

**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: <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: <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 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 tribe if known: _____

2. Other Custodian's Name: _____

DOB: _____ **Gender:** _____

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

**SOUL Family Legal Permanency
AFCARS Data**

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? _____

**SOUL Family Legal Permanency
AFCARS Data**

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.*

