



Arkansas Department of Human Services
Division of Children and Family Services

JUSTIFICATION FOR SPECIAL BOARD RATE FORM

CHILD: _____ AGE (Years): _____

CASE NUMBER: _____

PROVIDER: _____ NUMBER: _____

I. EMOTIONAL

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 240)
MONTHLY SPECIAL SERVICE RATE

II. PHYSICAL

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 240)
MONTHLY SPECIAL SERVICE RATE

III. AUXILIARY

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 250)
MONTHLY SPECIAL SERVICE RATE

Table with 2 columns: Category and Amount. Rows include BASIC BOARD, EMOTIONAL, PHYSICAL, AUXILIARY, and TOTAL SPECIAL BOARD RATE.

\$_____ IS THE CHILD'S OTHER MONTHLY INCOME.