

## CHILD PLACEMENT AND PAYMENT SYSTEM MANUAL

### I. THE CHILD PLACEMENT AND PAYMENT SYSTEM (CPPS)

#### A. PURPOSE OF THE CHILD PLACEMENT AND PAYMENT SYSTEM

- 1) To collect information about all children who are in the legal custody of county departments of social services or who are in foster care pursuant to a voluntary placement agreement, whether or not an assistance payment is being made via the system.
- 2) To collect sufficient information regarding expenditures made by county departments of social services for foster care assistance payments and to generate reimbursement of state and/or Federal funds.
- 3) To collect information regarding children who are placed in North Carolina under an Interstate Compact Agreement.
- 3) To collect information about children who are receiving adoption assistance.
- 4) To collect sufficient information to enable cash payments to be made to adoptive parents.
- 5) To provide case management information about children in the system and provide a mechanism for updating information about each child.
- 6) To collect and transmit information to meet Federal reporting requirements.
- 7) To provide data for the purpose of measuring Program performance.

#### B. INTERFACES WITH OTHER SERVICES SYSTEMS

The Client ID number is a common identifier, which links a child's record with other services systems. The Services Information System (SIS) data base serves as a master file for all DSS service clients and maintains general client information which therefore does not require duplicate entries in each of the systems. There is an edit on each of the systems that prohibits a client record being established until a SIS record exists. The county can determine if a SIS record exists by **doing a name search in the SIS system**. Consult the SIS menu **screen** and Data Entry Manual for instructions. It would be preferable if the county used this method of verifying SIS records rather than using locally maintained indexes, which may not be identical to the SIS records and may not show any possible duplicated numbers.

If a child has duplicate **SIS numbers in a county, the county should determine which one SIS number to use from that point on, and document in the record that duplicate numbers existed at one point. Then the county should close out all forms with the obsolete SIS numbers.** The duplicate records cannot be deleted because they are usually related to records from other systems and must remain available for historic information.

**C. DSS-5094 FORM**

County case managers may enter data directly into the Child Placement and Payment System if they have access to a data entry terminal. Edits are built into the system to assure that all required fields are keyed. Copies of a blank **DSS-5094** may be found at: <http://www.dhhs.state.nc.us/dss/forms/cw.htm>. If data is entered by another unit, the case manager will need to complete this **DSS-5094** form in order to assure that all the necessary and correct information is available for keying. In either situation, a DSS-5094 turnaround form will be printed and sent to the county for distribution each time the system is updated.

Establishing and maintaining a current record for each child is the responsibility of the county which has custody or placement authority or supervision authority under an Interstate Compact Placement Agreement, regardless of the child's living arrangement. It should be opened as soon as the DSS has obtained a type of authority as specified for Field #19 of the form and closed when the DSS's authority no longer exists. **Note: In order for the case to be closed in the Child Placement and Payment System, it is not sufficient to just close the service on the DSS-5027. An entry must be made in Fields #23, #24, #37, and #48 on the DSS-5094 in order to close the case.** The record can be reopened by completing a new DSS-5094 with data for this authority.

**Note: The DSS-5094 must be updated for any change with the exception of Fields #19, #20, #21 and Section IV (Fields 25-33) which are never updated. Changes in Fields #1-#13 must be made on the DSS-5027. This change will not be reflected on the DSS- 5094 until an update is made on the form and entered in the system. If no update to the DSS-5094 is necessary at that time, a "dummy" update can be done by entering selection "3" and the Client ID on the menu screen and pressing the "Enter" key. Then press the PF9 key. If all edits pass, the system will update successfully.**

**Note: Field #5, client I.D. #, can never be changed.**

**D. DSS-5095 FORM**

County case managers may enter data directly into the Adoption Assistance Payment System if they have access to a data entry terminal. Edits are built into the system to assure that all required fields are keyed.

If data is entered by another unit, the case manager will need to complete the **DSS-5095** form in order to assure that all the necessary and correct information is available for keying. In either case, 2 turnaround forms will be printed and sent to the county for distribution each time the system is updated.

**E. REIMBURSEMENT REQUEST DEADLINES**

**1. DSS-5094 (Foster Care Assistance)**

The **first** preliminary keying deadline for foster care reimbursement is 5:00 PM on the 5th workday of the month. **A second preliminary keying deadline is 5:00 PM on the 16<sup>th</sup> day of the month.**

The final keying deadline for foster care assistance reimbursement is **5:00 PM** the 20th of the month. If the **16<sup>th</sup> or the 20<sup>th</sup>** falls on a weekend or State holiday, the deadline is **5:00 PM** on the last workday prior to the **16<sup>th</sup> or the 20<sup>th</sup>**.

**2. DSS-5095 (Adoption Assistance Vendor Payments)**

The keying deadline for adoption assistance vendor payments is **5:00 PM** on the 20th of the month. If the 20th falls on a weekend or State holiday, the deadline is **5:00 PM** on the last workday prior to the 20th.

**3. DSS-5095 (Adoption Assistance Cash Payments)**

The keying deadline for adoption assistance cash payments is **5:00 PM** on the 3rd workday from the last workday of the month.

## II. DESIGN OF THE DSS-5094 FORM

(The DSS-5094 form is separated into multiple sections)

**A. COUNTY INFORMATION AT THE TOP OF THE FORM (FIELDS 1 THROUGH 4)**

Complete Fields #1 through #4 for every DSS-5094 submitted.

**B. SIS INFORMATION (FIELDS 5 THROUGH 13)**

This section contains information related to the SIS data fields on the DSS-5094. *If there is a DSS-5027 already entered for this client in the county, only Fields #5 & #6 need to be entered on the DSS-5094. (The system will automatically populate Fields # 7 through 13 with information already entered on the DSS-5027.)* **Do not complete Fields #7 through #13 for that child. Submit the DSS-5027 to open the new service code(s) or update any fields. If SIS changes need to be made on a child already existing in SIS, use the child's DSS-5027 form.**

1. One way to establish a case in SIS for a child who initially enters DSS custody/placement responsibility is to open a record via the DSS-5027 as is currently done for all other service recipients.
2. To save time, the revised Form DSS-5094 can be used to open both a SIS record and a CPPS record on the same form.
  - a) When this method is selected, Foster Care Services for Children (service code 100) will automatically be opened in the Service Plan portion of the SIS. **The begin date for this service must be entered on the DSS-5027 by the data entry staff.**
  - b) When this method is used, it is imperative that the correct SIS Client ID is used. A name search must be conducted to determine if the child has an existing Client ID or active record (DSS-5027) in the Services Information System (SIS) before assigning a Client ID. Only after a thorough search has been conducted and all possible matches have been ruled out, should a new Client ID be assigned using this method. Failure to conduct a name search prior to assigning a Client ID can result in multiple IDs being created for a single client.

- c) A turnaround DSS-5027 will also be created to enable the worker to make SIS updates. If the child will be receiving services in addition to code 100, submit the turnaround DSS-5027 with the additional codes.

**C. CHILD INFORMATION (FIELDS 14 THROUGH 18)**

This section of the form pertains to the child's situation at the time he/she was placed in DSS custody/placement responsibility and must be completed every time a DSS-5094 is opened to show the child has come into the custody/placement responsibility of the DSS (New cases and reopening of terminated cases). Information in this section must be completed for all cases. **Note: Fields # 14, #15 (Currently Free), #16, and # 17 must be updated immediately at any time there is a change or new information becomes available.**

**D. PLACEMENT AUTHORITY (FIELDS 19 THROUGH 24)**

This section of the form contains the reason that DSS obtained custody and placement responsibility of a child. Information in this section must be completed for all cases. Fields #19, #20 and #21 reflect the **initial** placement authority reason and date. If the Agency's custody and/or placement authority ends, *Fields #23 and #24 must be completed. If the child re-enters care, a new DSS-5094 must be completed.*

**E. PRINCIPAL CARETAKER INFORMATION (FIELDS 25 THROUGH 33)**

This section contains information, which pertains to the family situation a child was in **when he/she was placed into the custody/placement responsibility of the county DSS**. Information in this section must be completed for all cases. Fields #25 - #33 reflect the caretaker information of the removal home.

**F. PERMANENT PLAN (FIELDS 34 THROUGH 37)**

This section pertains to the plan goal of the child and any barriers to that plan. Information in this section must be completed for all cases and **updated at any time there is a change.**

**G. PARENTAL RIGHTS TERMINATION (FIELDS 38 THROUGH 39)**

This section pertains to the termination of parental rights either by court action or relinquishment. *The date that parental rights are terminated by court action is the date that the court actually orders the TPR either from the bench or the date recorded in the written court order as having been entered by the court. **These dates need to be entered immediately as soon as termination is obtained for each parent.***

**H. CASE REVIEWS (FIELDS 40 THROUGH 44)**

This section pertains to the Permanency Planning Action Team review and Court Review information for a particular case and is **updated immediately as appropriate and necessary**. Information in this section must be completed for all cases. Please refer to Chapter IV: 1201 Child Placement Services, for specific policy requirements.

**I. LIVING ARRANGEMENT (FIELDS 45 THROUGH 49)**

This section pertains to the living arrangement status of the child. New data must be entered every time a living arrangement, progress towards permanence, beginning date,

ending date, or facility ID changes. *\_There must always be an open living arrangement as long as the DSS has custody/placement responsibility.*

**J. PAYMENT INFORMATION (FIELDS 50 THROUGH 51)**

This section pertains to the monthly payment information for a particular case. Complete only if requesting reimbursement and update as needed.

**K. ELIGIBILITY INFORMATION (FIELDS 52 THROUGH 56)**

This section pertains to the eligibility *review* period, funding source and *child's* resources for a case. ***This information must be updated immediately upon any change in eligibility.***

**L. FEDERAL ASSISTANCE INFORMATION (FIELDS 57 THROUGH 61)**

This section pertains to the type of other *financial* assistance a child is receiving. Information in this section must be completed for all cases. *This information must be updated immediately upon any change in federal assistance for the child.*

**M. SUBSTITUTE PARENT INFORMATION (FIELDS 62 THROUGH 66)**

This section pertains to the substitute family structure where a child is placed by the county DSS. Information in this section must be completed for all children placed in Family Foster Homes, Pre-Adoptive Homes, or Homes of Relatives, whether these homes are licensed or not and regardless of whether *a reimbursement is being requested*. **If the child's placement changes, be sure to reflect the current information in these fields immediately.**

**III. COMPLETING THE DSS-5094 FORM**

All data on the DSS-5094 must be completed for all children in DSS custody/placement responsibility regardless of the *child's* living arrangement. In addition, a DSS-5094 must be completed on children from other states who are placed in the county under an Interstate Compact Agreement.

