**FY 2025**

**Treatment Foster Care and Treatment Foster Care Medically Fragile Programs**

**Board Rate Computation**

SSA/CW #19-16 Guidelines for Foster Care Board Rate and Expenditures effective July 1, 2019 establishes the Board Rate

for foster care children at $887 per month for youth ages 0-11 and $902 per month for youth ages 12 and above.

Organization: Type Name of Organization

Program Name: Type Name of Program

Board Rate Computation:

1. **Number of Child Days in CY 2023**
2. # Child days for children age 0-11 = Enter # days children 0-11
3. # Child days for children age 12 and over = Enter # days children 12 &over
4. Total # of child days for children of all ages (1a + 1b) = Enter total 1a + 1b
5. **Ratio of child days for 0-11 and 12+ age groups**
6. Ratio of Child days age 0-11 (1a ÷ 1c) = Enter ratio 1a ÷ 1c
7. Ratio of Child days age 12+ (1b ÷ 1c) = Enter ratio 1b ÷ 1c
8. Total (must equal 1) = Enter total must equal “1”
9. **Weighted Board Rate**
10. Ratio of Child days age 0-11 x Monthly Board rate = 2a x $887 = Enter weighted amount
11. Ratio of Child days age 12+ x Monthly Board Rate = 2b x $902 = Enter weighted amount
12. Sum of weighted Board rate 3a + 3b = Enter sum 3a + 3B

**Enter the approved Weighted Board Rate (3c) as the TFC Board Payment on Form D, Line 07.**

**After approved by the Department of Human Services/Social Services Administration,**

**include this form with the completed budget application packet submitted for IRC consideration.**

***NOTE:***

* ***Include a budget note that identifies the source of the data used to develop these averages.***
* ***Food, clothing, recreation and personal needs are included in the Board Payment to the foster parents and may not be included on Form D, lines 10, 11, 12 and 13. If the program provides food for families during treatment foster care training, the projected amount of the food may be included on Form D, line 10.***
* ***If the program claims theses expenses, it must provide a written explanation that must be approved by the Department of Human Services, Social Services Administration (DHS/SSA).***

Approved by Department of Human Services:

Name (please print) Signature Date