DSS-5094 (Rev. 12/12)

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
- MENTAL RETARDATION
- VIS/HEAR IMPAIRD
- PHYSICALLY DISABLED
- EMOTIONALLY DISTURBED
- OTHER MEDICAL CONDITION

15. ADOPTION STATUS
- CURRENTLY FREE?
- PREV ADOPTED?
- ADOPT DISS
- AGE AT PREVIOUS ADOPTION

16. HIV ST

17. IS CLIENT PARENT? Y/N

OF CHDRN

18 SP. POP.

III. PLACEMENT AUTHORITY (Complete for all Children)

AUTHORITY

19. TYPE OF AUTHORITY

20. REASON
- PHYS. ABUSE
- SEX. ABUSE
- NEGLECT
- ALC. (PARENT)
- DRUG (PARENT)
- ALC. (CHILD)
- DRUG (CHILD)
- CH. BEHAVIOR
- DEATH OF PAR.
- INCARCERATION
- COPING
- ABANDONMENT
- RELINQUISHMENT
- INADEQUATE HOUSING
- CHILDS DISABILITY
- DOMESTIC VIOLENCE

21. BEGIN DATE (MO DAY YEAR)

22. OUT OF STATE PLACEMENT

23. TERMINATION REASON

24. TERM DATE (MO DAY YEAR)

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

CARETAKER

25. FAMILY STRUCTURE

26. FAMILY PRES.

27. # OF CHILDREN IN HOME

		AGE OR YEAR OF BIRTH	RACE	RELATIONSHIP
1ST CARETAKER	28.		29.	30
2ND CARETAKER	31.		32.	33.

V. PERMANENT PLAN (Complete for all Children)

PLAN

34. PLAN GOAL

35. DATE PLAN MADE (MO DAY YEAR)

36. BARRIERS

37. PLAN REALIZED (MO DAY YEAR)

VI. PARENTAL RIGHTS TERMINATION

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

VIII. LIVING ARRANGEMENT (Complete for all Children)

IX. PAYMENT (Complete for all Children for whom FC 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 INFORMATION (Complete for all Children for whom FC payments are made)

ELIGIBILITY

ELIGIBILITY REVIEW PERIOD

52. FROM (MO DAY YEAR)

53. THRU (MO DAY YEAR)

54. TEA ELIG

55. FUNDING SOURCE
- IV-E
- TEA
- STATE

56. CHILDS RESOURCES

IV-E ADMIN ELIGIBLE

XI. FED. ASSISTANCE

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
	1ST SUBSTITURE PARENT	63.	64.
	2ND SUBSTITUTE PARENT	65.	66.