**Note:** The DSS-5094 must be updated for any change with the exception of Fields #1-13, #19, #20, #21 and Section IV (25-33). Changes in Fields #1-#13 must be made on the DSS-5027. Then the DSS-5094 must be activated by updating. If no fields need to be updated, a "dummy" update can be done by the data entry person by entering option 3 on the main menu screen, keying the SIS ID# and pressing the Enter key. The first screen of data will appear. Press the Enter key again. Then press the PF9 key. This prompts the system to go through the editing process and pull in the new SIS data and then print an updated 5094.

**A. COUNTY INFORMATION AT THE TOP OF THE FORM (FIELDS 1 THROUGH 4)**

Complete Fields #1 through #4 for every initial DSS-5094 submitted.

FIELD 1 - **County Number** (numeric, 2 digits)

No entry is required in this field if already printed on a DSS-5094. When using a blank DSS-5094, enter the standard two-digit county ID code.

FIELD 2 - **Case Manager's Name** (alpha/numeric, 16 digits)

No entry is required in this field if already printed on the DSS-5094. **If there is a change in case manager, update on the DSS-5027. If no other update is needed on the DSS-5094, execute the "dummy" update as described above.** When using a blank DSS-5094, enter the case manager's last name, and first and middle initials.

FIELD 3 - **Case Manager's Number** (numeric, 9 digits)

No entry is required in this field if already printed on the DSS-5094. If there is a change in the case manager number, it must be updated on the DSS-5027. **If no other update is needed on the DSS-5094, execute the "dummy" update as described above.** When using a blank DSS-5094, enter the valid case manager number as obtained from the Services Information System. (See PM-REM-AL-0407)

FIELD 4 - **County Case Number** (alpha/numeric, 6 digits)

This is an optional field available to assist the county in filing forms in case records. If a child has a SIS record, the County Case Number from that system will be brought forward. The case number in this system must be the same as the case number in the SIS.

**B. SIS INFORMATION (fields 5 through 13)**

Complete this information for all children.

FIELD 5 - **Client ID** (numeric, 11 digits)

Enter the child's SIS ID number. An entry is required in this field for all children.

FIELD 6 - **Client Name** (alpha/numeric, 15 digits)

Enter the name of the child. An entry is required in this field for all children.

**NOTE: For a child in an adoptive placement, a new SIS ID# is assigned *only* following the entry of the Decree of Adoption. Until that time, the child continues to use the SIS ID# used in foster care. If non-recurring adoption expenses are to be reimbursed prior to the entry of the Decree of Adoption, the DSS-5095 is completed using the child's foster care SIS ID#. If this same child is to receive ongoing adoption assistance, close all forms with the existing foster care SIS ID# (DSS-5027 and DSS-5094) once the Decree of Adoption is entered and complete a new DSS-5095 with a new SIS ID# in the child's adoptive name.**

FIELD 7 - **Client's Social Security Number** (numeric, 9 digits)

If the child has an existing SIS record, this number is automatically entered from that system. If a new SIS record is being opened via this form, complete the child's social security number. When the child does not have a social security number, enter a zero (0) in each of the spaces across the field and **update this field via the DSS-5027 when a social security number has been obtained.**

FIELD 8 - **Date Of Birth** (numeric, 8 digits)

Record the month, day, century and year of the child's birth. Use a leading zero for a month or day less than 10. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate month and year of birth, using the 15th as the day of birth.

FIELD 9 - **Special Areas** (numeric, 12 digits)

Enter the code(s), which reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established conditions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as many as appropriate because this information is useful for justifying funding needs to meet specific problems. ***It is also important to update this information whenever there are changes or new special areas that are identified.***

<b>Code</b>	<b>Value</b>
01	Developmental Disabilities
02	Blind or Visually Impaired
03	Deaf or Hard of Hearing
04	Physically Disabled
05	Emotionally Disturbed
06	Learning Disability
07	Medical Condition
08	HIV or AIDS
09	Substance Abuse
10	Willie M. Class
11	Undisciplined Child
12	Delinquent Child
13	Homeless Person

FIELD 10 - **Sex** (numeric, 1 digit)

Enter the code, which identifies the sex of the child.

<b>Code</b>	<b>Value</b>
1	Male
2	Female

FIELD 11 - **Race** (numeric, 2 digits)

Enter the code, which identifies the race of the child. In general, a person's race is determined by how he defines himself. In the case of young children, parents define the race of the child. *If an "Unable to Determine" code (11 or 12) is used, this field must be updated immediately when the race/ethnicity is determined.*

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
FAMILY SUPPORT CHILD WELFARE  
CHILD PLACEMENT AND PAYMENT SYSTEM**

**REVISED 03/01/2011**

Possible combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
26	Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
27	American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
28	American Indian or Alaskan Native/Asian (Hispanic or Latino)
29	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
30	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
31	Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
32	Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
33	White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
34	White/Black/American Indian or Alaskan Native (Hispanic or Latino)
35	White/Black/Asian (Non Hispanic or Latino)
36	White/Black/Asian (Hispanic or Latino)
37	White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
38	White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
39	White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
40	White/American Indian or Alaskan Native/Asian (Hispanic or Latino)
41	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
42	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
43	White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
44	White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
45	Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino)
46	Black/American Ind. or Alaskan/Asian (Hispanic or Latino)
47	Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino)
48	Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)

- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
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- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

FIELD 12 – **School** (numeric, 1 digit)

Enter the appropriate code to indicate if the child is attending school on a scheduled basis. Do not take holidays, breaks or summer vacations into consideration. **UPDATE ANNUALLY ON THE DSS-5027.**

<b>Code</b>	<b>Value</b>
1	Yes, in school
2	No, not in school

FIELD 13 - **Grade** (alpha, numeric, 2 digits)

For children who are in school, enter the grade associated with their current or most recent attendance. If no longer in school, enter the last grade completed. **UPDATE ANNUALLY ON THE DSS-5027.**

<b>Code</b>	<b>Value</b>
P	Preschool (including Kindergarten)
1-20	Current or Highest Grade
98	GED
99	Unknown (show special education here if not certain of grade equivalent)

**C. CHILD INFORMATION (fields 14 through 18)**

Complete this section for all children.

FIELD 14 - **Disability** (numeric, 1 digit)

Complete for each of the disabilities listed. This field differs from the SIS Special Areas field in that it **requires the opinion of a qualified professional.**

*A qualified professional as defined by AFCARS is a person employed by a medical facility or practice, including physicians, physician assistants, nurses, emergency medical technicians, dentists, dental assistants and technicians, chiropractors or a person employed by a mental health facility or practice, including psychologists, psychiatrists, therapists, etc.*

**NOTE: Any condition found in the DSM IV or any medically diagnosed physical disability should be reflected in Field #14. ADHD would be entered as "other medical conditions."**

If there has been a diagnosis of a disability(ies) by a qualified professional, enter a "1" in the block beside "DISABILITY".

If there is no disability, (whether the child was assessed or not) enter a "2" in the block beside "DISABILITY".

If there appears to be a disability(ies) but a diagnosis by a qualified professional has not yet been conducted, enter a "3" in the block beside "DISABILITY". **Note: It is important to change this code as soon as a diagnosis is obtained.**

If a "1" is entered in the "DISABILITY" block, a "1" must also be entered in the block beside the disability(ies) diagnosed by a qualified professional.

If a "2" or "3" is entered in the "DISABILITY" block, leave all blocks beside the disabilities listed on the form blank.

<b>Code</b>	<b>Value</b>
1	Yes, a qualified professional has clinically diagnosed the disability.
2	No, there is no disability.
3	Not yet determined. <b>Note: It is important to change this code as soon as a diagnosis is obtained</b>

FIELD 15 - **Adoption Status** (multi-part data element numeric)

**a. Currently Free?**

<b>Code</b>	<b>Value</b>
1	If the child is currently free for adoption, enter "1" in this box. If Code "1" is used, Fields #38 and #39 must be completed. "Currently Free" means that the court has ordered Termination of Parental Rights and the 10-day waiting period has passed with no notice of appeal (or relinquishment for adoption has been obtained) on both parents or the case on appeal is resolved.
2	If the child is not currently free for adoption, enter "2"
3	If the child's status is unknown, enter "3". <b>Note: If the child's status is later determined, change to the correct code.</b>
4	If TPR is pending, enter "4". This includes if a TPR petition has been filed on at least one parent or for cases under appeal. <b>Note: Once the court orders Termination of Parental Rights and the 10-day waiting period has passed with no notice of appeal (or relinquishment for adoption has been obtained) on both parents or the case on appeal is resolved, change to the correct code.</b>

**b. Previously Adopted?**

**Code Value**

- 1 If the child has ever been legally adopted domestically, enter "1".
- 2 If the child has never been legally adopted, enter "2".
- 3 Enter "3" if the information is not available. ***If this information is later determined, change to the correct code.***
- 4 If the child has ever been legally adopted internationally, enter "4".

**c. Age at Previous Adoption**

**Value**

If the answer to Previously Adopted is yes (Code 1), enter the age when the adoption was finalized.

If uncertain, estimate age.

If the answer to Previously Adopted is no (Code 2), or unavailable (Code 3), leave age blank.

**d. Adoption Dissolved—A child who was previously adopted, including international adoptions, and enters Foster Care as a result of the court terminating the parents’ rights or the parents’ relinquishing their rights to the child.**

**Value**

If the answer to Previously Adopted is yes (Code 1 or 4) enter Y (yes) or N (no) if previous adoption was dissolved.

**FIELD 16 - HIV Status** (alpha, 1 digit)

This field identifies the basis for HIV Foster Care Assistance. Complete if the child meets one of the HIV categories as diagnosed by a qualified professional. Otherwise, leave blank. If an Agency is requesting HIV payment, the request must continue to be made manually.

**Code Value**

- E Perinatally exposed infant 0-24 months who cannot be classified as definitely infected, but who has antibodies to HIV, indicating exposure to an infected mother.
- N Infant, child or youth who meets one of the CDC definitions for infection but who has no previous signs or symptoms of HIV.
- A Infant, child or youth who shows mild signs or symptoms of HIV.
- B Infant, child or youth who shows moderate signs or symptoms of HIV.
- C Infant, child or youth who shows severe signs or symptoms of HIV.
- T Child aged 0-21 with laboratory evidence of HIV infection who has a resulting terminal diagnosis with a life expectancy of less than six months.

FIELD 17 - **Is Client A Parent?** (alpha, 1 digit)

Put a "Y" or "N" in the correct block to indicate "yes" or "no" to identify if the client is a teenage parent under the age of 18, male or female, who has had a child and whose rights to that child have not been terminated either through court action, consent, or relinquishment.

