

Screening Tool for Federal Benefits

Child Name: _____ Date of Birth: _____ Client ID: _____

Case Head: _____ FACTS #: _____ Date Completed: _____

CWCMP: _____ Case Manager: _____

DCF IV-E Specialist: _____ Initial Screen ☐ Bi-Annual Screen ☐

Screening Questions

Social Security Death Benefits, Railroad, Veterans Affairs, and Retirement Benefits

#	Question	Yes	No	Unk
1.	Have the biological and/or adoptive parents indicated that the child or the child's biological and/or adoptive parent is receiving Supplemental Social Security Income or other federal benefits?	☐	☐	☐
2.	Are any of the child's biological or adoptive parents disabled?	☐	☐	☐
3.	Are any of the child's biological or adoptive parents deceased?	☐	☐	☐
4.	Have any of the child's biological or adoptive parents ever been employed by the railroad?	☐	☐	☐
5.	Have any of the child's biological or adoptive parents ever been a service member in any branch of the U.S. Military?	☐	☐	☐

If any of the above are answered yes, is this child already receiving a federal benefit as a result? Yes ☐ No ☐

If yes, which benefit(s): _____

If any of the above are answered yes, please send this completed tool to the below mailbox. If benefits are not already established, the Kansas Department for Children and Families will apply for benefits on behalf of the child and determination will be sent to Child Welfare Case Management Provider upon receipt.

Kansas City- DCF.WyFCLiaison@ks.gov

Atchison- DCF.AtFCLiaison@ks.gov

Wichita- [DCF.WICLiaison DL@ks.gov](mailto:DCF.WICLiaison_DL@ks.gov)

Northwest and Southwest- DCF.WERLiaison@ks.gov

Northeast- DCF.SNLiaison@ks.gov

Douglas- DCF.DGFCLiaison@ks.gov

Leavenworth- DCF.LVFCLiaison@ks.gov

Johnson- DCF.JOLiaison@ks.gov

Southeast- dcf.sefcado@ks.gov

Child Social Security Income

#	Question	Yes	No	Unk
1.	Does the child have a disorder considered a presumptive disability? Compassionate Allowance Conditions www.SSA.gov/compassionateallowances	☐	☐	☐
2.	Has the child ever met criteria for Serious Emotional Disturbance (SED) by a Community Mental Health Center?	☐	☐	☐
3.	Does the child have a history of psychiatric in-patient hospitalization of greater than one month at a time?	☐	☐	☐
4.	Is the child currently on the waitlist for a psychiatric residential treatment facility?	☐	☐	☐
5.	Does the child have a history of less intensive mental health treatment? Such as acute hospitalization or Qualified Residential Treatment Programs (QRTP). <i>Exclude general therapy such as family therapy or individual therapy without presence of additional criteria indicating higher need.</i>	☐	☐	☐
6.	Is the child currently on a psychotropic medication?	☐	☐	☐
7.	Does the child have serious physical or mental health conditions which limits their ability to do the following in an age-appropriate way: * Attend to and complete tasks, * Interact and relate to others, * Move and manipulate objects, * Care for self, such as toileting and bathing, * Acquire and use information (IQ of 70 or below, learning disabilities, severe speech problems)	☐	☐	☐
8.	Has the child been hospitalized or require ongoing medical treatment for a medical disability that has lasted or can be expected to last 12 months or result in death?	☐	☐	☐
9.	Does the child have a cognitive disability or traumatic brain injury?	☐	☐	☐
10.	Does the child require adaptations or assistive devices to function in daily life, such as hearing aids, orthopedic devices, and alternative communication devices?	☐	☐	☐
11.	Does child receive special services, such as OT, PT, or other specialized services?	☐	☐	☐
12.	Does the child have an Individualized Education Plan (IEP), 504 plan, have a pending IEP, or is being assessed for these services?	☐	☐	☐
13.	Does the child have a functional impairment in the school setting? This can include chronic absenteeism due to a health condition or behavioral problem.	☐	☐	☐
14.	Is there any other reason the child may be eligible for disability benefits? If so, explain:	☐	☐	☐

If any of the above Child Social Security Income questions are answered yes, is this child already receiving Social Security as a result?

Yes ☐ No ☐

If any of the above are answered yes and benefits are not already established, please send this completed tool along with SSI application to **Kansas Legal Services**.

Please copy the regional Foster Care Liaison on referral:

Kansas City- DCF.WyFCLiaison@ks.gov

Douglas- DCF.DGFCLiaison@ks.gov

Atchison- DCF.AtFCLiaison@ks.gov

Leavenworth- DCF.LVFCLiaison@ks.gov

Wichita- [DCF.WICLiaison DL@ks.gov](mailto:DCF.WICLiaison_DL@ks.gov)

Johnson- DCF.JOLiaison@ks.gov

Northwest and Southwest- DCF.WERLiaison@ks.gov

Northeast- DCF.SNLiaison@ks.gov

Southeast- dcf.sefcado@ks.gov

Comments:

Name of person completing form: _____ Date _____

