

Paying School Fees and Fines for Students

School fees and fines should not hold up transcripts or keep students in foster care from participating in sports and other school activities. The Department of Children, Youth, and Families (DCYF) is responsible for all school fees and fines while the student is in foster care, even when those fees and fines accrued prior to entering foster care. Once a student in foster care is out of care, DCYF is no longer responsible for those fees and fines.

- Coordinate with DCYF caseworkers to have school fees and fines paid as required by [RCW 74.13.631](#) and DCYF Policy 4302A.
- DCYF processes fees per student so invoices should be sent directly to the caseworker. If you are unsure who the assigned caseworker is, please reach out to your [DCYF Regional Education Lead](#). See form on next page.

Questions?

Please contact Peggy Carlson DCYF Education Program Administrator at (360) 902-8474 or by email peggy.carlson@dcyf.wa.gov



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Administrative Approval Request

(Exceptions cannot be granted for RCW or Contracts. See Policy 4525.)

Approval Request (check appropriate box):

- | | |
|--|--|
| ☐ Policy (policies that require an administrator approval) | ☐ Additional Costs |
| ☐ Camp / Funding | ☐ Exceptional Cost Foster Care (ECFC) |
| ☐ CPA case aides (above 40 hours) | ☐ Policy Exception |
| ☐ Additional funding (allowed per policy, but not ECFC) | ☐ Day Care |
| ☐ Respite | ☐ School Transportation (attach billing form) |
| ☐ Placement with Unlicensed Caregiver pending approved Home Study | |
| ☐ BRS Q RTP RA Review (policy 4533) | |

POLICY NEEDING AN APPROVAL OR EXCEPTION (PROVIDE POLICY NUMBER AND TITLE)

CHILD'S NAME AND PERSON ID NUMBER

DATES FOR WHICH EXCEPTION IS REQUESTED

CASE NUMBER

From: To:

OFFICE

ASSIGNED WORKER

CASE NAME / AGENCY (AS NECESSARY)

PROVIDER NAME AND ID NUMBER

DATE

1. Brief description justifying the type of request needed (child's behavior, policy, camp, denial from Medicaid for items recommended by medical professionals, [private school](#), [home schooling or alternative learning education](#), School Transportation cost share, BRS Q RTP RA review etc.):

2. Brief detailed descriptions of alternatives explored (if applicable):

3. Previous Administrative Approvals for Exceptional Cost Foster Care for this case: ☐ Yes ☐ No

Additional funding not ECFC:

☐ Yes ☐ No

Detail of approvals:

Previous Exceptional Cost Foster Care or Additional Funding not ECFC (if unknown, contact local fiduciary):

PROVIDER NAME AND ID NUMBER	SERVICE REQUESTED	RATE	NUMBER OF MONTHS	COST

4. Exceptional Cost Foster Care: This section is completed only when requesting to reimburse a foster parent, because the child's behavior differs substantially from the behavior(s) of most children of the same age and the behavior(s) are above the level 4 supervision needs. If funds are paid to a CPA (as pass through reimbursement) for a foster parent, the total amount of those funds must be provided to the foster parent by the CPA. **Nothing in this section shall modify or supersede terms set forth in the CPA contract.**



Administrative Approval Request
(Exceptions cannot be granted for RCW or Contracts. See Policy4525.)

CPA foster home: ☐ Yes ☐ No		
A. Basic Foster Care Rate		\$
B. Level 2, 3, 4, Foster Care Rate		\$
C. Total Special Supervision (also include clothing, diet, equipment, other): Provide detail of what the foster parent is doing to meet the supervision needs of the child not captured on the rate assessment:		\$
D. Total Non-Maintenance (respite, classes, special therapy, therapeutic activities, other): Provide detail of what the foster parent is doing to meet the needs of the child not captured on the rate assessment:		\$
E. Total Reimbursement to the foster home		\$
F. If more than one exceptional cost plan in a foster home, provide description of what they are for and how much they cost:		
Office Action (as needed)		
DCYF STAFF NAME		DCYF STAFF SIGNATURE
		DATE
SUPERVISOR NAME		SUPERVISOR SIGNATURE
		DATE
☐ Approved ☐ Denied	COMMENTS	
Regional Office Action (as needed)		
AREA ADMINISTRATOR NAME		AA SIGNATURE
		DATE
☐ Approved ☐ Denied	COMMENTS	
Regional Office Action (as needed)		
REGIONAL ADMINISTRATOR / DESIGNEE NAME		RA / DESIGNEE SIGNATURE
		DATE
☐ Approved ☐ Denied	COMMENTS (Q RTP Reviews, No Designee and Youth 12 and Under Send Copy to Field Operations Director)	
Headquarters Office Action (as needed)		
DIVISION DIRECTOR NAME		DD SIGNATURE
		DATE
☐ Approved ☐ Denied	COMMENTS (HOME SCHOOL APPROVAL FOR LICENSED CAREGIVERS SEND COPY TO HQ LD)	