|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |
| **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 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: |  |  |
|  |  |
| **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 AgencyReason: |  |
| [ ]  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 |
|  |  |  | [ ]  | [ ]  | [ ]  |  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |

