| LRB # 99-3795/1 INTRODUCTION # AB 587 | FISCAL ESTIMATE FORM | | | | 1999 Session | | | |
|--|--|------------------|---|------------------------|---------------------------|--|--|--|
| CORRECTED | | | LRB # 99-37 | 95/1 | | | | |
| Subject Kinship Care Flacal Effect State: No State Fiscal Effect Check columns below only if bill makes a direct appropriation or affects as us multiplicient appropriation. | ⊠ ORIGINAL E |] UPDATED | | | | | | |
| Subject State: No State Fiscal Effect State: No State Fiscal Effect Check columns below only if bill makes a direct appropriation or affects as sum sufficial appropriation. Increase Existing Appropriation Decrease Existing Revenues Decrease Costs Decrease Co | ☐ CORRECTED □ | SUPPLEMENTAL | Admin. Rule # | | | | | |
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| Decrease Existing Appropriation Decrease Existing Revenues Decrease Costs | Unexpect Evieting Appropriation | □ Inoreses Evis | ating Davanuas | | | | | |
| Create New Appropriation Cocal: □ No local government costs □ Increase Costs □ Permissive Mandatory □ Decrease Costs □ Permissive Mandatory □ Decrease Costs □ Permissive Mandatory □ Permissive Mandatory □ Permissive □ Permissive □ Mandatory □ Permissive □ Permissive □ Mandatory □ Permissive □ Permissive □ Permissive □ Mandatory □ Permissive □ Permissive □ Mandatory □ Permissive □ Pe | | | • | □ Decrease Costs | | | | |
| Local: No local government costs Increase Costs | | E Decreuse Ex | isting revenues | Decrease Costs | | | | |
| Increase Costs | | · | | | | | | |
| 2. Decrease Costs Deministry Mandatory | _ | 3. ☐ Increase Re | venues | 5. Types of Local Gove | ernmental Units Affected: | | | |
| Permissive Mandatory Permissive Mandatory School Districts WTCS Districts | ☐ Permissive ☐ Mandatory | ☐ Permissiv | ve □ Mandatory | ges 🗆 Cities | | | | |
| Fund Sources Affected GPR FED BPRO PRS SEG SEGS Assumptions Used in Arriving at Fiscal Estimate: This bill expands the kinship care program by adding second cousins to the list of persons who may receive payments for providing care and maintenance for a child-relative. Under the kinship care program, eligible individuals receive a monthly payment of \$215. The program is administered at the state level by DHFS and at the local level by county departments of social services and tribal governments. Individuals must apply in order to receive a kinship payment. The Department's fiscal year 2000 budget for kinship care benefits is \$22,465,400. This bill would increase DHFS expenditures depending on the number of relative caretakers who apply for a kinship payment as a second cousin. Since the number of second cousins who would apply for kinship benefits cannot be determined, the fiscal effect of the bill cannot be determined. Long-Range Fiscal Implications: Prepared By: / Phone # / Agency Name Authorized Sighature Telephone No. Date | 2. Decrease Costs | 4. Decrease R | evenues | | | | | |
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| Som Keran | Long-Range Fiscal Implications: | | | | | | | |
| DHFS/OSF Jason Witt, 266-9364 John Kiesow, Exec. Asst., 266-0667 11/29/99 | Prepared By: / Phone # / Agency Na | me Autho | orized Signature | none No. | Date | | | |
| | DHFS/OSF Jason Witt. 266-9364 | John | Kiesow, Exec. Asst. | 2 66-0667 | 11/29/99 | | | |

| FISCAL ESTIMATE WORKSHEET | Detailed Estim | ate of Annual Fiscal Eff | ect | | 1999 | Session | |
|--|---|---------------------------------------|---------------|------------------|------------|-----------------|--|
| ☑ ORIGINAL ☐ UPDATED LRB # 99-3795/1 | | | - | | Ac | lmin. Rule# | |
| ☐ CORRECTED ☐ SUPPLEMENTAL | INTRODUCTION # AB 587 | | | | | | |
| Subject Kinship Care | * | | | | . | | |
| I. One-time Costs or Revenue Impa | acts for State and/o | or Local Governmen | t (do not inc | lude in annual | ized fisca | l effect): | |
| II. Annualized Costs: | <u> </u> | | Annuali | zed Fiscal impac | t on State | funds from: | |
| | | | | sed Costs | | Decreased Costs | |
| A. State Costs by Category State Operations - Salaries and Fringes | | | \$ | · · | \$ - | | |
| (FTE Position Changes) | | | (| FTE) | (- | FTE) | |
| State Operations - Other Costs | | | | ÷ | | | |
| Local Assistance | | | | | - | | |
| Aids to Individuals or Organizations | | | | | - | | |
| TOTAL State Costs by Category | | | \$ | | \$ - | | |
| B. State Costs by Source of Fun | ıds | | Increas | sed Costs | Decre | ased Costs | |
| GPR | · | | \$ | | \$ - | | |
| FED | | | | : | - | | |
| PRO/PRS | | · · · · · · · · · · · · · · · · · · · | | | - | | |
| SEG/SEG-S | | | | | - | and Day | |
| State Revenues Complete this onl revenues (e.g., ta GPR Taxes | y when proposal will incr ix increase, decrease in l | | Increas | sed Rev. | \$ - | eased Rev. | |
| GPR Earned | | | | | - | | |
| FED | | | | | - | • | |
| PRO/PRS | | | | | - | | |
| SEG/SEG-S | | | | | - | | |
| TOTAL State Revenues | s | | \$ | | \$ - | | |
| NET ANNUALIZED FISCAL IMPACT STATE LOCAL | | | | | | | |
| NET CHANGE IN COSTS | \$ | SEE TEXT | | \$S | SEE TEXT | • | |
| NET CHANGE IN REVENUES | \$ | | <u> </u> | \$ | - | | |
| Prepared By: / Phone # / Agency N | lame | Authorized Signature | Telephone N | 16. | Date | | |
| DHFS/OSF Jason Witt, 266-9364 | | John Kiesow, Exe | c. Asst., 26 | 6-0667 | 11/29 |)/99 | |