|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |
|  |
| **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: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 movedSame school as permanent placement (APA, PCA) Same school, ILDoes not meet same school criteriaNot 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 |
| ICWA Inquiry Made? | Yes No |
| ICWA Applies? | Yes No Unknown |
| Verified Date of Determination |  |
| If ICWA applies, has tribe been legally notified? | Yes No |
| Name of Tribe |  |
|  |
| **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 |  |

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| --- | --- | --- | --- |
| 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 |  |
|  |
| **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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