Code	Value
Y	Yes, the client has a child(ren).
N	No, the client has not previously had a child; or, The client has previously had a child but client's rights have been terminated either through court action, consent, or relinquishment

If the answer is Y, enter in the number of children in the home. If none enter in '00' (A two digit number should always be entered in this field).

FIELD 18 - **Special Population** (numeric, 1 digit)

Enter the appropriate code as it applies to the child.

Code	Value
1	Indian (Bureau of Indian Affairs Federally recognized tribe)
3	Unaccompanied Refugee Minor
5	Not Applicable

**D. PLACEMENT AUTHORITY (fields 19 through 24)**

Complete this section for all children.

FIELD 19 - **Type Of Authority** (numeric, 2 digits)

Enter the two-digit code, which describes the statutory, or policy basis, which mandates DSS supervision, care and/or placement of a child.

**Note: Once this field is completed, make no updates or changes. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered in the Child Placement and Payment System.**

**Note: If a client enters a CARS, then Field 19 must be coded as "09".**

**Note: If a client turns 18 years old while in the custody or placement authority of the DSS and enters a Contractual Agreement for Residential Services (CARS) upon his or her 18<sup>th</sup> birthday, then the DSS-5094 must be terminated and a new DSS-5094 opened the next calendar day.**

Code	Value
01	DSS ordered to assume responsibility for nonsecure custody by a court of competent jurisdiction (G.S. 7B-502).
02	Court ordered legal custody, but DSS does not have placement authority.
03	Court ordered legal custody with DSS having placement authority.
04	Relinquishment for adoption by parent(s) or guardian of the child.

- 05 (Reserved for later use.) **Do not use this code!**
- 06 (Reserved for later use.) **Do not use this code!**
- 07 Voluntary Placement Agreement with parent(s) or legal guardian(s).
- 08 Interstate Compact Placement Agreement into North Carolina.
- 09 Contractual Agreement for Residential Services (CARS).
- 10 Transfer in from another North Carolina county (placement was originally court ordered)
- 11 Transfer in from another North Carolina county (placement was originally a VPA)

**Note: Cases open prior to implementation of AFCARS in 1997 may show placement authority as codes 05 or 06. Do not change. These codes are not available for any children entering an Agency's custody and/or placement authority after AFCARS implementation in 1997.**

FIELD 20 - **Reason** (Alpha, 1 digit)

Enter "X" for all the actions or conditions associated with the child's entry into the DSS custody/placement responsibility. At least one condition must be associated with the child's entry into DSS custody/placement responsibility.

**Note: "Child's behavior" includes delinquency and undisciplined behaviors. "Coping" is used for dependent children. Emotional Abuse is coded as "Neglect". This is to satisfy**

**Federal reporting requirements and does not reflect a change in the North Carolina General Statutes.**

**Note: Once this field is completed, make no updates or changes. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered into the Child Placement and Payment System.**

FIELD 21 - **Beginning Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the agency obtained the initial type of authority, which sanctions DSS supervision, care and/or placement of the child.

**Note: Once this field is completed, make no updates or changes. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered into the Child Placement and Payment System.**

FIELD 22 - **Out Of State Placement** (alpha, 1 digit)

Enter a Y if the child's current placement is in a state other than North Carolina. If the child is placed in North Carolina, leave blank.

FIELD 23 - **Termination Reason** (numeric, 2 digits)

Enter the code, which reflects the reason why the DSS placement authority is terminated and the foster care service is being closed. This is the reason why the DSS no longer has custody or placement responsibility. Otherwise, leave blank.

**Note:** If an entry is made in this Field #23, an entry must also be made in Fields #24, #37, and #48.

**Note:** If a client turns 18 years old while in the custody or placement responsibility of the DSS, then the Termination Reason must be coded as "07".

Code	Value
01	Reunification with Parents or Primary Caretakers -- Custody/Placement responsibility of the child was returned to his or her principal caretaker(s) from whom the child(ren) was removed.
02	Guardianship with a Relative--Legal Guardianship of the child was awarded to an individual <i>by the court</i> .
03	Adoption -- The child was legally adopted. <b>Note: If Adoption is the Termination Reason, Parental Rights Termination Dates (Fields #38 and #39) must have been completed.</b>
04	Guardianship with other court-approved caretaker – Legal Guardianship of the child was awarded to an individual.
05	Custody with non-removal Parent or Relative.
06	Custody with other court approved caretaker.
07	Emancipation -- The child reached age 18 or older and is no longer subject to DSS supervision, or the child was legally emancipated pursuant to <i>Article 35 of Chapter 7B of the North Carolina General Statutes</i> .
08	Transfer to Another Agency -- Responsibility for the care of the child was awarded to another agency - either in or outside of the State.
09	Runaway -- The child ran away from the foster care placement and DSS is relieved of custody or placement responsibility.
10	Death of Child -- The child died while in foster care.
11	Interstate Compact Placement Agreement with another State was terminated. <b>Note: Use this code only if Placement Authority Reason Code in Field #19 is "08" (Interstate Compact Placement Agreement Into North Carolina).</b>
12	Authority Revoked for reasons other than above.
13	Other (Reserved for state staff use only) This code is to be used when a case has been opened erroneously and needs to be closed. To use this code, the agency must send a letter on Department letterhead with an explanation and request that the case be closed with another code and sent to: NC Division of Social Services Family Support Child Welfare Services Data Management Team 325 North Salisbury Street Mail Service Center 2411 Raleigh, NC 27599-2411 Attention: 5094 Corrections

FIELD 24 - **Termination Date** (numeric, 6 digits, MMDDYY format)

Enter the date upon which the authority to supervise, care for and/or place the child terminated and the foster care service is being closed. Otherwise, leave blank.

**Note:** If an entry is made in Field #24, an entry must be made in Fields #23, #37, and #48.

**E. PRINCIPAL CARETAKER(S) INFORMATION (fields 25 through 33)**

Complete this section for all children. This data is to describe the primary adult caretaker(s) from whom the child was removed at the time the DSS was given custody or placement responsibility for the child. Once an entry is made in these fields, make no updates or changes.

**FIELD 25 - Family Structure** (numeric, 1 digit)

Enter the appropriate code to describe the child's family *structure at the time the child was removed*.

**Note: An entry is required for all cases.**

<b>Code</b>	<b>Value</b>
1	Married Couple
2	Unmarried Couple
3	Single Female
4	Single Male
5	Unable to Determine (if the child was abandoned or the child's caretakers are otherwise unknown)

**FIELD 26 - Intensive Family Preservation** (numeric, 4 digits)

The IFPS model provides in-home crisis intervention services designed to help families at imminent risk of having a child removed from the home. These services help to maintain children safely in their homes (whenever possible) and prevent unnecessary separation of families. This model is characterized by very small caseloads for workers, 24-hour availability of staff, the provision of services primarily in the child's home or in another environment, and intensive, time-limited services lasting no more than 4-6 weeks.

Enter the code to signify if Intensive Family Preservation Services were provided to the family within the 12 months prior to the child entering the DSS custody/placement responsibility.

**NOTE: An entry is required for all cases**

<b>Code</b>	<b>Value</b>
1000	Yes, IFPS provided by DSS.
2000	Yes, IFPS provided by MH/DD/SA.
3000	Yes, IFPS provided by Private Non-Profit Organization.
4000	No, IFPS services not provided.
5000	N/A - No IFPS in County.
6000	N/A - IFPS full.

**FIELD 27 - Number Of Children In The Home** (numeric, 2 digits)

Enter the total number of children, related or not, residing in the home where the child was residing at the time the DSS received custody or placement responsibility for the child. Include the child for whom this data is being entered.

**Note: An entry is required for all cases.**

FIELD 28 - **Age Or Year Of Birth Of First Caretaker** (numeric, 2 digits)

Enter either the age or year of birth of one of the child's caretakers. If this is not known, estimate. **Only one of these items needs to be entered, the system will calculate and enter the other.**

**Note: An entry is required in this field if Field #25 is coded 1 through 4.**

FIELD 29 - **Race Of First Caretaker** (numeric, 2 digits)

Enter the code, which describes the race of the caretaker.

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

Possible combinations of race codes that could be selected are:

**Code Value**

01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)

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- 26 Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 27 American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
- 28 American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 29 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 30 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 31 Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 32 Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 33 White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
- 34 White/Black/American Indian or Alaskan Native (Hispanic or Latino)
- 35 White/Black/Asian (Non Hispanic or Latino)
- 36 White/Black/Asian (Hispanic or Latino)
- 37 White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 38 White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 39 White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
- 40 White/American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 41 White/American Indian or Alask. Native/Native Hawaiian or Other Pac. Islander (Non Hispanic or Latino)
- 42 White/American Indian or Alask. Native/Native Hawaiian or Other Pac. Islander (Hispanic or Latino)
- 43 White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 44 White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 45 Black/American Ind. Or Alaskan/Asian (Non Hispanic or Latino)
- 46 Black/American Ind. Or Alaskan/Asian (Hispanic or Latino)
- 47 Black/American Ind. Or Alaskan/Native/Hawaiian (Non Hispanic or Latino)
- 48 Black/American Ind. Or Alaskan Native/Hawaiian (Hispanic or Latino)
- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
- 55 White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)
- 56 White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
- 57 White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)
- 58 White/Black/Asian/Native Hawaiian (Hispanic or Latino)
- 59 White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 60 White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

**Note: An entry is required in this field if Field #25 is coded 1 through 4.**

**FIELD 30 - Relationship Of First Caretaker** (numeric, 1 digit)  
 Enter the code, which identifies the relationship of the caretaker to the child.

<b>Code</b>	<b>Value</b>
1	Biological Parent
2	Adoptive Parent
3	Step Parent
4	Other Relative
5	Guardian
6	Other

**Note: An entry is required in this field if Field #25 is 1 through 4.**

FIELD 31 - **Age or Year of Birth of Second Caretaker** (numeric, 2 digits)  
Enter either the age or year of birth of a second caretaker, if any. If this is not known, estimate. **Only one of these items needs to be entered, the system will calculate and enter the other.** Leave blank if there is only one caretaker.

**Note: An entry is required in this field if Field #25 is coded 1 or 2.**

FIELD 32 - **Race Of Second Caretaker** (numeric, 2 digits)  
Enter the code, which describes the race of this caretaker. Leave blank if there is only one caretaker.

