

**FY 2026**  
**Treatment Foster Care and Treatment Foster Care Medically Fragile Programs**  
**Difficulty of Care Computation**

Per regulation, the Department of Human Services - Social Services Administration (DHS/SSA) will negotiate with the program the Difficulty of Care monthly payment to foster parents.

**Enter the approved Proposed Monthly Difficulty of Care Payment to Foster Parents  
as the TFC Difficulty of Care on Form D, Line 06.**  
**After approved by the Department of Human Services/Social Services Administration,  
include this form with the completed budget application packet submitted for IRC consideration.**

Organization:

Program Name:

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**Proposed Monthly Difficulty of Care Payment to Foster Parent = \$**

Approved by Department of Human Services:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date