**FY 2025**

**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: Type Name of Organization

Program Name: Type Name of Program

**Proposed Monthly Difficulty of Care Payment to Foster Parent =**  Enter Monthly Payment

Approved by Department of Human Services:

Name Signature Date