**Note: An entry is required in this field if Field #25 is coded 1 or 2.**

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

Possible combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)

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- 24 Black/Asian (Hispanic or Latino)
- 25 Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 26 Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 27 American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
- 28 American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 29 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 30 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 31 Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 32 Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 33 White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
- 34 White/Black/American Indian or Alaskan Native (Hispanic or Latino)
- 35 White/Black/Asian (Non Hispanic or Latino)
- 36 White/Black/Asian (Hispanic or Latino)
- 37 White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 38 White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 39 White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
- 40 White/American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 41 White/American Indian or Alask. Native/Native Hawaiian or Other Pac. Islander (Non Hispanic or Latino)
- 42 White/American Indian or Alask. Native/Native Hawaiian or Other Pac. Islander (Hispanic or Latino)
- 43 White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 44 White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 45 Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino)
- 46 Black/American Ind. or Alaskan/Asian (Hispanic or Latino)
- 47 Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino)
- 48 Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)
- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
- 55 White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)
- 56 White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
- 57 White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)
- 58 White/Black/Asian/Native Hawaiian (Hispanic or Latino)
- 59 White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 60 White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

**FIELD 33 - Relationship Of Second Caretaker** (numeric, 1 digit)

Enter the code, which identifies the relationship of this caretaker to the child. Leave blank if there is only one caretaker.

Code	Value
1	Biological Parent
2	Adoptive Parent
3	Step Parent
4	Other Relative
5	Guardian
6	Other

**Note: An entry is required in this field if Field #25 is coded 1 or 2.**

**F. PERMANENT PLAN (fields 34 through 37)**

**Complete this section for all children and update whenever the plan changes.**

FIELD 34 - **Plan Goal** (numeric, 2 digits)

Enter the code which best identifies the most recent Permanent Plan Goal based on the latest review of the child's case plan, either agency or court review. The Plan Goal describes the desired permanency outcome, which seems most appropriate based on current case circumstances.

Code	Value
01	Prevention of out-of-home Placement – Services are being provided to prevent placements in out of home care. DSS has custody, but the child remains in the home and has not been in out-of-home placement. <b>Do not use this code for Trial Home Visits. Use Code 02 for Trial Home Visits (or 06 for trial visits with the non-removal parent).</b>
02	Family Reunification with parent(s)\caretaker(s) from whom the child was removed. This Code is also to be used when the child returns home for a Trial Home Visit and DSS retains custody.
03	Adoption.
04	Guardianship with Relative.
05	Guardianship with other court approved caretaker.
06	Custody with non-removal Parent or Relative. This Code is also to be used when the child is placed for a Trial Visit with a non-removal Parent and DSS retains custody.
07	Custody with other court approved caretaker.
08	Plan Goal not yet established. <b>(not appropriate after 30 days – update to another Plan Goal at least by the 30<sup>th</sup> day) Note: Code 08 should only be used in exceptional circumstances, as the Plan Goal should be known at the time the agency receives custody or placement responsibility in most cases.</b>
09	A youth who has been emancipated, or who is 18 years or older who has signed a voluntary placement agreement.

**Note: An entry is required in this field.**

**NOTE: Custody and Guardianship are judicial decisions.**

**NOTE: Long Term Foster Care and Independent Living are not permanent plans. For a child over 18 who has signed a voluntary placement agreement use code 09. As long as a minor child is in an Agency's custody, the Agency must work toward a permanent plan, even if the child's present status is extended foster care. If return to parents or custody or guardianship with a relative or other suitable person have been eliminated as possibilities, and the child has indicated that he or she will not cooperate with adoptive placement, the plan will be custody with other court approved caretaker, code 07 or guardianship with other approved caretaker, code 05. Code 08 is to be used when the child initially enters care and it is not yet clear what the plan is for that child. Code 08 should only be used in exceptional circumstances, as the Plan Goal should be known at the time that the agency receives custody or placement responsibility in most cases. Code 08 shall not continue past 30 days at which time the Family Services Case Plan, Part B, Case Plan, for the child should be completed. At that time, another appropriate code should be entered.**

FIELD 35 - **Date Plan Made** (numeric, 6 digits, MMDDYY format)  
Enter the effective date, which corresponds to the current Plan Goal.

**Note: An entry is required in this field.**

FIELD 36 - **Barriers to Plan** (numeric, 2 digits per barrier)  
Enter the code, which describes the negative constraints that must be addressed by agency intervention in order to realize the Planned Goal for the child.

- a. At least a primary barrier must be entered in the first two spaces of this field.
- b. A secondary barrier may be entered in the last two spaces of the field.
- c. Barriers to goal achievement may change as case circumstances and goals change. ***They should be evaluated at each case review.***

<b>Code</b>	<b>Value</b>
01	Inadequate Placement - Current placement resource does not facilitate the goal.
02	Mental Health Treatment - Adequate mental health treatment is not available or in place.
03	Educational Resources - Alternative educational resources are not available to meet the special learning needs of the child.
04	Adoptive Family - An adoptive family has not been identified.
05	Acceptable Housing - Acceptable housing for the child's family is not available.
06	Child's Medical Needs - Child requires special medical or psychological care.
07	Family Health Needs - One or more of the child's family members require special medical or psychological care.
08	Inadequate Income of Parents.

- 09 Conduct of Parents (alcohol, drug, violence, etc.).
- 10 Not Legally Free for Adoption.
- 11 Court not in Agreement with Permanent Plan.
- 12 Agency Cannot Assure Child's Safety if Plan Achieved.
- 13 Incomplete Assessment/Evaluation - Need more comprehensive assessment of the child's and/or family problems and needs; or the appropriateness of the current plan needs more evaluation.
- 14 Unstable Living Arrangement.
- 15 Geographic Distance - Work with parent(s), or relative(s) is constrained by geographic distance.
- 16 Limited Functioning - Family functioning is too limited to assume childcare and nurturing role.
- 17 Child's Conduct/Behavior.
- 18 Child's Readiness – The child is not ready to participate in, accept, and/or support the plan goal.
- 19 No barriers identified at this time and child is in permanent living arrangement

**Note: An entry is required in this field. When two barriers have been entered and one needs to be deleted, draw a line through the code that no longer applies for data entry person to delete. If two codes are entered in Field #36 and later they are no longer applicable, line through both for data entry person to delete and enter at least one new code.**

FIELD 37 - **Date Plan Realized** (numeric, 6 digits, MMDDYY format)

Enter the date upon which the desired permanency outcome has been reached. This date should not relate to dates upon which the Planned Goal may have been changed but rather, the date upon which a goal has been achieved and no further goals are being planned **and the agency no longer has custody or placement responsibility.**

**Note: If an entry is made in field #37, there must be an entry in fields #23, #24, and #48.**

**G. PARENTAL RIGHTS TERMINATION (fields 38 through 39)**

Complete this section when relinquishment has been signed or when parental rights are terminated. The date that parental rights are terminated by court action is the date that the court actually orders the TPR either from the bench or the date recorded in the written court order as having been entered by the court. **These dates need to be entered immediately as soon as termination is obtained for each parent.**

FIELD 38 - **Mother TPR Date** (numeric, 6 digits, MMDDYY format)

Enter the date of relinquishment to the agency or the date that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

FIELD 39 - **Father TPR Date** (numeric, 6 digits, MMDDYY format)

Enter the date relinquishment to the agency or the date that the court terminated the father's (or putative father's if there is no legal father) parental rights. If the father is known to be deceased, enter the date of death.

**Note: If relinquishment is revoked, submit DSS-5094 deleting date(s) from Fields #38 and/or #39. If the Termination of Parental Rights is overturned on appeal, submit DSS-5094 deleting date(s) from Fields #38 and/or #39. If dates are entered in both fields and the child is legally free for adoption, enter a "1" in field #15 (Adoption Status). If the Termination Reason in Field #23 is Code "03" (Adoption), Fields #38 and # 39 are required.**

#### H. **CASE REVIEWS (fields 40 through 44)**

Complete this section for all children. **Updates *must* be made in these fields in accordance with State Standards.** Please refer to Chapter IV: 1201 Child Placement Services, for specific policy requirements.

FIELD 40 - **Date Of Last Agency Team Review** (numeric, 6 digits, MMDDYY format)

- a. Enter the date of the most current review completed by the agency review team (Leave blank if initial review has not yet occurred), or
- b. For children being supervised in North Carolina under the provisions of an Interstate Compact Agreement with another state, enter the date a progress report was provided to the state, which has responsibility for the child.

FIELD 41 - **Next Agency Team Review Due** (numeric, 6 digits, MMDDYY format)

- a. Enter the date that the next review by the agency team is scheduled, or
- b. For a child being supervised in North Carolina under the provisions of an Interstate Compact Agreement with another state, enter the date that a progress report is due to be sent to the state which has responsibility for the child.

**Note: Entry is required in Field #41.**

FIELD 42 - **Review Not Required (Court)** (alpha, 1 digit)

Enter an "X" in this field **or leave blank** if the DSS's authority to supervise, care for and/or place the child is not subject to review requirements, either statutory review or court ordered review.

There are **two** occasions when a review would not be required for a child in DSS custody or placement responsibility.

- a. A youth who has been emancipated, or an 18 year old who has signed a voluntary placement agreement.
- b. When the court has waived the holding of subsequent review hearings as provided in G.S. 7B-906.

**Note: When an entry is made in this field, Fields #43 and #44 must be left blank.**

If the child's situation changes and the court reinstates the required reviews, data entry should delete the "X" in Field #42 and new dates should be entered in Fields #43 and #44.

FIELD 43 - **Date Of Last Review (Court)** (numeric, 6 digits, MMDDYY)

Leave blank until adjudication or the court review of a Voluntary Placement Agreement. The *first entry* will be either the adjudication date or the date of the court review of the VPA. Subsequent entries will be the date the case was last reviewed by a court of competent jurisdiction.

**Note: When an entry is made in this field, do not complete Field #42.**

FIELD 44 - **Next Review Due (Court)** (numeric, 6 digits, MMDDYY)

- a. Enter the date that the next court review is scheduled.
- b. **Once the date is entered in Field #43, a date must be entered in Field #44.** If a date is not entered in this field by the county, or if a date is entered which is greater than the mandated court review requirements, the system will not accept the form.

**Note: When a minor child is placed by authority of a voluntary placement agreement, leave Field #42 blank and enter a date not to exceed 90 days from the date of the agreement in this field.**

#### I. **LIVING ARRANGEMENT (fields 45 through 49)**

Complete this section (VIII) for all children and update when there is a change in living arrangement, **whether reimbursement is being requested or not.** Because it is recognized that multiple changes in a child's living arrangement or placement can occur during a relatively short period of time, space has been allowed to record up to three moves on one form. If additional lines are needed, use a blank form and write 1 of 2 on the side margin of the 1<sup>st</sup> form and 2 of 2 on the side margin of the second form. This will let data entry workers know it is a 2-page entry. Omissions in required fields of this section may affect reimbursement.

