FINANCIAL IMPACT STATEMENT
PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT: Department of Human Services
DIVISION: Division of Children and Family Services
PERSON COMPLETING THIS STATEMENT: Diane Smithson
PHONE NO.: (501) 682-6248 / **FAX NO**.: (501) 682-6968 / **E-MAIL:** diane.smithson@dhs.arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: Foster Parent Access to Records and Case Proceedings

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
   Yes ☐ No ☒
2. Does the proposed, amended, or repealed rule affect small businesses?
   Yes ☐ No ☒ If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.
3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
4. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year	**Next Fiscal Year**
General Revenue _____	General Revenue_____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____
Total $0.00	Total $0.00

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

Current Fiscal Year	**Next Fiscal Year**
$ 0.00	$ 0.00

6. What is the total estimated cost by fiscal year to the agency to implement these regulations? Is this the cost of the program or grant? Please explain.

Current Fiscal Year	**Next Fiscal Year**
$ 0.00	$ 0.00