

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF SOCIAL SERVICES
CHILD PLACEMENT AND PAYMENT REPORT

MO DAY YEAR

COUNTY INFORMATION

COUNTY 1. COUNTY 2. CASE MANAGER NAME, LAST FI MI 3. CASE MANAGER NO. 4. COUNTY CASE NO.

I. SIS INFORMATION (Complete Fields 5-13 Just for Children who do not have an SIS record: DSS-5027)

SIS 5. CLIENT ID 6. CLIENT NAME, LAST FIRST MI 7. CLIENT SOCIAL SECURITY NO. 8. DATE OF BIRTH MO DAY YEAR 9. SPECIAL AREAS 10. SEX 11. RACE 12. SCHOOL 13. GRADE

II. CHILD INFORMATION (Complete for all Children)

CHILD 14. DISABILITY NONE PHYSICALLY DISABLED MENTAL RETARDATION EMOTIONALLY DISTURBED VIS/HEAR IMPAIRED OTHER MEDICAL CONDITION 15. ADOPTION STATUS CURRENTLY FREE? PREV ADOPTED? ADOPT DISS AGE AT PREVIOUS ADOPTION 16. HIV ST 17. IS CLIENT PARENT PREGNANT # OF CHDRN 18. SP. POP.

III. PLACEMENT AUTHORITY (Complete for all Children)

AUTHORITY 19. TYPE OF AUTHORITY 19a. CDJJ 20. REASON NEGLECT ALC. (CHILD) DEATH OF PAR. ABANDONMENT CHI DISAB PHYS. ABUSE ALC. (PARENT) DRUG (CHILD) INCARCERATION RELINQUISHMENT DOM VIO SEX. ABUSE DRUG (PARENT) CH. BEHAVIOR COPING INADEQUATE HOUSING HUM TRAFF 21. BEGIN DATE 22. OUT OF STATE PLACEMENT 23. TERMINATION REASON 24. TERM DATE

IV. PRINCIPAL CARETAKER(S) INFORMATION (Complete for all Children)

CARETAKER 25. FAMILY STRUCTURE 26. FAMILY PRES. 27. # OF CHILDREN IN HOME 28. 1ST CARETAKER AGE OR YEAR OF BIRTH 29. RACE 30. RELATIONSHIP 31. 2ND CARETAKER 32. RACE 33. RELATIONSHIP

V. PERMANENT PLAN (Complete for all Children)

VI. PARENTAL RIGHTS TERMINATION

PLAN 34. PLAN GOAL 35. DATE PLAN MADE MO DAY YEAR 36. BARRIERS 37. PLAN REALIZED MO DAY YEAR 38. MOTHER MO DAY YEAR 39. FATHER MO DAY YEAR

VII. CASE REVIEWS (Complete for all Children)

REVIEW AGENCY TEAM REVIEW 40. LST REVIEW MO DAY YEAR 41. NEXT REVIEW DUE MO DAY YEAR COURT REVIEW 43. LST REVIEW MO DAY YEAR 44. NEXT REVIEW DUE MO DAY YEAR 42. REVIEW NOT REQUIRED 44. NEXT REVIEW DUE MO DAY YEAR

VIII. LIVING ARRANGEMENT (Complete for all Children)

IX. PAYMENT (Complete for all Children for whom PC Payment is made)

PLACEMENT 45. TYP. 46. PERM 47. BEGINNING DATE MO DAY YEAR 48. ENDING DATE MO DAY YEAR 49. FACILITY ID 50. MONTHLY RATE 51. PAYMENT AMOUNT (If diff. from mo. rate)

X. ELIGIBILITY (Complete for all Children for whom FC payments are made)

XI. FED. ASSISTANCE

ELIGIBILITY 52. FROM MO DAY YEAR 53. THRU MO DAY YEAR 54. TEA ELIG 55. FUNDING SOURCE IV-E TEA STATE IV-E ADMIN ELIGIBLE 56. CHILDS RESOURCES COMPLETE FOR CH. IN FC CHECK ALL THAT APPLY 57. COUNTY FUNDS 58. IV-D (CH. SUPPORT) 59. XIX MEDICAID 60. SSI 61. OTHER FUNDS

XII. SUBSTITUTE PARENT INFO. (Complete for Children in FAMILY FOSTER HOMES)

FOSTER PARENT 62. FAMILY STRUCTURE YEAR OF BIRTH RACE 63. 1ST SUBSTITUTE PARENT 64. RACE 65. 2ND SUBSTITUTE PARENT 66. RACE 67. TRAFFICKING VICTIM