

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF SOCIAL SERVICES
 CHILD PLACEMENT AND PAYMENT REPORT – CONTINUATION PAGE

County	Case Manager Name (Last)	FI	MI	Case Manager Number	County Case Number
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Client ID	Client Name, Last	Client Name, First
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XIII. Non-Family Placement Services

68. Svc Type	69. Freq.	70. Beg. Date	71. End Date

XIV. Trafficking

72. Trafficking Begin Date	73. Trafficking End Date	74. Report to Law Enfcmt	75. Date Rpt to Law Enfcmt	76. Custody Status

XV. Runaway

Runaway Begin Date	Runaway End date	
Runaway Contributory Factors (check all that apply)		
77. <input type="checkbox"/> CPS History	78. <input type="checkbox"/> Separation from Siblings	79. <input type="checkbox"/> Multiple FC moves
80. <input type="checkbox"/> Running to someone	81. <input type="checkbox"/> Running from FC Placement	82. <input type="checkbox"/> Other
Runaway Experiences (check all that apply)		
83. <input type="checkbox"/> Alcohol and/or illegal drug use	84. <input type="checkbox"/> Voluntary Sexual Activity	85. <input type="checkbox"/> Involuntary Sexual Activity
86. <input type="checkbox"/> Lived with Friends	87. <input type="checkbox"/> Lived with Family	88. <input type="checkbox"/> Lived in Homeless Shelter
	89. <input type="checkbox"/> Lived on Street	90. <input type="checkbox"/> Other