

Foster Care Reimbursement Rate Committee Application Form

The Nebraska Children's Commission is seeking applications for the Foster Care Reimbursement Rate Committee. This committee works to review and make recommendations to the Nebraska Children's Commission in the following areas: foster care reimbursement rates, the statewide standardized level of responsibility assessment, and adoption assistance payments.

The current area of focus for the group is reviewing the work of the Treatment Foster Care Workgroup whose charge is to research and make recommendations related to a rate structure that includes expectations regarding treatment components adequate to serve youth in out-of-home care for whom placement is problematic.

The Foster Care Reimbursement Rate Committee is currently seeking the following representatives:

- 1. A foster parent who contracts directly with the Department of Health and Human Services.**

Members of the committee will be asked to serve for terms of four years and until their successors are appointed and qualified.

If you would like to be considered for this committee, please complete and submit the attached 2-page form. The completed form may be e-mailed to NECC.Contact@nebraska.gov or mailed to:

Nebraska Children's Commission
1225 L Street, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Foster Care Reimbursement Rate Committee**

Name:			
Address:			
		City:	State:
		Zip:	
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment position. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Representative of: (check all that apply)

- A child welfare agency that contracts directly with foster parents (Indicate region: _____)
- An advocacy organization which deals with legal and policy issues that include child welfare
- An advocacy organization, the singular focus of which is issues impacting children
- A foster and adoptive parent association
- A Lead Agency
- A child advocacy organization that supports young adults who were in foster care as children
- A foster parent who contracts directly with the Department of Health and Human Services
- A foster parent who contracts with a child welfare agency (Indicate agency: _____)
- The Division of Children and Family Services (Indicate region: _____)

Reason for Seeking this Appointment:

Last Revised: January 23, 2018