

Attachment C

CHILD SPECIFIC TASK ORDER

TERMS AND CONDITIONS

1. Performance: Virginia Tech Institute for Policy and Governance (VTIPG) will perform the child specific services as selected from the project components listed on page two (2) of this Task Order.

2. Confidentiality: Any information obtained by VTIPG concerning Foster Care Children in the provision of services under the Master Agreement shall be treated as confidential in accordance with relevant provisions of state and federal law.

3. Special Terms and Conditions for the Child Specific Task Order: Please indicate Agency agreement by Authorized Agency Representative initialing selections.

A. Communication of Confidential Case Information between VTIPG & Agency:

- a. email (VT and/or Agency email system) _____
- b. fax _____
- c. written _____
- d. phone _____

B. A VTIPG staff member is required to be named as Authorized Representative if agency wishes to purchase any of the following service component(s): 4. Follow-up; 5. Reconsideration (under age 18); 6. Reconsideration (age 18 and over); and/or, 7. Administrative Law Judge (ALJ) Hearing.

Please indicate selection. If yes is selected, please list name of Authorized Representative.

a. YES, Agency will be purchasing one or more above the above services (4-7)

_____ Name of Authorized Representative

b. NO, Agency will not be purchasing any of the above services (4-7)

C. Other (agency specific) _____

4. Case Specific Information:

Type of Application: ___ Child ___ Adult(FC child age 18 or older)	
Child's Name: _____	
SSN: _____	DOB: _____
Child Welfare Information System #: _____	
Child's Residence Address:	

Social Worker: _____	
Address: _____	

Phone: _____	Fax: _____
Email: _____	
Agency Signature Designee: _____	
<i>(All client records, which could disclose the client's identity, are confidential and will be protected in accordance with federal and state laws and regulations.)</i>	

5. Services: The following services may be provided by VTIPG (elements of each service component are outlined in Attachment A of the Master Agreement and rates per service component are listed in Attachment B of the Master Agreement).

	Selected	Component	Rate	Date	Agency Authorized Representative Initials
1	<input type="checkbox"/>	<u>Screening (Required on all referrals)</u>			
2	<input type="checkbox"/>	<u>Application (under age 18)</u>			
3	<input type="checkbox"/>	<u>Application (age 18 and over)</u>			
In order to select any of the following Component(s) 4 – 7 a Virginia Tech staff member must be designated as the Authorized Representative to the Social Security Administration.					
4	<input type="checkbox"/>	<u>Follow-up</u>			
5	<input type="checkbox"/>	<u>Reconsideration (under age 18)</u>			
6	<input type="checkbox"/>	<u>Reconsideration (age 18 and over)</u>			
7	<input type="checkbox"/>	<u>ALJ Hearing</u>			