SOS APA Form 001

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME: MS Department of Human Services		CONTACT PERSON: Earl Scales	TELEPHONE NUMBER: 601-359-4216
ADDRESS: 750 North State Street		CITY: Jackson	STATE : MS / ZIP: 39202
EMAIL: ESCAL@ago.state.ms.us	SUBMIT DATE: 07/01/15	Name or number of rule(s): DFCS Policy Title 18: Part 6: Chapter 1: Section D, Foster Care	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to existing rules(s) for MDHS Title 18, Part 6, DFCS Section D Foster Care

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. 43-15-3; 5; 13

List all rules repealed, amended, or suspended by the proposed rule: Part 6: Chapter 1: Section D

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
__X__ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
__X__ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: M. Earl Scales, Assistant Attorney General

Signature of person authorized to file rules: M. Earl Scales /AHW

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
FILED JUL 01 2015 MISSISSIPPI SECRETARY OF STATE		
Accepted for filing by #21381	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.