

Institutional Claims Process

1. Purpose: Provides a process for submission of restitution claims as a result of direct medical expenses and/or property damage caused by a shelter or foster child. Property damage does not include damage as a result of normal wear and tear or developmentally expected damage, such as might occur when children play with toys.
2. Scope: Applicable to all restitution claims resultant from a shelter or foster child under the supervision of a Case Management Organization contracted by Family Services of Metro Orlando.
3. Authority: s. 402.181, F.S., and Chapter 2-6.003, F.A.C.

When a child in shelter or foster care legal status causes injury or damage not the result of normal wear and tear, a foster parent, residential group care facility or other individual may request restitution up to \$1,000 for children in shelter status or \$1,500 for children in foster care status. The designation of foster care or shelter is solely based upon the child's legal status and not the type of residence at which the child is placed at the time of the incident.

Required Documentation:

The claimant shall complete the Restitution Claim Form with the assistance of the Family Case Manager assigned to the child who allegedly inflicted the damage/injury.

In addition to the above identified form completed in its entirety, photographs of any injuries/damage for which restitution is being requested must be submitted to Family Services of Metro Orlando's Senior Contract Manager or designee along with documentation supporting the cost of restoration of the damage or medical treatment. Examples of appropriate documentation supporting the claim amount include the original receipt for the item damaged or estimates from a licensed vendor on the cost of repairing the damage.

In no instance shall the claimant request payment through this process when payment is received from another source, such as homeowners or medical insurance. The claimant may submit a claim for the amount not covered fully by the other source. In this instance, documentation supporting the amount paid by another source must be submitted with the rest of the required documentation.

The claimant must submit all required documentation supporting the claim as identified in the above paragraphs within no more than 60 days of the occurrence of the physical injury/damage for which the claim is being made. The Family Case Manager assigned to the child allegedly responsible for the physical injury/damage is responsible for ensuring all required documentation is obtained and submitted to Family Services of Metro Orlando's Senior Contract Manager. Failure by the claimant to submit the required documentation to the Family Case Manager shall be documented in writing that supports the notifications and timeframes given for requests for the documentation required. The Family Case Manager's Supervisor and Program Director must sign off on the Restitution Claim form approving the submission for the request to Family Services for restitution.

Upon receipt of the written request for claims reimbursement and determination that all criteria for reimbursement of a claim have been met, the Senior Contract Manager shall forward the claim to the Attorney General's office within five (5) business days of receiving the claim and all documentation required for evaluating the claim.

Upon notification from the Attorney General of approval, the claim will be submitted to the Accounts Payable Manager for payment.

Family Services of Metro Orlando shall maintain a log documenting receipt of each institutional claim, date additional documentation is requested and received, date the claim was forwarded to the Attorney General for review, the date of final resolution of the claim, and the date forwarded for payment. Checks will be mailed to the claimant within at least 30 days of the Attorney General determination the claim shall be paid.

RESTITUTION CLAIM FORM

This document must be completed and submitted by the Case Management Organization (CMO) filing a claim on behalf of an individual/agency for restitution of direct medical expenses and/or property damage caused by a child in foster care or shelter care status who is under the supervision of a CMO within the Family Services of Metro Orlando system of care. Restitution payments will not exceed \$1,500 for children in foster care and \$1,000 for children in shelter care status.

Please type or print legibly and complete all numbered items. Mail this completed document to the address shown on page 5.

1. Date of Incident
2. Name and address of the claimant (the person who suffered personal injury or

property damage). Name:

Address:

City/State:

ZIP:

Home Telephone:

Work Telephone:

Social Security Number:

Relationship of the claimant to the foster/shelter child who allegedly caused the damage:

☐ Foster Parent ☐ Residential Care Provider ☐ GAL ☐ Other

If "Other", explain:

3. If the claimant is a child, incompetent, deceased or otherwise incapable of preparing the claim, give the following information on the person who will receive the restitution payment on behalf of the claimant:

Name:

Address:

City/State:

ZIP

Home Telephone:

Work Telephone:

Social Security Number:

The relationship to the claimant:

☐ Parent ☐ Legal Guardian ☐ Estate Representative ☐ Other

If "Other", explain:

Give a brief statement of the facts upon which the claimant seeks restitution for injury or damages or attach your agency incident report. Include sufficient information to establish that the person causing the injury or property damage was a shelter or foster child. Include the full name(s) of the person(s) causing the injury or damage.

3. Name and address of the CMO assigned to provide supervision to the foster care/shelter care child at the time of the claimant's injury or property damage.

Name of CMO:

Family Case Manager Name:

Address:

City/State:

ZIP:

Telephone:

Total amount of damages to property: \$ (Attach itemized receipts or estimate of repair)

Total amount of direct medical expenses: \$ (Attach itemized receipts)

Statement of Claimant

By my signature, I certify that all information contained herein is accurate, based upon my direct and personal knowledge.

Signature of Claimant or Claimant's Representative

Date

4. **Statement of State Agency Representative**

Family Case Manager's statement supporting or refuting the claimant's request for reimbursement through the Institutional Claims Process. Include information regarding any incident reports completed as a result of the injury/damage, direct knowledge of the incident, statements obtained regarding the incident and any additional information gathered regarding the incident. Attach any supportive documentation, including photographs of any property damage and receipts supportive of replacement or medical costs incurred as a result of foster/shelter child's actions.

I am aware of the circumstances regarding this incident and I believe the information contained herein is accurate to the best of my knowledge.

Family Case Manager Name

Family Case Manager Signature

Date

Supervisor Name

Supervisor Signature

Date

Program Director Name

Program Director Signature

Date

INSTRUCTIONS:

Mail the completed original claim form and attachments to:

Senior Contract Manager
Contracts Department
Family Services of Metro Orlando
2600 Technology Drive, Ste. 250
Orlando, FL 32804

The claim must be filed in writing with Family Services of Metro Orlando within 30 days of the occurrence of the physical injury or damage upon which the claim is based. Failure to file within the prescribed time frame will result in denial of the claim.

It is the responsibility of the CMO to ensure that all information necessary to determine eligibility is provided.

In order to protest a decision of Family Services of Metro Orlando, the claimant shall request a hearing, in writing, within 60 days following the date of the claim notice.