

**Child and Family Services Policy Manual: Substitute Care for Children
Foster Care Support Services: Approval/Denial/Appeal/Fair Hearing**

Definition	Foster Care Support Services refers to clothing, diapers, respite care, or special needs allowances paid on behalf of a foster child who has a documented need for such support services.
Procedure	The child protection specialist summarizes the justification for foster care support services through the completion of SERP and SSJD . Additional justification information may be submitted to the child protection specialist supervisor for approval. Additional justification must be submitted for orthodontic services, and orthopedic services, including a statement from a physician, psychiatrist, psychologist, licensed social worker or licensed professional counselor, as appropriate.
CAPS	The request is approved or denied by the child protection specialist supervisor on the SERP screen in CAPS. Regional administrator approval may be required for some services. If required, approval or denial by the regional administrator is also entered on the SERP screen.
Appeal	If the child protection specialist supervisor denies the request for foster care support allowance and the requesting child protection specialist or foster parent continues to believe that the child is in need of the allowance, the child protection specialist or foster parent may appeal the decision to the regional administrator.
Fair Hearing	Should a foster parent's request for foster care support services for a child continue to be denied by the regional administrator, the foster parent may request a fair hearing in writing within 10 days of receipt of the letter of denial.
Denial Letter	The person who denies the request for support services informs the foster parent in writing of the denial. The denial letter must inform the foster parent: <ul style="list-style-type: none">• of the denial, the date of denial, and reason(s) for the denial;• of the right to request a fair hearing;• how a fair hearing may be obtained; and• of the right to representation by legal counsel, relative, friend or other spokesperson.

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References

Mont. Code Ann. § 2-4-102
Mont. Code Ann. § 2-4-201
Mont. Admin R. 37.5.307
Mont. Admin. R 37.50.501 through 37.50.525

Rev. 10/03
Rev. 10/07
Rev. 08/14

Sample Letter

CERTIFIED MAIL

(Date)

(Name)

(Address)

(City/State)

RE: Foster Care Support Services

Dear _____:

On (date) your application for (name support service) on behalf of (foster child) has been denied for the following reason(s): _____.

If you disagree with this decision, you are entitled to request a fair hearing. Direct your request for a fair hearing to Office of Fair Hearings, P.O. Box 202953, 2401 Colonial Drive, Helena, MT, 59620. A written request for a fair hearing must be postmarked within 10 working days from the date of this letter excluding weekends and holidays.

You may represent yourself at the hearing, or you may choose to be represented by an attorney, friend, relative or other spokesperson.

If you have any further questions, please contact me at the address and phone number written above.

Sincerely,

c: Child Protection Specialist Supervisor
Regional Administrator