**Proposed Rate Request**

**Use of Form:** The Proposed Rate Request form MUST be filled out completely and emailed to [DCFCWLRateReg@wi.gov](mailto:DCFCWLRateReg@wi.gov). **The provider must enter the email address of the correct contact to receive the Department of Children and Families’ (DCF) approved rate for the next year.** DCF will email the completed form with approved rates ONLY to the email address identified. If there is more than one program associated with the provider, a separate form needs to be completed for each program. A justification must be included if the proposed rate is above the maximum rate.

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| **AGENCY CONTACT INFORMATION (PARENT ORGANIZATION)** | | | |
| Agency Name: | | | Telephone Number: |
| Agency Address (Street, City, State, Zip Code): | | | Fax Number: |
| Email to Send Approved Rate: | | | |
| **PROGRAM CONTACT INFORMATION** | | | |
| Program Name: | | | Telephone Number: |
| Provider Address (Street, City, State, Zip Code): | | | Fax Number: |
| DCF will email the completed form with approved rates ONLY to the email address identified below. | | | |
| Service Provider ID Number: | | | |
| Yes  No Are multiple programs associated with the ID number? If provider answers “Yes”, then the provider MUST complete a Proposed Rate Request form for each program. | | | |
| Check Box for Provider Agency Type:  Private Child Placing Agency  Group Home  Pregnant/Parenting Group Home  Residential Care Center  Please refer to the most recent Daily Rate memo for more information on currently published maximum daily rates. The Daily Rate memo can be found at <https://dcf.wisconsin.gov/cwportal/policy> | | | |
| Current Daily Rate: | $      QRTP Certified:  Yes  No | | |
| Proposed Rate: | $  By rule, if you are proposing a rate above the maximum daily rate, you must request an exception. The exception request MUST contain the following information, as noted in DCF 52.66(3)(b), DCF 54.09(3)(b), or DCF 57.62(3)(b):   1. Identify a specialized service and/or programming 2. Identify the specific population(s) receiving this service and/or programming 3. Explain the benefits of this service and/or programming 4. Explain why you cannot provide this service and/or programming within the maximum rate | | |
| **FOR INTERNAL DCF USE:** | | | |
| Date Form Received: | |  | |
| DCF Approved Rate: | | $      If the provider does not agree with the approved rate, a request for mediation shall be made **within 5 business days** after the date of this notice. The request shall be sent by electronic mail to [DCFCWLRateReg@wi.gov](mailto:DCFCWLRateReg@wi.gov). | |
| Date DCF Approved Rate: | |  | |
| Date DCF Emailed Provider with Approved Rate: | |  | |