



Support, information and advocacy for foster, kinship and adoptive families since 1975

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NEW YORK STATE SUBSIDY RATES

Date: _____

Name: _____

Title: _____

Department or Agency name: _____

County: _____

Phone: _____

Email: _____

NYS County Foster Boarding Home Rates – please indicate if amount is other than daily

Basic Rates-daily amount

0-5 Amount \$ _____

6-11 Amount \$ _____

12+ Amount \$ _____

Special Rates-daily amount

0-5 Amount \$ _____

6-11 Amount \$ _____

12+ Amount \$ _____

Exceptional Rates-daily amount

0-5 Amount \$ _____

6-11 Amount \$ _____

12+ Amount \$ _____

Therapeutic Rate \$ _____

Group Home Rate \$ _____

Other, please indicate _____

Foster Care Clothing Allowance and Miscellaneous Rates - please indicate if amount is other than yearly

Yearly Clothing Replacement by Age Group

0-5 Amount \$ _____
6-11 Amount \$ _____
12-15 Amount \$ _____
16+ Amount \$ _____

Please provide details regarding the clothing stipend policy _____

Finders Fee No Yes Amount \$ _____

Day Care No Yes Amount \$ _____

Explanation, please indicate how child care services reimbursement is determined in your county.

Diaper Allowance No Yes Monthly Amount \$ _____

Miscellaneous payments or incentives: If applicable, please list item and amount

**holiday gifts, training differential, etc.*

Questions

Are adoption subsidy rates based on foster care stipend rates? If not, what are the adoption subsidy rates and how are they determined.

Yes No If not, please explain.

Is income considered when factoring adoption subsidy rates in your County?

No Yes If yes, please explain.

Does your department adjust the amount of the KinGap subsidy based on the family's income?

No Yes If yes, please explain.

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