**EXHIBIT F**

New Jersey Department of Children and Families

Children’s System of Care (CSOC)

Family Support Services

**Program Component Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete a separate form for each program component. Check the program type in the box below. | | | | | | | | | | | | | | | | | | | | | | |
| **Program Component** (please check) | | | **Frequency** | | | | | | |  | | | | | **Rate Per** | | | | | | | |
| SHR Self Hired Respite | | | Standard: | | | | | | 60 hours per 90 days | | | | | | $ 16 hour (Min. $11 is for family respite worker) | | | | | | | |
| AHR Agency Hired Respite | | | Standard: | | | | | | 60 hours per 90 days | | | | | | $ 25 hour | | | | | | | |
| AAS Agency After School Care | | | Maximum: | | | | | | 240 hours per 90 days | | | | | | $ 16 hour | | | | | | | |
| AWR Agency Weekend Recreation | | | Maximum: | | | | | | 75 hours per 90 days | | | | | | $ 16 hour | | | | | | | |
| OVR Overnight Respite | | | Maximum: | | | | | | 6 overnights per rolling 365 day period | | | | | | $155 overnight | | | | | | | |
| Program Name: | |  | | | | | | | | | | | | | | | | | | | | |  |  |
| Program Site Address: | |  | | | | | | | | | | | | | | | | | | | | |
| Program Lead: | | Name: | |  | | | | | | | | | | Title: | | | |  | | | | |
|  | | Phone: | |  | | | | | | | | | | Fax: | | | |  | | | | |
|  | | Email: | |  | | | | | | | | | | | | | | | | | | |
| Number of Youth  Able to Serve: | |  | | | | | | | | | Staffing Ratio: | | | | | | | | |  | | |
| Ages Served: | |  | | | | | | | | | | | | | | | | | | | | |
| Operational Timeframe: | | Start Date: | | | |  | | | | | | | End Date: | | | | | | | |  | |
| Operation Days & Hours | | | | | | | From: AM (enter time below) | | | | | | | | | | To: PM (enter time below) | | | | | |
| Sunday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Monday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Tuesday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Wednesday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Thursday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Friday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Saturday | | | | |  | | |  | | | | | | | |  |  | | | | | |
| Counties Served: | Atlantic | | | | | Cumberland | | | | | | Hunterdon | | | | | | | Morris | | | Somerset |
| Bergen | | | | | Essex | | | | | | Mercer | | | | | | | Ocean | | | Sussex |
| Burlington | | | | | Gloucester | | | | | | Middlesex | | | | | | | Passaic | | | Union |
| Camden | | | | | Hudson | | | | | | Monmouth | | | | | | | Salem | | | Warren |
|  | Cape May | | | | | | |  | | | |  | | | | | | |  | | |  |

Transportation Provided: Youth transport is allowed; however, additional funds will not be provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Type: |  |

Bilingual Services Offered:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Languages: |  |