***Do not include the living arrangement from which the child was removed unless the child remained in the living arrangement after the agency received custody/placement responsibility.***

***When the Placement Authority is terminated and the case is closed for Child Placement Services (Reason and Date terminated should be entered in Fields #23 and #24), enter an end date for the last living arrangement code in Field #48. This date should be the same as the Placement Authority termination date (Field #24). Also, the Date Plan Realized should be entered in Field #37 and should be consistent with the dates in Fields #24 and #48.***

**CORRECTIONS CAN ONLY BE MADE TO DATA THAT IS WITHIN THE CURRENT REPORTING PERIOD.**

**Note: If the date in Field #47 of the current placement is not within the current processing month (in this example the current processing month is September), only Field #48 can be entered on the same line as the current living arrangement**

Example: In this example, the worker wants to make a change to the placement information for September. The date printed in Field #47 for this child's DSS-5094 is August 1.

In order for the worker to enter a change for the month of September, the worker must enter August 31 in Field #48 and then enter a new Living Arrangement line of data in Fields #45 through #47 and #49 through #51 if applicable. For the September month of service, the cutoff for data entry is October 20.

**FIELD 45 - Type (numeric, 2 digits) An entry is required in this field.**

Enter the appropriate code to describe *the living arrangement that the child entered at the time the DSS became responsible. Wherever a child spends the night of the day the Agency receives custody and/or placement responsibility is considered the first placement, and therefore the first living arrangement. Therefore, the begin date of the very first living arrangement should be the same date as the Placement Authority Begin Date in Field #21.*

Code	Value
50	Home of Parent(s) – The home of a child in which he resides with at least one biological or adopted parent. This code is to be used for children who enter DSS custody/placement responsibility and are not physically removed from the home of the Parent. <b>Do not use this code for Trial Home Visits or Trial Visits with a non-removal parent (See code #75)</b>
51	Home of Legal Guardian – The home of a child in which he resides with a person who has been given legal guardianship of the child in accordance with N.C.G.S. 35A of G.S. 7B-600. This code is to be used for children who enter DSS custody/placement responsibility and are not physically removed from the home of the Legal Guardian. <b>Do not use this code for Trial Home Visits or Trial Visits with a non-removal parent (See code #75).</b>
52	Home of Relative – The <b>unlicensed</b> home of a child in which he resides with a person who is a relative within the following degrees of kinship: brother, sister, aunt, uncle, first cousin, nephew, niece, and persons designated as grand, great, or great-great; step relatives limited to stepfather, stepmother, stepbrother, or stepsister; any adoptive relatives designated above; spouses of any person named above, even after the marriage is terminated by death or divorce; or an alleged father or alleged paternal relative of the degree of kinship specified above.
53	Therapeutic Home (MH/DD/SAS) - A foster family home licensed under the program standards of the Division of Mental Health, Developmental Disabilities and Substance Abuse in which the foster parents are trained and have the knowledge to provide services for the care, treatment, habilitation or rehabilitation of the mentally ill, the mentally retarded or substance abusers.
54	Department of Juvenile Justice and Delinquency Prevention - A facility for delinquent juveniles who have been committed to the Department of Juvenile Justice and Delinquency Prevention.
55	Residential School – A residential educational facility where children reside for up to 7 days a week. This includes boarding schools operating for the emotionally disturbed and children with similar conditions who cannot participate in the regular public school system.
56	Family Foster Care Home – A foster family home is a home licensed in accordance with standards of the Division of Social Services to provide 24 hour care for as many as 5 children in a substitute family setting under the supervision of a public or private agency. <b>Do not use this code for a relative placement that is licensed as a Family Foster Care Home. Use Code 71 for Family Foster Home – Relative</b>
57	Small Group Home (Residential) – A small group home is a 24 hour residential facility for nine or fewer individuals which is licensed or approved to provide care and services to individuals in a small group living arrangement. Exclude treatment programs administered by psychiatric units of hospitals or which operate under the administration and program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse.

- 58 Small Group Home (Treatment) – A small group home (treatment) is a 24 hour residential facility for nine or fewer individuals which is licensed or approved to provide residential treatment in a group setting under the administration and program direction of the psychiatric unit of a hospital or the administration and program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse.
- 59 Children’s Camp – A residential child care facility which is licensed by DHHS to provide foster care and related services at a either a permanent camp site or in a wilderness setting in accordance with administration and program standards adopted by the Social Services Commission and which are administered by the Department of Juvenile Justice and Delinquency Prevention.
- 60 Specialized Family Foster Care Home (DSS) – A foster family home licensed by the DHHS under the program standards administered by the Division of Social Services and supervised by a county department of social services or a private child placement agency, in which the foster parents are trained and have knowledge to provide specialized social services in addition to basic foster family care. **Do not use this code for a relative placement that is licensed as a Specialized Family Foster Care Home. Use Code 73 for Specialized Family Foster Home – Relative.**
- 61 Large Group facility (Residential) - A staffed premises with paid and/or volunteer staff where 10 or more children receive continuing full-time foster care. Such facilities are licensed or approved under standards administered by the Division of Social Services
- 62 Large Group Facility (Treatment) - A 24 hour residential treatment facility (public or private) unitizing permanent buildings located on one site for 10 or more persons who need care, treatment, habilitation or rehabilitation because they are mentally ill, mentally retarded or substance abusers. Such facilities may operate as a psychiatric hospital or unit of a hospital.
- 63 Hospital - An institution for the medical treatment and care of the sick.
- 64 Supervised Independent Living Arrangement – A transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides an opportunity for increased responsibility for self-care. Such arrangements must be approved by the court if the youth is in DSS custody.
- 65 Adoptive Home (Non-relative) - An adoptive home is a family home of a non-relative in which a child has been placed for adoption and is living prior to the court’s issuance of a final decree of adoption. This may include adoptive homes which are licensed as foster family homes only for the time period between the filing of the petition to adopt and the court’s issuance of the final decree of adoption. **Do not use this code for the living arrangement of a child being adopted by his former foster parents, use code 67. Do not use this code for a relative adoptive home placement. Use Code 66, Adoptive Home (Relative).**
- 66 Adoptive Home (Relative) - The home of a child who is in the process of being adopted by relative(s) when the relative is identified as the child’s adoptive placement and prior to the court’s issuance of the Decree of Adoption, whether or not the home is licensed as a foster home.
- 67 Adoptive Home (Foster Home) - The home of a child who is in the process of being adopted by his former foster parents, whether or not the home continues to be licensed as a foster home. **Note: If the child's foster parents are adopting and will continue to receive a foster care payment, code 67 will require an entry in Field #49 in order for the Agency to get reimbursement. Change to code 67 when the Agency Adoption Committee decides that this will be the child's adoptive family. The beginning date for code 67 will be one day later.**

- 68 Maternity Home - A 24-hour residential program whose primary purpose is to provide care and related services to pregnant females
- 69 Jail, Lock-up, Detention Facility or Facility Administered by the State Department of Corrections - A 24 hour residential facility for persons involuntarily detained because of their alleged or adjudicated illegal activity
- 70 Emergency Shelter - a residential facility which provides emergency and temporary care with a minimum length of stay of no more than ninety (90) days. Exclude treatment programs administered by psychiatric units of hospitals or by the Division of Mental Health, Mental Retardation, and Substance Abuse.
- 71 Family Foster Home, Relative - The **licensed** home of a child in which he resides with a person who is a relative within the following degrees of kinship: brother, sister, aunt, uncle, first cousin, nephew, niece, and persons designated as grand, great, or great-great; step relatives limited to stepfather, stepmother, stepbrother, or stepsister; any adoptive relatives designated above; spouses of any person named above, even after the marriage is terminated by death or divorce; or an alleged father or alleged paternal relative of the degree of kinship specified above.
- 73 Specialized Family Foster Home, Relative - The **licensed** home of a child in which he resides with a person who is a relative within the following degrees of kinship: brother, sister, aunt, uncle, first cousin, nephew, niece, and persons designated as grand, great, or great-great; step relatives limited to stepfather, stepmother, stepbrother, or stepsister; any adoptive relatives designated above; spouses of any person named above, even after the marriage is terminated by death or divorce; or an alleged father or alleged paternal relative of the degree of kinship specified above; AND the relative foster parents must be trained and have knowledge to provide specialized social services in addition to basic foster family care
- 75 Trial Home Visit - The child, has been in a foster care (Out-of Home) placement and remains in the custody and placement authority of a DSS, but has been returned to the home of the parent (either removal parent or non-removal parent) for a limited and specified time period, prior to return of custody and case closure. **Trial Home Visits should not last longer than six months, unless the court specifies a longer period of time in the first order that approves the Trial Home Visit. The agency should return to court prior to the six months (or the time specified by the judge) to request that custody be given to the parent and the case closed or, if the child is not safe to remain in the home, to return the child to Out-of Home placement. Under any circumstances, do not change the Living Arrangement Code from 75 to 50 or 51. The only time that the Living Arrangement Code should be changed from 75 is when the child returns to Out-of-Home placement.**
- 76 Runaway - The child has run away and the Agency still retains custody or placement responsibility. Do not use this code if you will be claiming reimbursement in order to hold the child's placement with his foster family

- 98 Respite - The temporary placement of a child, not to exceed 14 consecutive days, to allow time for the child's caregiver (family foster home, kinship home, etc.) to have a break from heavy childcare demands.
- 99 Other - Placement Approved by the Court

FIELD 46 - **Progress Towards Permanence** (numeric, 1 digit)

This is a required field. Enter the appropriate code in field #46 for the placement identified in field #45. It is critical that this field accurately reflects the child's current placement.

The placement is not considered to have *achieved* permanence if the DSS retains legal custody/placement responsibility. Permanence, the ultimate goal, is defined by the placement being legally secure and the Agency no longer having custody or placement responsibility. "Progress Towards Permanence" exists when everything is in place for permanence **except** that the placement is not yet legally secure.

If the placement can no longer be considered the permanent plan, close out the current line of data and complete a new line of data replacing the incorrect code, even if the placement remains the same. The begin date is the date the agency determines the present living arrangement will no longer be the permanent placement, and must differ by one day from the end date on the previous line.

