DCF GSO Reporting Form Instructions

Section	Field Name	Instruction
(above header)	Attn:	Type the name of the Social Security staff who should receive this report.
Header	Date of Report:	Today's date
	Claimant's Name:	Child's name in DCF custody
	Social Security Number:	SSN of the child
	Parent's SSA Claim Number:	If child is receiving Title 2 benefits (SSA) from a parent's disability or death, enter the SSN of the parent.
	Reporters Name:	Your name
	Position:	Your position title
	Location:	Your work location
	Phone Number:	Your phone number
	FAX Number:	Your FAX number
Payee Change:	To:	Choose from JJA, Parent, DCF, or Other. This is who the new payee should be.
	Date of Change:	Effective date of this payee change
	Name of New Payee:	
	Payee's Phone:	
	Best Time to Call:	List a time range when SS can reach you.
	Address of New Payee	
	Reason for Change:	Provide a brief explanation for change, ie, child entered DCF custody on 9/15/06; child returned home 9/15/06, etc.
Placement Change:	Date of Change:	Effective date of this placement change
	Old Placement Name	Provide name of previous placement
	Old Address:	Provide address of previous placement
	Old Type: (Choose One)	Select from: Adoption Placement AWOL Detention Family Foster Home (includes Emergency, Satellite, and kin) Specialized Family Foster Home (AKA Diversion) Therapeutic Foster Home Emergency Shelter HCBS Home/MR DD Waiver IL YRCI YRCII PRTF Medical Hospital (includes psychiatric hosp.) Return to Parents State Hospital Other Job Corp Maternity Residential Secure Care
	New Placement Name	Provide name of new placement
	New Address:	Provide address of new placement
	New Type: (Choose One)	[same as selection for 'old address']
Placement Change: (cont'd)	Cost of Care:	Provide rate or type "Medicaid" if client in a facility where more than 50% of their care is paid for by Medicaid, (such as PRTF, State Hospital, or Medical Hospital).
	Units: (Choose One)	Select from: Daily Monthly Medicaid Paid [choose if more than 50% of their care is paid for by Medicaid]
	SSI Funding Source:	Select from: ***GA-DCF*** GA-JJA [to be used by JJA] Job Corp Medicaid Paid Other Title 2-SSA [for SSA clients]

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Income Change:	Date of Change:	Effective date of this income change.
	Type: (choose one)	Select from: Actual Child Support to State [report when actual money is received from a parent to the state; this would include when you see that WARDS has applied a parent's SSA to CSS] Actual Child Support to Parent [report when you know of actual money being paid from the absent parent to the caregiving parent] Railroad Benefits VA Benefits Work [the child's work] Other
	(choose one)	Select from: Started, Ended
	Monthly Amnt:	Provide amount of support
	(choose one)	Select from: Actual, Estimate, Unknown
Resource Change:	Date of Change:	Effective date of this resource change.
	Reason:	Select from: WARDS balance below $1,250 [use to notify SS that a client who was approaching or was above the limit is now below the *warning* threshold] WARDS balance $1,250-$2,000 WARDS balance over $2,000 Other
School Change	Attending?	Select from: Yes, No
	Effective Date:	Date this school change begins.
	Name & Address of School:	
	Comment:	Provide additional information if applicable
Other Changes:	Type:	Select from: Death of Client Death of Parent Marriage [of client] Parent Becomes Disabled Parent Divorces Other
	Date of Change:	Effective date of this change.
Multi-Month Distribution request	Date of Deposit:	Provide "Transaction Date" as shown in WARDS
	Amount:	Provide total amount of deposit
	Requested Dates:	Provide the dates you wish to use this deposit for. This may be the length of time SS told you the lump sum deposit was for or a short period for which DCF had expenses for the client.
	Expenses Incurred:	Ask for a .pdf report from SCRIPTS of the maintenance expenses incurred for this client during the period in question. Send the .pdf report along with the eData Report form.
	Average Monthly cost of care:	List the monthly cost for client's current placement.
	Is client nearing age 18?	Answer "yes" if client is 17 years old or older; otherwise answer "no".
	If yes, has the need to conserve these funds for IL been considered?	Answer only if client is 17 years old or older.
Additional Comments		Use this section to give any special instructions or comments to Social Security.