State of Kansas
Department for Children and Families
Prevention and Protection Services

DCF GSO Reporting Form

PPS 5928
Aug 2012

Attn:

DCF eData Reporting Form

Date of Report: _____ Reporter's Name: _____
Claimant's Name: _____ Position: _____
Social Security Number: _____ Location: _____
Parent's SSA Claim Number: _____ Phone Number: _____
FAX Number: _____

☐ **Payee Change:**
to: Choose One Date of Change:
Name of New Payee: _____ Payee's Phone: _____
Address of New Payee: _____ Best Time to Call: _____
Reason for Change:

☐ **Placement Change:** Date of Change: _____
Old Placement Name: _____ Old Type: Choose One
Old Address: _____
New Placement Name: _____ New Type: Choose One
New Address: _____
Cost of Care: _____ Unit: Choose One
SSI Funding Source: Choose One

☐ **Income Change:** Date of Change: _____
Type: Choose One Choose One
Monthly Amnt: _____ Choose One

☐ **Resource Change:** Date of Change: _____
Reason: Choose One

☐ **School Change:** Attending? Choose One Effective Date:
Name & Address of School: _____
Comment: _____
DCF: For clients 17-1/2 complete and mail back the Student Report when received.

☐ **Other Changes:** Type: Choose One
Date of Change: _____

☐ **Multi-Month Distribution Request:** Date of Deposit: _____ Amount: _____
Requested Dates: From: _____ To: _____
Expenses Incurred: (see attached) DCF: Ask for an expense report from SCRIPTS
Average Monthly cost of care: _____
Is client nearing age 18? ☐ Yes ☐ No If yes, has the need to conserve these funds for IL been considered? ☐ Yes ☐ No

☐ **Additional Comments:**