

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Child Protection and Permanency

RESOURCE FAMILY RATE ASSESSMENT

Child's Name: _____ Date of Assessment: _____

Date of Birth: _____ Case ID #: _____ Person ID #: _____

Worker Name: _____

Resource Family: _____ Resource ID#: _____

Circle the best answer to the following questions regarding the number of hours the resource family provider spends providing the specified service to the child. Based on the needs of the child and the resource family provider's ability and willingness to provide the required care to meet the identified needs, determine the average number of hours per week the resource family provider spends on the following services that are above what is expected for a child of that age.

- 1. TRANSPORTATION:** Average number of **hours per week** the resource family provider needs to transport the child for:

Medical Visits - includes time spent **transporting and waiting** for medical services such as *doctor visits, dental visits, rehabilitation, and out of home therapy visits.*

- | | |
|------------------------------------|----------------------------------|
| a. Required/Routine | c. Additional Specialty- Monthly |
| b. Additional Specialty- Quarterly | d. Additional Specialty- Weekly |

Justification for b, c, or d: _____

Services - includes time spent **transporting and waiting** for non-medical services such as *court hearings, CPRB hearings, family team meetings, parent and sibling visits, school, and independent living services.*

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|-----------------------|-----------------------|
| a. 0-2 hours per week | c. 4-6 hours per week |
| b. 2-4 hours per week | d. 6+ hours per week |

Justification for b, c, or d: _____

- 2. EDUCATION / LEARNING:** Average number of **hours per week** the resource family provider spends providing educational support and age appropriate developmental activities in supporting the child through:

Individual Interaction - includes all educational related time spent **directly** with the child such as *assisting with homework and individual assistance.*

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|-----------------------|-----------------------|
| a. 0-4 hours per week | c. 6-8 hours per week |
| b. 4-6 hours per week | d. 8+ hours per week |

Justification for b, c, or d: _____

Professional Interaction - includes all education related time spent on behalf of the child such as *meetings with teachers, school visits, telephone conversations, participating in Individual Education Plan development and review and other special programs.*

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

3. HOUSE CARE: Average number of **hours per week** the resource family provider spends cleaning, doing laundry, repairing, or replacing household items, due solely to the child's:

Chronic Conditions - includes time spent cleaning, doing laundry, repairing, or replacing, household items, due to the results of chronic conditions (other than age) over which the child has little or no control, such as *age inappropriate bedwetting or incontinence, lack of muscle control or unawareness of the consequences of physical action.*

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Destructive Behavior - includes time spent repairing, replacing and cleaning due to the results of the child's *intentionally destructive behavior*, including behavior caused by mental, behavioral, or emotional disturbances.

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

4. CARE OF CHILD: Average number of **hours per week** the resource family provider **concentrates specifically** in caring and/or advocating for and supervising the child due to:

Physical Issues - includes time spent providing services such as *using monitors and other medical equipment, administering and monitoring medication, surgical/aftercare, dental/orthodontic assistance, arranging for care, assisting pregnant teens and any other physical assistance for the child..*

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Behavioral Health Issues - includes time spent *supervising* the child because of behavioral health or emotional disorders.

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

- 5. PARTICIPATION IN THERAPIES:** Average number of **hours per week** the resource family provider needs to participate in therapy **with or on behalf of** the child due to:

Physical Therapies - includes the amount of time spent with providers or providing therapy such as *developmental, physical, occupational, or post-surgical therapy*.

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| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Emotional/Behavioral Therapies - includes the amount of time spent in therapy with the child or with the therapist on behalf of the child to support and reinforce providing therapy such as *emotional or behavioral health therapy*.

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| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

- 6. BIRTH PARENT:** Average **number of hours per week** the resource family provider works with the birth parent(s) and/or siblings, including supervising visits. (*This is not required of the resource family provider. If the resource family provider does not choose to participate or CP&P does not wish the resource family provider to participate, please select answer a.*)

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|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

