



NOTICE OF FEE ASSESSMENT AND RIGHTS OF FOSTER CHILD REGARDING GOVERNMENT BENEFITS

Date: _____

TO: _____ (child)
_____ (GAL)
_____ (child's attorney, if appointed)
_____ (parents, unless TPR has occurred)
_____ (foster parents)
_____ (caseworker)
_____ (court)

FROM: _____ (district fiscal office contact person)
Phone No.: _____

RE: Child's Name: _____ DOB: _____ SSN: _____

The Department of Children and Families (department) is serving as the representative payee for Social Security or other federal benefit payments belonging to the above-named child. The amount of the child's monthly benefit check is \$_____. This is to notify you that the department has assessed the child a monthly fee for the cost of care from his or her Social Security or other benefit payment. (See 20 CFR Parts 416 and 420.) The amount of the monthly fee is \$_____. A personal allowance of \$_____ per month is set aside from the benefit check prior to deduction of the fee and is deposited in a trust account for the child.

Under Florida Statutes 402.33, you have the right to request a fee waiver or change in personal allowance on behalf of the child. If the department denies your request for a fee waiver or change in personal allowance, you have the right to request an administrative hearing pursuant to Chapter 120, Florida Statutes (F.S.). Such proceedings are confidential and shall not be disclosed to unauthorized third persons pursuant to state and federal laws and regulations.

Under Florida Statutes 402.17, the department is obligated to manage the Social Security or other benefit payment 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 addition, in the case of an older child, the department must take into account the child's need to have savings in order to be able to function as an adult upon reaching age 18, and must balance this need against the fee assessment in the child's best interest. See sections 402.17 and 402.33, F.S. This applies to children 15 years or older, whether they are preparing to enter the subsidized independent living program or otherwise needing to prepare for adulthood.

To apply for a fee waiver for the child, or for a change in the foster care or personal allowance pursuant to s. 402.17 and s. 402.33, F.S., either fill out and mail the attached Part A and Certification sections of "Application for Review of Assessed Fee or Change in Allowance," or send a letter to

including information on why the fee should be waived or the amount of the allowance charged. Please include any information 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.

You should also know that, as trustee of the child's money and property under s. 402.17, F.S., the department has a duty pursuant to ss 737.303(4)(a), F.S., to give an annual accounting to you to let you know how the department has been using the child's benefit payments on the child's behalf, and how much is being held in trust for him or her. To request the most recent accounting statement from the department, please contact the Fee Collection Unit, _____.



PART A: To be filled out by client or other person requesting review on behalf of the client.

APPLICATION FOR REVIEW OF ASSESSED FEE OR CHANGE IN ALLOWANCE

Date of application: _____

Client: _____ Program: _____

Person requesting review if different than client: _____

Relation to client: _____

Address and phone number of requester, if different than client:

Account number (if known): _____ Date entered foster care: _____

Type of request:

- Request for monthly re-assessment to \$_____. Period of time: _____
- Request for "one time" credit of \$_____
- Request for change in allowance from \$_____ per month to \$_____ per month

Reason for request (attached relevant documentation, including copy of PASS, PASS-ND, Independent Living or other case plan; requester must sign attached Certification and Affidavit of Understanding which verifies that the requester has not misrepresented facts; that requester, on behalf of the client, will spend any amount provided by the department as a fee waiver, or ensure that such amount approved as an increased allowance is spent on the goods or services requested; that requester will provide receipts or other documentation as proof of purchase; that requester understands that any fee waiver or change in allowance is subject to availability of funding; and that information obtained by requester during this proceeding is subject to confidentiality laws):



CERTIFICATION AND AFFIDAVIT OF UNDERSTANDING

I, _____, hereby certify that the information which I have provided in applying for a fee waiver or a change in the foster care or personal allowance on behalf of _____, is accurate and true to the best of my knowledge.

I also certify that the money which is being requested as a fee waiver or a change in the foster care or personal allowance will be spent on the goods and services listed in the "Reason for request" on page 1 of the Application. Finally, when this application is a request for fee waiver, and not for a change in the foster care or personal allowance, I certify that I will provide receipts to the Chair of the Fee Review Committee for the purchase of the goods or services listed within 30 days of receiving the total sum of the approved fee waiver amount or be liable for repayment of the full amount to the department. I understand that any fee waiver or a change in the foster care or personal allowance is subject to availability of funding.

I, _____, further understand that I am required by applicable state and federal laws and regulations to hold this information confidential and cannot release any confidential information to any person or entity not entitled by law to receive it. I understand that I may be guilty of a misdemeanor of the second degree and liable to civil suit if I violate that confidentiality.

Date: _____

Signature

Witness: _____