

TO DCF Specialist		Provider Case Manager Agency	
Date / Time		Child's Legal County	
<input type="checkbox"/> Release of Custody	<input type="checkbox"/> Initial	<input type="checkbox"/> Corrected Copy	<input type="checkbox"/> AWOL
<input type="checkbox"/> Hospital	<input type="checkbox"/> Placed at Home		
<input type="checkbox"/> Planned Move	<input type="checkbox"/> Respite	<input type="checkbox"/> Venue Change	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> In-Transit			
SECTION I			
Name of Child		DOB	
FACTS Client ID #	FACTS Case #	Court Case #	
SECTION II			
Provider Staff Assigned	Worker Phone #		
SECTION III			
Previous Placement Name and Address	From	To	
Reason for Move			
Deleted Placement	Deleted Rate	Deleted Add on Rate	
SECTION IV			
Date of Current: <input type="checkbox"/> Placement <input type="checkbox"/> Service	Placement Name and Physical Address		
Placement Mailing Address			
Phone Number	Respite / Hospitalization	Start	End
CLARIS Case #			
FACTS Service Action Code			
FACTS Service Source Code			
<input type="checkbox"/> Child has no siblings in Out of Home Care			

Notes:	
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<input type="checkbox"/> "Same" District & School Name	
<input type="checkbox"/> Attending same school per instructions (SCO1N)	Attending same school reason: <input type="checkbox"/> Same school as before placement <input type="checkbox"/> Same school with grade level change <input type="checkbox"/> Parent moved <input type="checkbox"/> Same school as permanent placement (APA, PCA) <input type="checkbox"/> Same school, IL <input type="checkbox"/> Does not meet same school criteria <input type="checkbox"/> Not yet school age
<input type="checkbox"/> School Changes	
District and School Name child is leaving	
District and School Name child is entering	
Has youth (in Foster Care) ever given birth or fathered a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child placed with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ICWA Inquiry Made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICWA Applies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Verified Date of Determination	
If ICWA applies, has tribe been legally notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Tribe	

SECTION V

Cessation of Monthly Payment and/or Closure	Date	Cessation of Monthly Payment and/or Closure	Date
<input type="checkbox"/> Returned Home & Released from DCF Custody		<input type="checkbox"/> Transfer to KDOC	
<input type="checkbox"/> Returned Home & NOT Released from DCF Custody		<input type="checkbox"/> Child Death Date	
<input type="checkbox"/> Custodianship & Released from DCF Custody		<input type="checkbox"/> Released from DCF Custody- Emancipation	

<input type="checkbox"/> Adoptive Placement Finalized		<input type="checkbox"/> Released from DCF Custody- Living with Other Relative	
<input type="checkbox"/> Transfer to Tribal Court		<input type="checkbox"/> Released from DCF Custody- Runaway	
<input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider)		<input type="checkbox"/> Released from DCF Custody- Transfer to Other Agency Reason:	
		<input type="checkbox"/> Released from DCF Custody- While Placed at Home	

SECTION VI

Change of status for sibling(s) remaining in the home

Name of Sibling	DOB	Client ID # (if known)	Add	Remove	Delete	Effective Date
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