**Code Value**

- |   |   |
|---|---|
| 1 | MOVE: PROGRESS TOWARDS PERMANENCY. Current living arrangement is considered a move from previous living arrangement. The child is currently in a placement where there is a mutual commitment to a lasting relationship between the child and at least one adult AND the placement is expected to endure until the child reaches adulthood. Everything is in place for permanency except that the placement is not yet legally secure.  |
| 2 | MOVE: NO PROGRESS TOWARDS PERMANENCY. Current living arrangement is considered a move from previous living arrangement. This move is not progress towards a permanent placement.  |
| 3 | NOT A MOVE: PROGRESS TOWARDS PERMANENCY. Living arrangement code may change, but child is still in the same home; or, child may actually go into a temporary living arrangement (i.e. respite care) and child will return to the same placement where there is a mutual commitment to a lasting relationship between the child and at least one adult AND the placement is expected to endure until the child reaches adulthood. Everything is still in place for permanency except that the placement is not yet legally secure. |
| 4 | NOT A MOVE: NO PROGRESS TOWARDS PERMANENCY. Current living arrangement is not considered a move from previous living arrangement. This move is not progress towards a permanent placement.  |

**Note: This field is used to calculate the percent of children who are legally free for adoption and who are not yet in their identified adoptive families (Available for Adoption). It is critical for analysis of this data that this field is kept current.**

FIELD 47 - **Beginning Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child first entered the placement. This is the first day that the child is in the placement (spends the night).

Example: Child leaves facility AAAAAA on the afternoon of July 10th and goes to facility ZZZZZZ. The end date for facility AAAAAA is July 9<sup>th</sup>. The beginning date for facility ZZZZZZ is July 10<sup>th</sup>.

FIELD 48 - **Ending Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child moved from the placement. This is the last day that the child is in the placement (spent the night).

Example: Child leaves facility AAAAAA on the afternoon of July 10th and goes to facility ZZZZZZ. The ending date for facility AAAAAA is July 9th.

**Note: If the line for living arrangement data is being changed to add another line, the ending date the old line of living arrangement data (Field #48) and the begin date of the new line of living arrangement data (Field #47) must differ by one day. When the Placement Authority is terminated, the last Living Arrangement ending date (Field #48) should be the same date as the Placement Authority termination date (Field #24).**

FIELD 49 - **Facility ID Number** (alpha/numeric, 6 digits)

If the living arrangement identified in Field #45 is a foster care facility licensed by the Division of Social Services, the Division of Mental Health, Developmental Disabilities and Substance Abuse, or by the Division of Facility Services, enter the 6-digit identification number assigned to the facility.

Mental Health Therapeutic Homes and Residential Treatment Group Homes must have a valid ID # assigned in the Foster Care Facility License System. These numbers begin with an "H" or "R". If the facility does not already have a valid number, the county DSS or the facility must submit an application, along with a copy of the current DFS license to the Children's Services Section for review and approval. This should be mailed to:

Division of Social Services  
Licensing and Policy  
952 Old Highway West 70  
Black Mountain, NC 28711

A list of all H numbers is available in NCXPTR under the title: DHRFCF Mental Health Facilities.

**J. PAYMENT INFORMATION (fields 50 through 51)**

Complete this section (IX) for children for whom payment will be claimed by the DSS. Three lines are provided which relate to the lines in Part VIII, Living Arrangement. This means that each living arrangement for the child must be shown in Section VIII, and if any reimbursement is being claimed by the DSS for any of these arrangements, it must be shown in this Section on the same line that describes the type of living arrangement. Omissions in required fields of this section may affect reimbursement.

FIELD 50 - **Monthly Rate** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar and cents amount to show the amount of money the DSS pays to the facility for **a full month of care**. This is the cost of care less any resources that are used on an ongoing basis to pay for care. The amount entered is not limited to the maximum rate eligible for Federal or State reimbursement.
- b. Each line must correspond with the line in Section VIII, which identifies the placement for which payment is being requested.

FIELD 51 - **Payment Amount** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar and cents amount to show the actual payment to the facility when the amount that a county paid was different from the monthly rate. This could be when the county is paying for a partial month of care (child enters or leaves care during a month), the county uses the child's resources towards the cost of care, or the county adds a clothing allowance to the monthly rate.
- b. The amount entered in this field will be reimbursed only one time and will then be deleted from the form. On-going monthly payments to the county will be made in the amount, which is entered in the Monthly Rate field (Field #50) until an amount is entered in this field or until the placement is terminated.
- c. Reimbursements to counties for payments made during the previous month are made to the counties on the next working day after the 20th of the month. **The amount must be entered by the deadline in order to be reimbursed by the State. See Reimbursement Request Deadlines (I.E.).**

**NOTE: The system will not automatically increase foster care payments for children as they "age up" into a higher monthly payment category. All counties are not paying a standard graduated payment. Therefore, the system can not change the payment since the amount is not uniform across the State.**

**NOTE: Field # 50 and #51 should not reflect HIV supplemental payments. Requests for supplemental HIV payments should continue to be made manually using the DSS-5758 form. This form should be mailed to the Division of Social Services, Children's Services Section, 325 N. Salisbury Street, 2406 Mail Service Center, Raleigh, NC 27699-2406**

**K. ELIGIBILITY INFORMATION (fields 52 through 56)**

Completion of this section is required for all children for whom Foster Care Assistance payments are being requested. This includes all children placed in foster care homes supervised by the DSS, as well as children in the Child Caring Institutions, Children's Camps and facilities licensed under the standards of DMH, DD, SAS that have been assigned a DSS facility ID number. Failure to update fields or omissions in required fields will affect reimbursement.

FIELD 52 - **Eligibility Review Period From Date** (numeric, 6 digits, MMDDYY format)  
Enter the effective begin date of the child's current period of eligibility for Foster Care Assistance.

**Note:** An entry is required in this field, when an entry is made in Field #53.

FIELD 53 - **Eligibility Review Period Through Date** (numeric, 6 digits, MMDDYY format)  
Enter the last date upon which the child is eligible for Foster Care Assistance for the current eligibility period.

**Note:** An entry is required in this field when an entry is made in Field #52. The date entered in this field cannot be greater than 12 months from the date entered in Field #52.

FIELD 54 - **TEA Eligibility** (numeric, 6 digits, MMDDYY format)  
Enter the effective date of TEA eligibility when it has been established.

**Note:** If a date exists in this field and a new date is entered, it must be 365 days greater than what already exists.

FIELD 55 - **Funding Source** (alpha, 1 digit)  
Enter an "X" in the box to indicate the funding source to be used to reimburse the county for the foster care assistance payments for the child. If TEA is the funding source, there must be a date entered in Field #54. If TEA is coded and the begin date is not the first day of the month, the system will reimburse from State (SFHF) only for that month and from TEA for subsequent months.

**Note:** Check only one funding source.

**Note:** If Field 19 contains code "09" then State (SFHF) must be selected as the funding source for Field 55. The system will disallow reimbursement if any funding code other than State (SFHF) is selected.

**IV-E Admin Eligible Indicator-** Enter an "X" in the check box to indicate if the IV-E Admin-Eligibility and reimbursement status must be captured while the child is in a specific foster care Living Arrangement. Update to this field requires a Living Arrangement (Field 45) type code of 51, 54, 63, 69, or 75. The IV-E Admin Eligible Indicator will reset to "space" if:

- At the end of the month, the child has been in a Living Arrangement 54, 63 or 69 an entire calendar month, or
- It has been more than seven months since the last Court Review Date (Field 43 and 44) and the child is in either Living Arrangement 51 or 75, or
- The child is in Living Arrangement 54, 63 or 69, but came from Living Arrangement 51 or 75 and it has been more than seven months since the last Court Review Date or
- The child's current Living Arrangement Type Code is anything other than 51, 54, 63, 69, or 75.

FIELD 56 - **Child's Resources** (numeric, 6 digits, 0000.00 format)  
Enter the actual dollars and cents amount of the child's income, which is available on an on-going basis to pay all or part of the cost of care.

**L. FEDERAL ASSISTANCE INFORMATION (fields 57 through 61)**

Complete this section for all children who are in an out-of-home placement, including the home of relatives. Check all that apply. **Update whenever there are changes.**

**FIELD 57 - TANF/WFFA - Temporary Assistance for Needy Families/Work First Family Assistance (formerly IV-A, AFDC)**

Check this item if the child is living with relative(s) whose source of support is a TANF/WFFA payment for the child.

**FIELD 58 - IV-D (Child Support)**

Check this item if child support funds are being paid to the State agency on behalf of the child by assignment from the receiving parent.

**FIELD 59 - XIX (Medicaid)**

Check this item if the child is eligible for and may be receiving assistance under Title XIX.

**FIELD 60 - SSI or Other Social Security Act Benefits**

Check this item if the child is receiving support under Title XVI or other Social Security Act Titles not included above.

**FIELD 61 - IV-E Adoption Assistance**

Check this box if Title IV-E Non-recurring Costs are being paid on behalf of the child.

**M. SUBSTITUTE PARENT INFORMATION (fields 62 through 66)**

Complete this section for all children who are residing in a family-type setting, whether licensed or not (Living Arrangement Codes #56, #60, #65, #66, #67, #71, #73). The substitute family may or may not be receiving a foster care payment on behalf of the child. Do not complete unless the child is in one of the above-described living arrangements. If completing a form that includes more than one placement for the same reporting period, **enter the most current** information in this field if applicable. **Update each time that the child moves to one of the above settings.**

**NOTE: Do not complete if the child remains with the parent or relative from whom custody was removed.**

**NOTE: Do not complete if child is in living arrangement type "Runaway," code 76 in Field #45.**

**FIELD 62 - Family Structure** (numeric, 1 digit)

Enter the code which best describes the nature of the substitute family structure with whom the child is living.

<b>Code</b>	<b>Value</b>
1	Married Couple
2	Unmarried Couple
3	Single Female
4	Single Male

**FIELD 63 - Year of Birth of First Substitute Parent** (numeric, 2 digits)

Enter the year of birth of one substitute parent.

**Note: An entry is required in this field if Field #62 is 1 through 4.**

**FIELD 64 - Race of First Substitute Parent** (numeric, 2 digits)

Enter the race of the first substitute parent.

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

Possible combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
26	Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
27	American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
28	American Indian or Alaskan Native/Asian (Hispanic or Latino)
29	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
30	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
31	Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
32	Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
33	White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
34	White/Black/American Indian or Alaskan Native (Hispanic or Latino)
35	White/Black/Asian (Non Hispanic or Latino)
36	White/Black/Asian (Hispanic or Latino)
37	White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
38	White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
39	White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)

- 40 White/American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 41 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 42 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 43 White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 44 White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 45 Black/American Ind. Or Alaskan/Asian (Non Hispanic or Latino)
- 46 Black/American Ind. Or Alaskan/Asian (Hispanic or Latino)
- 47 Black/American Ind. Or Alaskan/Native/Hawaiian (Non Hispanic or Latino)
- 48 Black/American Ind. Or Alaskan Native/Hawaiian (Hispanic or Latino)
- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
- 55 White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)
- 56 White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
- 57 White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)
- 58 White/Black/Asian/Native Hawaiian (Hispanic or Latino)
- 59 White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 60 White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

**Note: An entry is required in this field if Field #62 is 1 through 4.**

**FIELD 65 - Year of Birth of Second Substitute Parent** (numeric, 2 digits)  
Enter the year of birth of the second substitute parent. If there is only one substitute parent, leave this field blank.

