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) _____

REQUIREMENTS

* Signature by Lead County Director or other authorized official.

* Per diem must be effective on first 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 _____

DHS FINANCIAL OPERATIONS
(03/2006)