

TO DCF Specialist				Provider Case Manager Agency			
Date / Time				Child's Legal County			
<input type="checkbox"/> Release of Custody	<input type="checkbox"/> Initial	<input type="checkbox"/> Corrected Copy	<input type="checkbox"/> AWOL	<input type="checkbox"/> Hospital	<input type="checkbox"/> Placed at Home		
<input type="checkbox"/> Planned Move	<input type="checkbox"/> Respite	<input type="checkbox"/> Venue Change	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> In-Transit	<input type="checkbox"/> 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: <input type="checkbox"/> Placement <input type="checkbox"/> 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							
<input type="checkbox"/> Child has no siblings in Out of Home Care							
Notes:							

<input type="checkbox"/> "Same" District & School Name			
<input type="checkbox"/> Attending same school per instructions (SCO1N)		Attending same school reason: <input type="checkbox"/> Same school as before placement <input type="checkbox"/> Same school with grade level change <input type="checkbox"/> Parent moved <input type="checkbox"/> Same school as permanent placement (APA, PCA) <input type="checkbox"/> Same school, IL <input type="checkbox"/> Does not meet same school criteria <input type="checkbox"/> Not yet school age	
<input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is child placed with them?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency determination that ICWA applies to the child	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

<input type="checkbox"/> Returned Home & Released from DCF Custody		<input type="checkbox"/> Transfer to KDOC	
<input type="checkbox"/> Returned Home & NOT Released from DCF Custody		<input type="checkbox"/> Child Death Date	
<input type="checkbox"/> Custodianship & Released from DCF Custody		<input type="checkbox"/> Released from DCF Custody- Emancipation	
<input type="checkbox"/> Adoptive Placement Finalized		<input type="checkbox"/> Released from DCF Custody- Living with Other Relative	
<input type="checkbox"/> Transfer to Tribal Court		<input type="checkbox"/> Released from DCF Custody- Runaway	
<input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider)		<input type="checkbox"/> Released from DCF Custody- Transfer to Other Agency Reason:	
<input type="checkbox"/> Released from DCF Custody- While Placed at Home		<input type="checkbox"/> Address Released to	
<input type="checkbox"/> 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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