**Note: An entry is required in this field if Field #62 is 1 or 2.**

**FIELD 66 - Race of Second Substitute Parent** (numeric, 2 digits)  
Enter the race of the second substitute parent. If there is only one substitute parent, leave this field blank.

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
FAMILY SUPPORT CHILD WELFARE  
CHILD PLACEMENT AND PAYMENT SYSTEM**

**REVISED 03/01/2011**

Possible combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
26	Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
27	American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
28	American Indian or Alaskan Native/Asian (Hispanic or Latino)
29	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
30	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
31	Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
32	Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
33	White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
34	White/Black/American Indian or Alaskan Native (Hispanic or Latino)
35	White/Black/Asian (Non Hispanic or Latino)
36	White/Black/Asian (Hispanic or Latino)
37	White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
38	White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
39	White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
40	White/American Indian or Alaskan Native/Asian (Hispanic or Latino)
41	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
42	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
43	White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
44	White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
45	Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino)
46	Black/American Ind. or Alaskan/Asian (Hispanic or Latino)
47	Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino)

- 48 Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)
- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
- 55 White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)
- 56 White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
- 57 White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)
- 58 White/Black/Asian/Native Hawaiian (Hispanic or Latino)
- 59 White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 60 White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

**Note: An entry is required in this field if Field #62 is 1 or 2.**

#### **IV. REPORTING INSTRUCTIONS FOR SECTIONS VIII AND IX OF THE DSS-5094 FORM**

- A. Each time a child moves from one placement to another, a new line of data must be entered, regardless if there is an associated change in the assistance payment. Federal reporting regulations require that DSS be able to track every move a child makes while in DSS custody/placement responsibility.**
- B. When a child moves from one placement setting to another, even if the type of Living Arrangement does not change, the current line of data must be closed out and the new information must be opened on a blank line.**

Example: A child's facility ID changes from A00001 to A99999 but the type living arrangement remains the a Code #56 in Field #45. Close out the line of data, which contains the facility ID A00001 and complete a new line of data using the facility ID A99999. Be sure that the end date of the facility ID A00001 and the begin date of the facility ID A99999 differ by one day. Then Update the Placement Provider information in Fields 62 through 66

- C. When the living arrangement type changes, regardless if the facility ID changes, the current line of data must be closed out and the new information must be entered on a blank line.**

Example: A child's living arrangement type changes from 56 to 67, but the facility ID remains the same. Close out the line of data, which contains the living arrangement 56 and complete a new line of data using the living arrangement 67. Be sure that the end date of the living arrangement 56 and the begin date of the living arrangement 67 differ by one day.

- D. When a child moves from one relative living arrangement to another relative living arrangement, the current line of data must be closed and the information pertaining to the new relative living arrangement must be entered on a blank line.**

Example: A child moves from 52 (Grandmother) to 52 (Aunt). Close out the line of data which contains the living arrangement 52 (Grandmother's data) and complete a new line of data using the living arrangement 52 (Aunt's data). Be sure that the end date of the living arrangement 52 (Grandmother) and the begin date of the living arrangement 52 (Aunt) differ by one day. Then Update the Placement Provider information in Fields 62 through 66

- E. When a child moves from one facility to another within the same month, the monthly rate entered in Field #51 must be the prorated amount for the time spent in that setting. Only use Field 50 to report for a full month of care.**

Example: The child is in facility AAAAAA from August 10<sup>th</sup> through September 4<sup>th</sup>, moves to facility ZZZZZZ beginning September 5<sup>th</sup> and remains through the end of the month.

The reporting deadline for August data is Friday, September 20th. The amount entered in Field #51 must be the prorated amount to cover the cost of care from August 10th through August 31st.

Prior to the next reporting deadline for September data, the amount entered in Field #51 must be the prorated amount to cover the cost of care from 9/1 through 9/4. Enter an ending date of 9/4 in Field #48.

Complete a new line of data, entering the Living Arrangement type in Field #45, the Begin Date of 9/5 in Field #47, no date (assuming that the child will remain for the rest of the month). Enter the monthly rate in Field #50 and enter the prorated amount to cover the cost of care from 9/5 through 9/30 in Field #51.

- F. If the "Progress Towards Permanence" is achieved at the time of initial placement place an "X" in Field #46. If the "Progress Towards Permanence" is achieved following initial placement, close out the current line of data and enter a new line of data with the begin date as the date the Agency makes the decision everything is in place for permanence except that the placement is not yet legally secure.**

If the placement can no longer be considered the permanent plan, close out the current line of data and complete a new line of data removing the "X," even if the placement remains the same. The begin date is the date the agency determines the present living arrangement will no longer be the permanent placement, and must differ by one day from the end date on the previous line.

**Example:** A child's living arrangement is 56. The permanent plan for this child is now adoption, but TPR has not yet been filed. The foster family has indicated their willingness to adopt this child, therefore the Progress towards Permanence needs to be completed. Close out the current line of data which contains the living arrangement 56 and complete a new line of data using the living arrangement 56 with the begin date as the date that permanence was achieved. Place an "X" in Field #46. Be sure that the end date of the current living arrangement and the begin date of the new living arrangement differ by one day.

**Example:** A child's living arrangement is 56. Subsequently, reunification and adoption are ruled out as options for the child. However, the child and the foster parent(s) have developed a lasting relationship and mutually agree that the current placement will endure until the child reaches adulthood. Close out the current line of data which contains the living arrangement 56 and complete a new line of data using the living arrangement 56 with the begin date as the date that permanence was achieved. Place an "X" in Field #46. Be sure that the end date of the current living arrangement and the begin date of the new living arrangement differ by one day.

Example: A child is initially placed in a home of a relative (52) with **the expectation that the relative** will eventually receive **legal custody of the child**. Place an "X" in Field #46 when initially completing the form.

Note: This field is used to calculate the percent of children who are legally free for adoption and who are not yet in their identified adoptive families (Available for Adoption). It is critical for analysis of this data that this field be kept current.

## V. DESIGN OF THE DSS-5095 form

(The DSS-5095 form is separated into multiple sections)

### A. County Information at the top of the Form (fields 1 through 4)

Complete Fields #1 through #4 for every DSS-5095 submitted.

### B. SIS Information (fields #5 through #14)

This section contains information needed to open a SIS case via the DSS-5095 form. **Complete Fields #7 through #13 for an adoption assistance child who is being assigned a new SIS ID number and a DSS-5027 form has not been submitted.**

To save time, the new Form DSS-5095 can be used to open both the service case in SIS and the Adoption Assistance case in CPPS.

- a) When this method is selected, Adoption Assistance Services for Children (service code 010) will automatically be opened in the Service Plan portion of the SIS. **A begin date for this service must be entered by the data entry staff on the DSS-5027.**
- b) When this method is used, it is imperative that the correct SIS Client ID is used. **A name search must be conducted to determine if the child has an existing Client ID or active record (DSS-5027) in the Services Information System (SIS) before assigning a Client ID.** Only after a thorough search has been conducted, and all possible matches have been ruled out, should a new Client ID be assigned using this method. **Failure to conduct a name search prior to assigning a Client ID can result in multiple IDs being created for a single client.**
- c) A turnaround DSS-5027 will also be created to enable the worker to make SIS updates.

### C. Payment Information (fields #15 through # 28)

### D. Payee Information

## VI. COMPLETING THE DSS-5095 FORM

### A. County Information at the top of the Form (fields 1 through 4)

Entries in this section are only required when a new SIS record is being opened via this form. If the child has an existing SIS record, the information from that record will be brought into this record. If SIS changes need to be made, use the child's DSS-5027 form.

Field 1 - **County** (numeric, 2 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the standard two-digit county ID code.

Field 2 - **Case Manager's Name** (alpha/numeric, 16 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the case manager's last name, and first and middle initials.

Field 3 - **Case Manager's Number** (numeric, 9 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the valid case manager's number as obtained from the Services Information System. (See [PM-REM-AL-0407](#))

Field 4 - **County Case Number** (numeric, 6 digits)

This is an optional field available to assist the county in filing forms in case records. If a child has a SIS record, the County Case Number from that system will be brought forward. The case number in this system must be the same as the case number in the SIS.

### B. SIS Information (fields 5 through 14)

Complete the information for all children receiving adoption assistance payments.

Field 5 - **Client ID** (Numeric, 11 Digits)

Enter the child's SIS ID number. An entry is required in this field for all children.

Field 6 - **Client Name** (alpha/numeric, 15 digits)

Enter the name of the child. An entry is required in this field for all children.

NOTE: Complete only Fields #5 and #6 for a child who has an existing SIS record.

**NOTE: For a child in an adoptive placement, a new SIS ID# is assigned following the entry of Decree of Adoption. Until that time, the child continues to use the SIS ID# he used in foster care. If non-recurring adoption expenses are to be reimbursed prior to the entry of the Decree of Adoption, the DSS-5095 is completed using the child's foster care SIS ID#. If this same child is to receive an ongoing adoption assistance cash payment, close all forms using the foster care SIS ID# (DSS-5027, DSS-5094 and DSS-5095) and complete a new DSS-5095 with a new SIS ID# in the child's adoptive name.**

**Complete Fields #5 through #14 according to instructions for an adoption assistance child who is being assigned a new SIS ID number and a DSS-5027 form has not been submitted.**

Field 7 - **Client Social Security Number** (numeric, 9 digits)

If the child has an existing SIS record, this number will be automatically entered from that system. If a new SIS record is being opened via this form, complete the child's social security number. When the child does not have a social security number, enter a zero (0) in each of the spaces across the field and **update this field via the DSS-5027 when a social security number has been obtained.**

Field 8 - **Date Of Birth** (numeric, 8 digits)

Record the month, day, century and year of the child's birth. Use a leading zero for a month or day less than 10. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate month and year of birth using the 15th as the day of birth.

Field 9 - **Special Areas** (numeric, 12 digits)

Enter the code(s), which reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established conditions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as many as appropriate because this information is useful for justifying funding for special needs.

