Data Collection

Completed by the DCF Child Protection Specialist

Child in Custody Information

Child's Legal Name: _____ Race: _____ Sex: _____

DOB: _____ SSN: _____ Language: _____ Tribe: _____

Citizenship/Alien Status: ☐ U.S Citizen ☐ Permanent Resident ☐ Other (specify): _____

Place of Birth: _____ (City) _____ (State) _____ (County)

If the child is school age: _____ (Name of School attending) _____ (Grade Level)

Section 1 Legal Information:

1 Date court proceedings were initiated requesting custody: _____
(include Petition with foster care referral documents)

2 Date the STATE agency received legal custody of the child: _____
(include custody order with foster care referral documents)

Section 2 Removal Information

1 Date the child was removed from the home: _____

2 Where was the child living in the six months prior to his/her removal from the home?

a. _____ (Name) from _____ to _____

_____ (Address (include street, city & state)) _____ (Relationship to the child)

b. _____ (Name) from _____ to _____

_____ (Address (include street, city & state)) _____ (Relationship to the child)

c. _____ (Name) from _____ to _____

_____ (Address (include street, city & state)) _____ (Relationship to the child)

3 Who is living in the household?

Household members with * and coded red are part of the AFDC group and only their income and resources shall be recorded in the Income and Resources section on page 3.

Name	DOB	SSN	Relationship to the child removed (choose from dropdown menu)
0	1/0/1900	000-00-0000	* Self

Section 3 Income and Resources:

1 Are any of the children in the AFDC group attending day care?

Name of the child	Amount paid per month	Provider's Name

2 AFDC group - **Household members with a * and coded red on page 2:**

Name	Gross Income Per Month	Unearned Income Per Month	Resources Type	Value
0				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				
NONE				

3 Are the parent(s) and/or step-parents employed?

Only complete income information if the parent/step-parent lives in the home from which the child was removed.

Mother: (Step) ☐ **Yes** Employer: _____ Begin Date: _____

_____ Hourly wage _____ How often receive pay? _____ Hours worked per week?

☐ **No** _____ Name of last employer _____ Date of termination

Father: (Step) ☐ **Yes** Employer: _____ Begin Date: _____

_____ Hourly wage _____ How often receive pay? _____ Hours worked per week?

☐ **No** _____ Name of last employer _____ Date of termination

4 If there is a step-parent in the home, are they paying child support and / or alimony?

☐ **Yes** _____ Monthly amount _____ State _____ County _____ Court order # _____ Date last paid

☐ **No** _____ Number of children supported with the payment

Section 4 Deprivation:

1 Did the parents live together during the month in which the petition requesting custody was filed?

☐ **Yes**

☐ **No** Date they last lived together: _____

2 Is either parent deceased?

☐ **Yes** Name of deceased parent (s): _____

Date of death (s): _____

☐ **No**

3 Is either parent disabled and receiving a disability payment?

☐ **Yes** Name of disabled parent (s): _____

☐ **No**

4 Have parental rights been terminated or relinquished on either parent for this child?

☐ **Yes** Date of termination / relinquishment: _____

☐ **No**

Section 5: Child Support Enforcement

Mother: _____ _____ _____ _____
Legal First | Middle | Last | Also Known As

_____
Residence: (street, mailing, if different, city, state, zip and phone)

_____
Place of birth (city, state and county) DOB SSN

Paying child support?:
☐ **Yes** _____ Monthly amount _____ State _____ County _____ Court Order #
☐ **No** _____ Date last paid

Receiving child support:
☐ **Yes** _____ Monthly amount _____ State _____ County _____ Court Order #
☐ **No** _____ Date last received

Father: _____ _____ _____ _____
Legal First | Middle | Last | Also Known As

_____
Residence: (street, mailing, if different, city, state, zip and phone)

_____
Place of birth (city, state and county) DOB SSN

Paying child support?:
☐ **Yes** _____ Monthly amount _____ State _____ County _____ Court Order #
☐ **No** _____ Date last paid

Receiving child support:
☐ **Yes** _____ Monthly amount _____ State _____ County _____ Court Order #
☐ **No** _____ Date last received

Include the PPS 5135 (Acknowledgement of Parental Obligation Form) with referral information

Section 6 Health Insurance Information:

Does the child have health insurance coverage?

☐ **Yes** Fill out the information below

☐ **No**

Primary Policy holder information

First Name | Middle | Last | DOB | SSN

Policy Number | Group Number | IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Secondary Policy holder information

First Name | Middle | Last | DOB | SSN

Policy Number | Group Number | IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Copies of all insurance cards must be attached to this form and given to the placement of the child as the above insurance coverage must be billed before Medicaid. If at anytime the child health insurance changes while in the custody of the state, the changes must be reported immediately to the eligibility specialist and the child's placement. IF the child is currently covered by a Kansas Medicaid program, including Healthwave, the PLASTIC CARD must be obtained from the parent and given to the child's placement.

DCF Child Protection Specialist | Date

Office address | Phone Number | Fax Number

E-mail address

Kansas
Department for Children and Families
Prevention and Protection Services