**This form is intended to be used by Child Welfare Case Management Providers (CWCMP) to provide Kansas ICPC Administration, Regional FACTS data units and Regional Eligibility Specialists the information needed on ICPC cases. Timely and accurate data is needed for FACTS and eligibility; therefore, information shall be provided to FACTS data entry staff per timeframes indicated for each section.**

**Section I: Acknowledgement – Due within 24 hours** of case assignment (per PPS 1002). The Child Welfare Case Management Provider shall complete the Acknowledgement section and provide to Kansas ICPC Administration and Regional FACTS data units.

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Name: (Adults for which the home study is being completed)** | | | **Child(ren) Names:** |
|  | | |  |
| **NEICE ID #:** |  | | |
| **Case Number:** | | **Event Number:** | |
| **Date Assigned (PPS 1002):** | | **Date Home Study Due:** | |
| **CWCMP assigned:** | | **CWCMP Supervisor:** | |

Distribution:

|  |  |  |  |
| --- | --- | --- | --- |
| Kansas ICPC | Date: | FACTS Data Unit | Date: |

**Section II: Initial Contact-** Due after the work is complete. Send to Regional FACTS DATA Unit.

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| **Date/time 1st attempted contact with family:**  Work Start Date/Time on MAAS (Per PPM 9820). |  |

Distribution:

|  |  |
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| FACTS Data Unit | Date: |

**Section III: Home Study-** Due after the work is complete. Send to Regional FACTS DATA Unit.

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| **1. Date Home Study sent to KS ICPC PPS Admin:**  Initial End Date on MAAS **(**Per PPM 9820**).** | |  | |
| **2. Date 100A was signed by KS ICPC Admin (located in NEICE):**  Case Conference Date on FIND (Per 9830) | | |  |
| **3. Select decision:**  Service Decision Type on FIND (Per PPM 9830) | **Approved (PS)  Denied (DS)** | | |

Distribution:

|  |  |
| --- | --- |
| FACTS Data Unit | Date: |

**Section IV: Case Closure Due to 6 Month Expiration of Home Study**

|  |  |
| --- | --- |
| **Date of expiration of approved home study:**  (6 months from date 100 A was signed by KS ICPC (Section III. 2. Above) |  |
| **1. Five (5) month notice to Ks. ICPC when child has not been placed (100B has not been received):** (Send a notice to Kansas ICPC at (5) months – (1) month prior to above date) |  |

Distribution:

|  |  |
| --- | --- |
| Kansas ICPC | Date: |

|  |  |
| --- | --- |
| 2. Closure Date: Date 100 (B) sent to Ks. ICPC to notify placement has not been made within (6) months of date 100 (A) was signed by Ks. ICPC.  FACTS Closure Date (Per 9885) |  |

Distribution:

|  |  |  |  |
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| Kansas ICPC | Date: | FACTS Data Unit | Date: |

**Section V. Placement and Monitoring-** DUE as soon as practicable after the work is complete. Send to Regional FACTS DATA Unit.

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| **Date 100B received from Sending State advising of placement (located in NEICE):** Report Date and Time on SORT (Per PPM 9850) |  |
| **Date of 1st Contact with family after child is placed in Kansas-**contact is due within 3 calendar days of receipt of 100B (Per PPM 9310)**:**  (FP) Plan and Goal Start Date on PLAN (Per PPM 9870) |  |

Distribution:

|  |  |
| --- | --- |
| FACTS Data Unit | Date: |

**Dates of Monthly/Quarterly Courtesy Supervision Visit:** Submit to Kansas ICPC at least quarterly.

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|  |  |  |  |
| Date of Monthly Visit | **Date Progress Report (App. 9B or 9C) Submitted to Kansas ICPC via NEICE** | Date of Monthly Visit | **Date Progress Report (App. 9B or 9C) Submitted to Kansas ICPC via NEICE** |
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**Section V. Monitoring Case Closure:**

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| Date Received 100B: (Due to permanency achieved and sending state concurs; or due to a disruption)  FACTS Closure Date (Per 9885) |  |

Distribution:

|  |  |
| --- | --- |
| FACTS Data Unit | Date: |
| PPS Eligibility Unit | Date: |

