

## Foster Parent Reimbursement Claim Checklist

### To Be Completed By Foster Parent

- Complete a current Foster Parent Reimbursement Claim form, DSHS 18-400. For claims involving individuals who are not licensed foster parents, complete the Foster Parent Liability Claim form, DSHS 18-400A.
- For each item claimed, provide the date of occurrence; state the specific injury/damage/loss item; describe the circumstances of the injury/damage/loss; indicate what supervision was being provided at the time of the incident; the steps taken to reduce the risk of the occurrence; and the steps to be taken to protect against similar future occurrences.
- For property damage/loss items, indicate the original purchase cost, and the date originally purchased.
- Provide the full name, home address, and contact telephone numbers for all available witnesses to the injury/damage/loss occurrence.
- Sign and date the form; send completed form and attachments to the child's CA social worker or DDD case manager

### Property Damage / Loss Items:

- Property damage: Send a detailed estimate or final repair/cleaning bill signed by retailer to substantiate claim. **NOTE:** Labor costs are not paid when a foster parent does their own work; however, we will pay for the cost of materials needed to make the repairs.
- Property loss and property damage that cannot be repaired or cleaned: Send two replacement estimates detailed and signed by different retailers **or** the replacement purchase receipt for comparable item of similar kind and quality (same model, brand, features, etc.) and a copy of the original purchase receipt if available. Two pictures from identified merchandise media sources (with the description and price indicated) will suffice as comparable estimates.
- Property damages/losses relating to theft, vandalism, and fire: Send a copy of the police or fire department report along with any follow-up investigation findings for claims over \$250.00 (\$100.00 for money).
- Photos which show the damage may be required if property damage is not seen by CA social worker or DDD case manager.

### Emergency Medical Treatment and Dental / Vision Expenses:

- Medical/Dental/Vision: Send copy of provider bill/insurance statement and for injuries, the medical discharge notes. Payment is limited to costs not payable elsewhere.
- Dental: Comparable replacement of dental appliances paid (if not repairable) up to maximum under Plan.
- Vision: Send the replacement purchase receipt **or** two estimates detailed and signed by different retailers for comparable replacement of eyeglasses/contacts (repair bill if repairable) and a copy of the original purchase receipt if available.

### To Be Completed By CA Worker or DDD Case Manager

- Review claim for accuracy, completeness, timeliness, support documents, and signature.
- Complete the social worker section on Page 2 of the claim form, provide the case number and placement information for the involved child(ren); indicate your response to Questions 3 through 7; state the reason(s) why you do or do not concur; and provide any other pertinent information.
- For claims submitted more than ninety (90) days after an occurrence, include a statement indicating the reason for the delay in filing the claim. Claims not received by DSHS Children's Administration within one year of an occurrence will be denied.
- Print your full name; indicate your office, region, mail stop, and telephone number; sign and date the claim form; and forward the original to DSHS Children's Administration. (See distribution at the bottom of Page 2.)

# Foster Parent Reimbursement Claim

**INTERNAL USE ONLY**

<input type="checkbox"/> Filed by Licensed Provider <input type="checkbox"/> Filed by DDD Respite / VPP Provider	CLAIM VALUE (TOTAL AMOUNT REQUESTED)
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Foster parents must complete this form to request reimbursement for property damages/losses and initial emergency medical treatment expenses incurred because of an act of your foster/respice care child. Claims must be submitted to the child's assigned CA social worker or DDD case manager within thirty (30) days of an injury/ damage/loss occurrence. Claims not filed in a timely manner may be denied. Claims not received DSHS Children's Administration within one year of an occurrence will be denied.

**1. Foster Parent / DDD Respite / VPP Provider Information (Print)**

NAME	HOME TELEPHONE NUMBER (    )	WORK TELEPHONE NUMBER
MAILING ADDRESS	CITY	STATE    ZIP CODE

**2. Responsible Foster / DDD Respite / VPP Child(ren) Information (Print Legal Names)**

LAST NAME	FIRST NAME	BIRTHDATE	STATUS (CHECK ONE)
			<input type="checkbox"/> Respite Child <input type="checkbox"/> Foster Child
			<input type="checkbox"/> Respite Child <input type="checkbox"/> Foster Child
			<input type="checkbox"/> Respite Child <input type="checkbox"/> Foster Child

**3. Substantiating Information: Complete This Section on Separate Form for Additional Items (Print Legibly)**

FOR PROPERTY DAMAGE / LOSS ITEMS	ITEM 1	ITEM 2	ITEM 3
<b>a. Date of occurrence</b>		/	
<b>b. Damage / loss item</b> (i.e., television)			
<b>c. Original purchase cost / date originally purchased</b>			
<b>d. Repair / cleaning cost</b> (for damaged items)			
<b>e. Comparable replacement costs</b> (For loss items and items which cannot be repaired. Attach a copy of replacement receipt or two retain estimates.)	RECEIPT    OR		
	ESTIMATE 1 AND		
	ESTIMATE 2		
FOR EMERGENCY MEDICAL TREATMENT / DENTAL / VISION EXPENSE CLAIMS	ITEM 1	ITEM 2	ITEM 3
<b>f. Amount of bill</b> (attach copy of bill or statement)			
<b>g. Amount paid by insurance</b> (indicate N/A if none available). Attach copy of bill or statement.			

**h. Circumstances:** Describe **HOW** and **WHAT** specific injury, damage, or loss occurred. If needed, attach a separate sheet to continue your description statement.

**i.** Describe what supervision was being provided at the time the injury/damage/loss occurred and what steps had been taken to reduce the risk of the occurrence. Indicate what steps will be taken to protect against similar future occurrences.

**Foster Parent Reimbursement Claim**

**4. Substantiating Documentation**

Attach the required substantiating documents for all items claimed as stated on the claim checklist. Picture(s) of the damage may be required. A copy of the police or fire department report along with any follow-up investigation findings must be attached for claims over \$250.00 relating to theft, vandalism, and fire (\$100.00 for money). Reimbursement will not be made without all the required documents/information.

**5. Witness(es) to the Injury / Damage / Loss Occurrence (Print)**

NAME	HOME TELEPHONE NUMBER (    )	WORK TELEPHONE NUMBER (    )
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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NAME	HOME TELEPHONE NUMBER (    )	WORK TELEPHONE NUMBER (    )
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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**6. Claim Validation**

SIGNATURE	DATE
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**Department Use Only**

To be completed by CA worker or DDD case manager: **Failure to provide all the required information will cause a delay in reimbursement to the foster parent.**

1. CHILDREN'S FIRST NAME AND CASE NUMBER(S)	2. PLACEMENT INFORMATION
	to <input type="checkbox"/> Still in home
	to <input type="checkbox"/> Still in home
	to <input type="checkbox"/> Still in home

8. STATE THE REASON(S) WHY YOU DO OR DO NOT CONCUR. PROVIDE ANY OTHER PERTINENT INFORMATION (ATTACH ADDITIONAL PAGE IF NECESSARY).

NAME OF CA WORKER / CASE MANAGER (PRINT)	FIELD OFFICE	REGION	MAIL STOP
CA WORKER / CASE MANAGER'S SIGNATURE	DATE	TELEPHONE NUMBER (    )	

**ORIGINAL TO:** DSHS CHILDREN'S ADMINISTRATION, PO BOX 45710, MAIL STOP 45710, OLYMPIA WA 98504-5710  
**COPY TO:** Foster Parent / Respite Provider; Child's Service Record