Code	Value
01	Developmental Disabilities
02	Blind or Visually Impaired
03	Deaf or Hard of Hearing
04	Physically Disabled
05	Emotionally Disturbed
06	Learning Disability
07	Medical Condition
08	HIV or AIDS
09	Substance Abuse
10	Do not use for new cases. Code reserved for later use.
11	Undisciplined Child
12	Delinquent Child
13	Homeless Person

Field 10 - **Sex** (numeric, 1 digit)

Enter the code, which identifies the sex of the child.

Code	Value
1	Male
2	Female

Field 11 - **Race** (numeric, 2 digits)

Enter the code, which identifies the race of the child. In general, a person's race is determined by how others define him or by how he defines himself. In the case of young children, parents define the race of the child.

**The race categories are:**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
FAMILY SUPPORT CHILD WELFARE  
CHILD PLACEMENT AND PAYMENT SYSTEM**

**REVISED 03/01/2011**

White  
Unable to Determine

**Ethnicity**

Non Hispanic or Latino  
Hispanic or Latino

Possible combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)
13	White/Black (Non Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
26	Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
27	American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
28	American Indian or Alaskan Native/Asian (Hispanic or Latino)
29	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
30	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
31	Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
32	Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
33	White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)
34	White/Black/American Indian or Alaskan Native (Hispanic or Latino)
35	White/Black/Asian (Non Hispanic or Latino)
36	White/Black/Asian (Hispanic or Latino)
37	White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
38	White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
39	White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
40	White/American Indian or Alaskan Native/Asian (Hispanic or Latino)

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF SOCIAL SERVICES  
 FAMILY SUPPORT CHILD WELFARE  
 CHILD PLACEMENT AND PAYMENT SYSTEM**

**REVISED 03/01/2011**

- 41 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 42 American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 43 White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 44 White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 45 Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino)
- 46 Black/American Ind. or Alaskan/Asian (Hispanic or Latino)
- 47 Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino)
- 48 Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)
- 49 Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 50 Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 51 American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 52 American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 53 White/Black/American Indian/Asian (Non Hispanic or Latino)
- 54 White/Black/American Indian/Asian (Hispanic or Latino)
- 55 White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)
- 56 White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
- 57 White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)
- 58 White/Black/Asian/Native Hawaiian (Hispanic or Latino)
- 59 White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 60 White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 61 Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 62 Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
- 63 White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)
- 64 White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

Field 12 - **School** (numeric, 1 digit)

Enter the appropriate code to determine if the child is attending school on a scheduled basis. Do not take holidays, breaks or summer vacations into consideration.

<b>Code</b>	<b>Value</b>
1	Yes, in school
2	No, not in school

Field 13 - **Grade** (Alpha, numeric, 2 digits)

For children who are in school, enter the grade associated with their current or most recent attendance.

<b>Code</b>	<b>Value</b>
P	Preschool (including Kindergarten)
1-20	Current or Highest Grade
98	GED
99	Unknown (show special education here if not certain of grade equivalent)

Field 14 - **HIV Status** (alpha, 1 digit)

This field identifies the basis for HIV Adoption Assistance. Complete if the child meets one of the HIV categories as diagnosed by a qualified professional. Otherwise, leave blank.

Code	Value
E	Perinatally exposed infant 0-24 months who cannot be classified as definitely infected, but who has antibodies to HIV, indicating exposure to an infected mother.
N	Infant, child or youth who meets one of the CDC definitions for infection but who has no previous signs or symptoms of HIV.
A	Infant, child or youth who shows mild signs or symptoms of HIV.
B	Infant, child or youth who shows moderate signs or symptoms of HIV.
C	Infant, child or youth who shows severe signs or symptoms of HIV.
T	Child aged 0-21 with laboratory evidence of HIV infection who has a resulting terminal diagnosis with a life expectancy of less than six months.

### C. Payment Information (fields 15 through 29)

Field 15 - **Date Of Petition** (numeric, 6 digits, MMDDYY format)  
Enter the date that the Petition for Adoption was filed with the court.

**Note: Once a date has been entered, a new date cannot be entered unless Field #16 is completed.**

Field 16 - **Date Of Final Order** (numeric, 6 digits, MMDDYY format)  
Enter the date the Decree of Adoption was entered.

Field 17 - **Special Population** (numeric, 1 digit)  
Enter a valid code in this field as applicable to the child.

Code	Value
1	Indian (Bureau of Indian Affairs, Federally recognized tribe)
3	Unaccompanied Refugee Minor
5	Not Applicable

Field 18 - **From (Adoption Assistance Agreement)** (numeric, 6 digits, MMDDYY format)  
Enter the date the adoptive parents signed the original Adoption Assistance Agreement.  
This field is not updated.

Field 19 - **Through (Adoption Assistance Agreement)** (numeric, 6 digits, MMDDYY format)  
Since the Adoption Assistance Agreement remains in effect until the child reaches his 18<sup>th</sup> birthday, enter the date of the last day of the month in which the child will turn 18.

**Note: An entry will only be accepted if an entry exists in Fields #16 and #18.**

Field 20 - **Non-Recurring Adoption Costs** (numeric, 6 digits, 0000.00 format)  
Enter the actual amount the Agency paid to the adoptive parents or provider for eligible non-recurring adoption costs. **Do not enter a funding source.**

**Note: An entry will only be accepted if there is a date in Field #15 and it is earlier than or the same date the costs are entered into the system. The amount entered cannot be greater than the "Balance Available."**

#### REIMBURSEMENT REQUEST DEADLINES

1. **DSS-5095 (Adoption Assistance Vendor Payments)**  
The keying deadline for adoption assistance vendor payments is the 20<sup>th</sup> of the month. If the 20<sup>th</sup> falls on a weekend or State holiday, the deadline is the last workday prior to the 20<sup>th</sup>.
2. **DSS-5095 (Adoption Assistance Cash Payments)**  
The keying deadline for adoption assistance cash payments is the 3<sup>rd</sup> working day from the last working day of the month.

Field 21 – **Medical Vendor** (numeric, 6 digits, 0000.00 format)  
Enter the actual amount, which was paid to the provider(s) for medical services or treatment of the adoptive child. If more than one reimbursement is being claimed during the same reporting period, add the payments together and enter **the total amount in this field**. The system will reimburse the amount that is showing on the screen on the date that the payments are made, up to the maximum allowable for this item.

**Note: An entry will only be accepted if an entry exists in Fields #16, #18 and #19.**

Field 22 – **Therapeutic Vendor** (numeric, 6 digits, 0000.00 format)  
Enter the actual amount, which was paid to the provider(s) for therapeutic services or treatment rendered to the adoptive child. If more than one reimbursement is being claimed during the same reporting period, add the payments together and enter **the total amount in this field**. The system will reimburse the amount that is showing on the screen on the date that the payments are made, up to the maximum allowable for this item.

**Note: An entry will only be accepted if an entry exists in Fields #16, #18 and #19.**

Field 23 - **Funding Source** (alpha, 1 digit)  
This signifies the type of funding source for the medical or therapeutic vendor payment.

- a. For children placed by private agencies, enter an "X" in the "STATE funding source box.
- b. For all other children, enter an "X" in the IV-B funding source box.
- c. No entry is required in this field for Non-Recurring Adoption Costs in Field #20.
- d. Once completed, this field cannot be changed. If information is entered incorrectly, **a letter must be sent to the Children's Services Section requesting that the correction be made.**

**NOTE: BALANCE AVAILABLE - This amount will be calculated by the system based on each request and the maximum allowed per year for the medical and therapeutic vendor payments, and for the Non-Recurring Adoption Costs.**

Field 24 - **Monthly Amount** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar amount that is shown in Item A.2. of the Adoption Assistance Agreement (DSS-5013). The amount entered is limited to the maximum rate eligible for state and/or federal participation.

**NOTE: The system will automatically increase adoption assistance payments for children as they "age up" into a higher monthly payment category.**

- b. If an initial retroactive payment is to be made, the system will compute the number of retroactive payments due based on the Beginning Payment Date in Field #25. This is only applicable for retroactive payments up to six months from the Beginning Payment Date. Any request beyond six months must be submitted to the Policy and Initiatives Team of the Children's Services Section.

Field 25 - **Beginning Payment Date** (numeric, 4 digits, MMY format)

Enter the date that the adoption assistance cash payment is to begin. This may be retroactive up to six months following the month in which the Final Decree for Adoption was entered. ***The field can not be updated or changed after payment begins.***

**Note: An entry in this field must be one month greater than the date entered in Field #16.**

Field 26 - **Funding Source** (alpha, 1 digit)

Enter an "X" in the appropriate box to indicate the funding source from which the cash payment is to be reimbursed.

**Note: Once completed, this field cannot be changed.**

Field 27 - **Reason (Cash Payment Termination)** (numeric, 1 digit)

Enter the code to indicate the reason the cash payment for the adoptive child is being terminated.

**Note: If an entry is made in this field an entry must also be made in Field #28.**

**Code Value**

- |   |  |
|---|--|
| 1 | Child 18                                     |
| 2 | Adoptive Parents Not Legally Responsible     |
| 3 | Adoptive Parents Deceased                    |
| 4 | Adoptive Parents Not Financially Responsible |
| 5 | Child Died                                   |
| 7 | Other  |

Field 28 - **Date (Cash Payment Terminated)** (numeric, 6 digits, MMDDYY format)

Enter the date that the cash payment for the adoptive child is to be terminated.

**Note: If an entry is made in this field an entry must also be made in Field #27.**

Field 29 - **Criminal Records Check** (numeric, 6 digits, MMDDYY format)  
Please enter a date for the most recent Criminal Records Check that you have on all adult members of the adoptive applicant's household during the pre-placement assessment.

**D. Payee Information**

- 1. First name**  
Enter the payee's first name in this field. Do not abbreviate, punctuate, or space between letters within the field. Enter letters only in the spaces provided.
- 2. Middle Initial**  
Enter if there is one. Otherwise leave blank.
- 3. Last Name**  
Enter the payee's last name. Do not abbreviate, punctuate, or space between letters within the field. Enter letters only in the spaces provided.
- 4. Jr./Sr./Etc.**  
Enter only if part of the legal name.
- 5. Address line 1**  
Enter the street, rural route or general delivery. Use the abbreviations, which are accepted by the U.S. postal service.
- 6. Address Line 2**  
If an additional line of address is needed, enter it in the space provided. If Address Line 1 was used to show that mail is to be sent in care of another individual, use Address Line 2 for the street address.
- 7. City**  
Enter the name of the city or town. Use standard abbreviations, which are accepted by the U. S. postal service.
- 8. State**  
Enter the two-letter state abbreviation.
- 9. Zip Code**  
Enter the five-digit zip code in the first five spaces. If the 9-digit code is known, enter the remaining digits.