



NOTICE OF FEE ASSESSMENT AND RIGHTS OF FOSTER CHILD

Date: _____

TO: _____ (child's name)
 _____ (Guardian ad Litem)
 _____ (child's attorney, if appointed)
 _____ (parents, unless TPR has occurred)
 _____ (foster parents)
 _____ (court)

FROM: _____ Title: _____ Phone: _____

RE: Child's Name: _____ DOB: _____

The Department or Community Based Care Agency (*check applicable*)

- Serves as the representative payee for Social Security, federal benefit, or other payments belonging to the above-named child. OR
- Is holding moneys for the child in trust. The source of these funds is _____

This is to notify you that the Department or the Community Based Care Agency (CBC) has (*check applicable*):

- Assessed the child a monthly fee for the cost of care ("fee") from his or her Social Security or other monthly benefit. The amount of the child's monthly Social Security or other benefit check is \$_____. The amount of the monthly fee is \$_____. The remaining balance of \$_____ monthly, after the deduction of the fee, is deposited in a trust account for the benefit of the child. (Note: The cost of care may change monthly.)
- Assessed the child a monthly fee for the cost of care from the child's assets held in trust by the Department or CBC. The amount of the monthly fee is \$_____. (Note: The cost of care may change monthly.)

You have the right to request a fee waiver on behalf of the child. If the Department denies your request for a fee waiver in whole or in part, you have the right to request an administrative hearing pursuant to Chapter 120, Florida Statutes. These administrative hearings are confidential and shall not be disclosed to unauthorized third persons pursuant to state and federal laws and regulations.

The Department is obligated to manage the Social Security, federal benefit, or other payment or asset in trust for the child and has a duty to protect both the child's short-term and long-term financial interests. The Department must balance the special needs of the child against the fee assessment for the cost of the child's care, in the child's best interest.

In the case of a child age 15 or older, the Department must also take into account the child's need to be able to function as an adult at age 18, and must balance this need in the child's best interest against the fee assessment for the cost of the child's care.

For any child who receives Supplemental Security Income (SSI), the child's receipt of a monthly benefit is subject to a \$2,000 asset maximum.

To apply for a fee waiver for the child, you must do one of the following:

1. Complete and mail the attached "Application for Review of Assessed Fee"; or,
2. Send a letter to _____
and include information as to why the fee should be waived.

In your application or letter, please include any information and supporting documentation within your own knowledge regarding any special needs of the child that are currently unmet. In addition, for a child 15 or older, please describe the child's need to prepare for independent living or for adulthood. If the child receives SSI benefits, please also include an individualized plan for ensuring he or she will accumulate less than \$2,000 in countable assets.

As trustee of the child's money and property, the Department or CBC is required to give you an annual accounting, letting you know how the Department or CBC has been using the child's benefit payments on the child's behalf and the amount being held in trust for the child. To request the most recent accounting statement, please contact:
