DHS USE ONLY ATTACHMENT B **FORM DHS - 2825** For Title IV-E Approved Group Residential Facilities Please answer each of the following Group Rule# and Title IV-E Approved Rule 4 Placing Agencies Yes No New Contract Renew Contract New Facility 1. Residential Facility/Rule 4 Agency Name New Program Type of license (Rule 2. Lead County Other 3. Old Per Diem Rates 4. New Per Diem Rates GRF Per Diem: Program_____ Other (specify) Other (specify) Rule 4 Standard Administrative Fee Other (specify)_____ Other (specify)_____ If Rule 4, is the facility: **profit**_____ or **non-profit**_____ **5.** Contract Date : (from) _____ (to) _____ REQUIREMENT: * Signature by Lead County Director or other authorized official. * Per diem must be effective on first of day of quarter; effective dates other than the first day of the quarter will not be recognized for Title IV-E reimbursement purposes until the following quarter. Received by DHS Financial Management on timely basis for Title IV-E Purposes. All DHS-2825 forms must be received no later than 30 days into the next quarter. Refer to Bulletin No. 93-32K (September 30, 1993). PURPOSE: * Provide per diem information when new lead county contract is negotiated. * Provide per diem information when new contract is signed even if per diem has not changed. * Provide per diem information when contracting parties agree to extend existing contracts beyond the end of existing contract period.

Minnesota Dept. of Human Services

St. Paul. Minnesota 55164-0940

Attention: Danna Reese Financial Operations Division Post Office Box 64940

Please mail this form to:

Director's Signature _____