

DHS USE ONLY	
Group	_____
Rule #	_____

ATTACHMENT B

For Title IV-E Approved Group Residential Facilities
and Title IV-E Approved Rule 4 Placing Agencies

FORM DHS - 2825

Please answer each of the following:		
	Yes	No
New Contract	☐	☐
Renew Contract	☐	☐
New Facility	☐	☐
New Program	☐	☐
	4	5 8
Type of license (Rule)	☐	☐
Other		

1. Residential Facility/Rule 4 Agency Name _____

2. Lead County _____

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.**

Please mail this form to: Minnesota Dept. of Human Services
Attention: Danna Reese
Financial Operations Division
Post Office Box 64940
St. Paul, Minnesota 55164-0940

Director's Signature _____

Prepared by _____ Phone _____