

Guardianship/Permanent Custodianship Permanency AFCARS Data

Child's Name: _____

DOB: _____ **Gender:** _____ **Client ID:** _____ **FACTS Case Number:** _____

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: _____
- Guardianship/Permanent Custodianship Finalization Date: _____
- Length of time child has been with family: _____
- Guardianship/Permanent Custodianship Completed (Check One):
 Within State (KS)-WIS Another State (Out of State)-ANS Another Country (Outside US)-ANC

Guardian/Custodian's Relationship to the Child: <input type="checkbox"/> Foster Parent and Relative – B <input type="checkbox"/> Step Parent and Relative – C <input type="checkbox"/> Foster Parent – F <input type="checkbox"/> Non-related Kin – K <input type="checkbox"/> Relative – R <input type="checkbox"/> Step Parent – S <input type="checkbox"/> Other – O	Family Structure: <input type="checkbox"/> Married Couple – MAC <input type="checkbox"/> Married but living separate or legally separated - SEP <input type="checkbox"/> Single Female – SIF <input type="checkbox"/> Single Male – SIM <input type="checkbox"/> Unmarried Couple – UMC
---	---

1. Primary Guardian/Custodian's Name: _____

DOB: _____ **Gender:** _____

Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White – WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican –ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
---	--

Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known: _____

2. Secondary Guardian/Custodian's Name: _____

DOB: _____ **Gender:** _____

Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White – WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
---	---

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

--

Why was adoption not considered as a permanency alternative:

❖ *To be completed and submitted to DCF upon completion of a guardianship or permanent custodianship agreement, regardless of if the family receives subsidy.*