

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

MO	DAY	YEAR

DSS-5094
(Rev. 05/05)

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

I. SIS INFORMATION (Complete Fields 7-14 Just for Children who do not have an SIS record: DSS-5027)

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

II. CHILD INFORMATION (Complete for all Children)

14. DISABILITY <input type="checkbox"/> NONE <input type="checkbox"/> MENTAL RETARDATION <input type="checkbox"/> VIS/HEAR IMPAIRED	<input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> EMOTIONALLY DISTURBED <input type="checkbox"/> OTHER MEDICAL CONDITION	15. ADOPTION STATUS <input type="checkbox"/> CURRENTLY FREE? <input type="checkbox"/> PREV ADOPTED? <input type="checkbox"/> ADOPT DISS <input type="checkbox"/> AGE AT PREVIOUS ADOPTION	16. HIV ST	17. IS CLIENT PARENT? Y/N # OF CHDRN	18. SP. POP.
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III. PLACEMENT AUTHORITY (Complete for all Children)

19. TYPE OF AUTHORITY	20. REASON <input type="checkbox"/> NEGLLECT <input type="checkbox"/> ALC. (CHILD) <input type="checkbox"/> DEATH OF PAR. <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> CHILDS DISABILITY	<input type="checkbox"/> PHYS. ABUSE <input type="checkbox"/> ALC. (PARENT) <input type="checkbox"/> DRUG (CHILD) <input type="checkbox"/> INCARCERATION <input type="checkbox"/> RELINQUISHMENT	<input type="checkbox"/> SEX. ABUSE <input type="checkbox"/> DRUG (PARENT) <input type="checkbox"/> CH. BEHAVIOR <input type="checkbox"/> COPING <input type="checkbox"/> INADEQUATE HOUSING	21. BEGIN DATE MO DAY YEAR	22. OUT OF STATE PLACEMENT	23. TERMINATION REASON	24. TERM DATE MO DAY YEAR
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IV. PRINCIPAL CARETAKER(S) INFORMATION (Complete for all Children)

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

V. PERMANENT PLAN (Complete for all Children)

34. PLAN GOAL	35. DATE PLAN MADE MO DAY YEAR	36. BARRIERS	37. PLAN REALIZED MO DAY YEAR

VI. PARENTAL RIGHTS TERMINATION

38. MOTHER	MO DAY YEAR
39. FATHER	MO DAY YEAR

VII. REVIEWS (Complete for all Children)

AGENCY TEAM REVIEW	COURT REVIEW	42. REVIEW NOT REQUIRED
40. LST REVIEW MO DAY YEAR	41. NEXT REVIEW DUE MO DAY YEAR	<input type="checkbox"/>
	43. LST REVIEW MO DAY YEAR	44. NEXT REVIEW DUE MO DAY YEAR

VIII. LIVING ARRANGEMENT (Complete for all Children)

45. TYP.	46. PERM	47. BEGINNING DATE MO DAY YEAR	48. ENDING DATE MO DAY YEAR	49. FACILITY ID

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

50. MONTHLY RATE	51. PAYMENT AMOUNT (If diff. from mo. rate)

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

ELIGIBILITY REVIEW PERIOD	53. THRU	55. FUNDING SOURCE	56. CHILDS RESOURCES
52. FROM MO DAY YEAR	MO DAY YEAR	<input type="checkbox"/> IV-E	
54. TEA ELIG		<input type="checkbox"/> STATE <input type="checkbox"/> TEA	

XI. FED. ASSISTANCE

COMPLETE FOR CH. IN FC CHECK ALL THAT APPLY	
57. IV-A (TANF)	<input type="checkbox"/>
58. IV-D (CH. SUPPORT)	<input type="checkbox"/>
59. XIX MEDICAID	<input type="checkbox"/>
60. SSI	<input type="checkbox"/>
61. IV-E ADOPT. ASST.	<input type="checkbox"/>

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

62. FAMILY STRUCTURE	YEAR OF BIRTH	RACE
	1ST SUBSTITUTE PARENT 63. <input type="checkbox"/>	64. <input type="checkbox"/>
	2ND SUBSTITUTE PARENT 65. <input type="checkbox"/>	66. <input type="checkbox"/>

SIS
CHILD
AUTHORITY
CARETAKER
PLAN
REVIEW
PLACEMENT
ELIGIBILITY
FOSTER PARENT