## Department of Children and Families ACCOUNTING INVOICE - PERMANENCY PLACEMENT SERVICES PROGRAM (PPSP)

DCF-2106 2/17 (Rev.)



| FROM: Private Agency Name:  |   | TO: Child's DCF Social Worker Name:                              |                                       |                               |             |  |
|---|---|--|---------------------------------------|-------------------------------|-------------|--|
| Private Agency Staff Person's Name:   |   | DCF Office:  |                                       |                               |             |  |
| Provider #:   | Agency Phone Number: Date Invoice Submitted:  |  |                                       |                               |             |  |
| Agency Address: (No. and Street):   |   | City:  | State:                                | State: Zip:                   |             |  |
| Child's LAST Name:  | Child's FIRST Name  | :  | LINK #:                               | LINK #: Person ID #:          |             |  |
| Child's DOB:  | Child's Race (as not  | ed in LINK):   | Child's Ethnicity (as noted in LINK): |                               | d in LINK): |  |
| The above-named child has been referred to the above-named private agency for inclusion in the Permanency Placement Services Program (PPSP). The Department of Children and Families agrees to purchase the PPSP services checked below, for the hours specified and at the rate of per service hour. Please note the maximum amount of hours available to a child is 132!  Note: The dollar amount is the maximum hourly amount to be paid if the private agency completes each service checked. |   |  |                                       |                               |             |  |
| SERVICES PF 1-Recruitment and Screening 2-Home Study and Evaluation 3-Placement Planning 4-Post-Placement Supervision Please enter a service code number, (#1-7, using the service explanation of what activities occurred during the hours billed. S   | ROVIDED  5-Post Finalization S 6-Reunification Serv 7-Supervision After F rece code keys listed above) Ma | ervices (AAP ONLY) ices Reunification ke sure to include a brief | Date<br>Service(s)<br>Provided        | Service(s) Number of Cost for |             |  |
|   |   |  |                                       |                               |             |  |
|   |   |  |                                       |                               |             |  |
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|   |   |  | TOTALS                                |                               |             |  |
| FOR DCF OFFICE USE ONLY   |   |  |                                       |                               |             |  |
| Agreement Effective Date:   | Anticipated Agreement End Date:  Total amount of this invoice:  |  |                                       | ice:                          |             |  |
| Name of Invoice Reviewer by (SWS):  | Date  | Invoice Approved by (RA or Designee): Date                       |                                       |                               |             |  |

## BRIEF DESCRITION OF CODES AND PERMANENCY SERVICES

| CODE AND SERVICE                          | BRIEF DESCRIPTIONS, INCLUDING, BUT NOT LIMITED TO   |
|---|---|
| 1 - Recruitment and Screening             | <ul> <li>Consultation and coordination with the OChYP Permanency Resource Exchange and with the child's DCF Social Worker</li> <li>Development and placement of advertising (describe ads, flyers and written materials)</li> <li>Development of community contacts (Include names)</li> <li>Processing of inquiries</li> <li>Other (describe)</li> <li>Note: Include names of families recruited.</li> </ul>   |
| 2 - Home Study and Evaluation             | <ul> <li>Background check process</li> <li>Verifying information, e.g., checking references</li> <li>Office visits for assessment</li> <li>Home visits for evaluation</li> <li>Writing the home study</li> <li>Other (describe)</li> <li>Note: Include names of families being studied.</li> </ul>  |
| 3 - Placement Planning                    | <ul> <li>Meetings with DCF staff</li> <li>Face-to-face meeting with child to get to know child and develop a rapport</li> <li>Face-to-face meetings with child's caregivers</li> <li>Coordinating decision making through meetings of appropriate staff</li> <li>Face-to-face meetings with the family to help them learn about the child</li> <li>Face-to-face meetings with the child to help him or her learn about the family</li> <li>Initial meetings of child and family</li> <li>Helping family locate community resources</li> <li>Life Book work</li> <li>Other (describe)</li> </ul> |
| 4 - Post-Placement Supervision            | <ul> <li>Individual, family or group counseling</li> <li>Home visits for parenting skills training</li> <li>Crisis intervention</li> <li>Supportive face-to-face meetings with child and/or family</li> <li>Preparing court documents for finalization</li> <li>Other (describe)</li> </ul>   |
| 5 - Post-Finalization Services (AAP ONLY) | <ul> <li>Assist family in the facilitation of relationship and/or communication with birth relatives.</li> <li>Face-to-face support to the family and/or child</li> <li>Crisis intervention</li> <li>Training on specific issues</li> <li>Other (describe)</li> </ul>   |
| 6 - Reunification Services                | <ul> <li>Face-to-face meetings with child, foster family, birth family, relatives</li> <li>Life Book work</li> <li>Consultation with professionals (Include names or agencies)</li> <li>Other (describe)</li> </ul>   |
| 7 - Supervision after Reunification       | <ul> <li>Face-to-face meetings with child, birth family and relatives</li> <li>Progress assessments</li> <li>Arranging for community services</li> <li>Other (describe)</li> </ul>  |