

SOUL Family Legal 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:** _____
- **SOUL Family Legal Permanency Finalization Date:** _____
- **Length of time child has been with family:** _____
- **SOUL Family Legal Permanency Completed (Check One):**
 - Within State (KS)-WIS
 - Another State (Out of State)-ANS
 - Another Country (Outside US)-ANC

Primary Custodian's Relationship to the Child: <ul style="list-style-type: none"><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	Primary Custodian's Family Structure: <ul style="list-style-type: none"><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
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1. Primary Custodian's Name: _____
DOB: _____ **Gender:** _____
Is this the Residential Custodian at the time of finalization? _____

Race (Check all that apply): <ul style="list-style-type: none"><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): <ul style="list-style-type: none"><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
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Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known: _____

2. Other Custodian's Name: _____
DOB: _____ **Gender:** _____
Is this the Residential Custodian at the time of finalization? _____

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: _____	

3. Other Custodian's Name(s): _____

DOB: _____ Gender: _____

Is this the Residential Custodian at the time of finalization? _____

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: _____	

4. Other Custodian's Name(s): _____

DOB: _____ Gender: _____

Is this the Residential Custodian at the time of finalization? _____

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: _____	

5. Other Custodian's Name(s): _____

DOB: _____ Gender: _____

Is this the Residential Custodian at the time of finalization? _____

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: _____	

❖ **To be completed and submitted to DCF upon finalization of a SOUL Family Legal Permanency, regardless of if the family receives subsidy.**