

<b>Sacramento County Wraparound Program</b> <b>PAYMENT AND TERMINATION NOTICE Form SC123X</b>
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TO: Foster Care Eligibility Bureau, Clerical Unit

DATE:

County Staff:

Worker/Mail Code:

Telephone:

 Referral / Authorization Source:  CPS  Probation  
 AAP  AAP

Child's Name:

DOB:

SSN:

**Wraparound RCL Rate at time of referral:****Date of referral:** **New Wrap Case** Effective Date: **Wrap Provider Change** Effective Date:Child's Current Placement Location:  Home  Out of Home

Address:

Relationship of Caregiver:

Telephone:

**Payment to be Made to (CHECK ALL THAT APPLY):**

- Uplift Family Services, 251 Llewellyn; Campbell, CA 95008  
 River Oak Center, 5445 Laurel Hills Drive, Sacramento, CA 95841  
 Stanford Youth Solutions, 8912 Volunteer Lane, Sacramento, CA 95843  
 Sacramento Children's Home, 2750 Sutterville Road, Sacramento, CA 95820

 Out of Home Placement (if RCL 13 or 14, no payment to Wraparound provider) Group Home RCL Level \_\_\_\_ (if Federal, no payment to Wraparound provider until transitioned to RCL 11 and below)  kinship placement  foster home

Placement Payee Name:

Telephone:

Payee Address:

 **Termination of Services – Notification to Stop Payment****Agency Terminating Services:**  Uplift  River Oak  Stanford Youth Solutions  SCH

Termination Date:

**DHA – Information to Complete**

Wraparound Rate: \_\_\_\_/month (RCL rate minus any Out of Home Placement Rate)

Out of Home Placement Rate: \_\_\_\_/month

Funding Source:  Title IV-E (Federal): \_\_\_\_\_  SB163 (State Only): \_\_\_\_\_  All County \$: \_\_\_\_\_

Eligibility Worker:

Date:

Telephone: