other _____

Comments:

Additional Caregiver Comments**Signatures**

This section must be signed by the Caregiver and DFCS Case Manager or CPA Case Support Worker.

Caregiver Signature:	<input type="checkbox"/> This form is a true and accurate reflection of the child's current needs and my effort required to care for the child.	Date
Case Manager Signature:	<input type="checkbox"/> I have reviewed and concur with the information provided. <input type="checkbox"/> I have reviewed and do not concur with the information provided. Provide explanation:	Date

*Submit this form with a Specialized Foster Care or RBWO Program Designation/Waiver Application.