

TO DCF CPS Specialist:				Provider Case Manager/Agency			
Date:				Child's County of Removal:			
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Initial	<input type="checkbox"/> Change	<input type="checkbox"/> Corrected Copy	<input type="checkbox"/> AWOL	<input type="checkbox"/> Hospital		
<input type="checkbox"/> Trial Home Placement	<input type="checkbox"/> Planned Move	<input type="checkbox"/> Respite	<input type="checkbox"/> Disruption	<input type="checkbox"/> venue change			
SECTION I							
Name of Child:					DOB:		
FACTS Client ID #:		FACTS Case #:		KEES Client ID # upon KEES implementation:		Court Case #:	
SECTION II							
Date / Time Referral Received by Provider				Date / Time Provider Took Physical Custody of Child:			
	/				/		
SECTION III							
Provider Staff Assigned:				If change, list reason:			
Address:							
Worker Phone #:				24 Hour Access Phone #:			
SECTION IV							
Previous Placement Name and Address:						From:	
Reason for Move:							
						To:	
SECTION V							
Date of Current <input type="checkbox"/> Placement <input type="checkbox"/> Service				Placement Name and Physical Address:			
Placement Mailing Address (for KAECSSES):							
Phone number:				Respite / Hospitalization:	Start	End	
CLARIS Case #:							
<input type="checkbox"/> Has sibling in OOH placement and placed with at least one sibling in OOH placement (SIO1N) If this child's move affects another sibling placement status, list name of that sibling so DCF can update sibling's code or put N/A if no sibling's code is affected:							
<input type="checkbox"/> Has sibling in OOH placement and not placed with a sibling in OOH placement (SIO2N) If this child's move affects another sibling placement status, list name of that sibling so DCF can update sibling's code or put N/A if no sibling's code is affected:						Reason:	
<input type="checkbox"/> FACTS Service/ Action Code Placement: (enter only one from page 4 of instructions)							
<input type="checkbox"/> FACTS Service Source Code: (enter only one from page 4 of instructions)							
"Same" School Name & address:							

<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"/> School Change: District and School Name child is <i>leaving</i> :					
Complete Address:					
District and School Name child is <i>entering</i> :					
Complete Address:					
<input type="checkbox"/> ICWA applies					
SECTION VI					
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-JS			
<input type="checkbox"/> Returned Home & NOT Released from DCF Custody		<input type="checkbox"/> Released from DCF Custody for Other Reason-must provide reason			
<input type="checkbox"/> Custodianship & Released from DCF Custody		<input type="checkbox"/> Child Death			
<input type="checkbox"/> Adoptive Placement Finalized		<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Transfer to Tribal Court					
<input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider)					
SECTION VII					
<input type="checkbox"/> Change of status for sibling(s) remaining in the home					
Name of Sibling	DOB	Client ID# (if known)	Add	Remove	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"/>	

E-mail to:

① Reintegration/Foster Care/Adoption Contract Specialist, ② DCF Social Worker, and ③ DCF Payment Unit, according to local procedures. Also e-mail to local Child Support Enforcement staff.

