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| TO DCF Specialist |  | | | | | | | | | | | | | | | | | | | Provider Case Manager Agency | | | | | | | | | | | |  | | | | | | | | | | |
| Date / Time |  | | | | | | | | | | | | | | | | | | | Child's Legal County | | | | | | | |  | | | | | | | | | | | | | | |
| Release of Custody | | | | | | Initial | | | | | | | | | Corrected Copy | | | | | AWOL | | | | | | | Hospital | | | | | | | | | | | Placed at Home | | | | |
| Planned Move | | | | | | Respite | | | | | | | | | Venue Change | | | | | Reinstatement | | | | | | | In-Transit | | | | | | | | | | | Disruption | | | | |
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| **SECTION I** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child | |  | | | | | | | | | | | | | | | | | | DOB | |  | | | | | | | | | | | | | | | | | | | | |
| FACTS Client ID # | |  | | | | | | | | | | | | | FACTS Case # | | |  | | | | | | | | | Court Case # | | | | | | | |  | | | | | | | |
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| **SECTION II** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Staff Assigned | | | | |  | | | | | | | | | | | | | | | | | | | | | Worker Phone # | | | | | | | | | |  | | | | | | |
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| **SECTION III** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Placement Name and Address | |  | | | | | | | | | | | | | | | | | | | | | | | From | | | |  | | | | | | | | To | | |  | | |
| Reason for Move | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deleted Placement | | | | | | | |  | | | | | | | | | Deleted Rate | | | |  | | | | | | | | | | Deleted Add on Rate | | | | | | | |  | | | |
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| **SECTION IV** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Current:  Placement  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 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child has no siblings in Out of Home Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "Same" District & School Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Attending same school per instructions (SCO1N) | | | | | | | | | | | | | | | | Attending same school reason:  Same school as before placement  Same school with grade level change  Parent moved  Same school as permanent placement (APA, PCA)  Same school, IL  Does not meet same school criteria  Not yet school age | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 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? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Is child placed with them? | | | | | | | | | | | | | | Yes  No  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Is there a reason to believe this child may be an Indian child? An 'Indian child'' means any unmarried person who is under age eighteen and is either (a) a member of a federally recognized Indian tribe or (b) is eligible for membership in a federally recognized Indian tribe and is the biological child of a member of an Indian tribe (25 U.S.C. §1903 (4)). | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Agency determination that ICWA applies to the child | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Date of Court determination that ICWA applies to the case. (Use file stamp date from Journal Entry.) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| If ICWA applies, has tribe been legally notified? | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name of Primary Tribe: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name of Secondary Tribe: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **SECTION V** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Cessation of Monthly Payment and/or Closure | | | | | | | | | | | | | | | | | Date | | | | Cessation of Monthly Payment and/or Closure | | | | | | | | | | | | | | | | | | | | | Date |
| Returned Home & Released from DCF Custody | | | | | | | | | | | | | | | | |  | | | | Transfer to KDOC | | | | | | | | | | | | | | | | | | | | |  |
| Returned Home & NOT Released from DCF Custody | | | | | | | | | | | | | | | | |  | | | | Child Death Date | | | | | | | | | | | | | | | | | | | | |  |
| Custodianship & Released from DCF Custody | | | | | | | | | | | | | | | | |  | | | | Released from DCF Custody- Emancipation | | | | | | | | | | | | | | | | | | | | |  |
| Adoptive Placement Finalized | | | | | | | | | | | | | | | | |  | | | | Released from DCF Custody- Living with Other Relative | | | | | | | | | | | | | | | | | | | | |  |
| Transfer to Tribal Court | | | | | | | | | | | | | | | | |  | | | | Released from DCF Custody- Runaway | | | | | | | | | | | | | | | | | | | | |  |
| Venue Change (referral date to new CW/CBS Provider) | | | | | | | | | | | | | | | | |  | | | | Released from DCF Custody- Transfer to Other Agency  Reason: | | | | | | | | | | | | | | | | | | | | |  |
| Released from DCF Custody- While Placed at Home | | | | | | | | | | | | | | | | |  | | | | Address Released to | | | | | | | | |  | | | | | | | | | | | | |
| Released from DCF Custody- SOUL Family Legal Permanency | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **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 | |
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