



Case Name

**B. PREVIOUS ADOPTION INFORMATION**

Date of Adoptive Placement	Was date estimated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Adoption <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FOREIGN	
Agency Handling Adoption	If out of state agency, which state?
Disrupted prior to finalization? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STILL INTACT	
If yes, Date of Disruption	Was date estimated? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, Date of Finalization	Was date estimated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Disruption or Dissolution <input type="checkbox"/> Parent/child conflict or interaction <input type="checkbox"/> Relationship between child and birth parents <input type="checkbox"/> Neighborhood conflict <input type="checkbox"/> Other (Specify) _____	Date of Dissolution
<input type="checkbox"/> Attachment difficulties <input type="checkbox"/> Child's behavior, constitution or personality <input type="checkbox"/> Extended family conflict	Was date estimated? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Sibling conflict <input type="checkbox"/> Adoptive parent's marriage or relationship <input type="checkbox"/> Lack of post-adoption services	
If still intact, Date of Finalization:	Was date estimated? <input type="checkbox"/> YES <input type="checkbox"/> NO

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

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Attach additional copies of this page as needed.

**C. MEMBER DATA TEMPLATE(1):** Complete for each parent and each adult member.

Name		Relationship to Child	
Address			
City		State	Zip Code
Country		Phone Number ( )	Alt. Phone Number ( )
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth	Date of Birth EST <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Parent of Child <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status*		Was mother married at time of child's birth? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to Determine	
Social Security Number	Religion		
Language	Education		
Occupation	Race(s)		

At the time of removal was the youth living with this person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	▶ If yes, continue
Does this person have primary caretaking responsibilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does this person have secondary caretaker responsibilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does this person show an active interest in the ward?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is this person to be contacted in case of an emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Before removal, did this person have legal custody?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**\*\*\*COMPLETE THIS SECTION FOR LEGAL PARENTS ONLY**

Government Benefits Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Death
Retired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Retirement
Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Disability
Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Service FROM TO

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Attach additional copies of this page as needed.

**C. MEMBER DATA TEMPLATE(2):** Complete for each Parent and each adult member.

Name		Relationship to Child	
Address			
City		State	Zip Code
Country		Phone Number ( )	Alt. Phone Number ( )
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth	Date of Birth EST <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Parent of Child <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status*		Was mother married at time of child's birth? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to Determine	
Social Security Number	Religion		
Language	Education		
Occupation	Race(s)		

At the time of removal was the youth living with this person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	▶ If yes, continue
Does this person have primary caretaking responsibilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does this person have secondary caretaker responsibilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does this person show an active interest in the ward?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is this person to be contacted in case of an emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Before removal, did this person have legal custody?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**\*\*\*COMPLETE THIS SECTION FOR LEGAL PARENTS ONLY**

Government Benefits Deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Death
Retired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Retirement
Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Disability
Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	▶	Date of Service FROM TO

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**D. FUNDING SOURCE DATA:**

Did the youth live with a parent, stepparent, grandparent, brother, sister, aunt, uncle, niece, nephew, or cousin at the time of court action?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, Name	Relationship	
If no, if youth did not live with a specified relative at time of court action, did youth live with a specified relative six months prior to court action?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, Name	Relationship	Date Left Home

**YOUTH LIVING WITH ONE PARENT:**

Primary reason other parent is absent:

<input type="checkbox"/> Divorce Pending	<input type="checkbox"/> Separation	<input type="checkbox"/> Divorced	<input type="checkbox"/> Imprisonment
<input type="checkbox"/> Single/Unmarried	<input type="checkbox"/> Institutionalized	<input type="checkbox"/> Deserted	<input type="checkbox"/> Deceased

**ABSENT PARENT**

<input type="checkbox"/> Father	<input type="checkbox"/> Mother		
Last	First	MI	
Address			
City	State	Zip	Phone ( )

**YOUTH LIVING WITH BOTH PARENTS**

A. Are one or both parents too sick to work?

YES       NO – If no; skip      If yes, list below

Father's Type of Disability	Expected Duration of Disability		
	<input type="checkbox"/> SSI	<input type="checkbox"/> RSDI	<input type="checkbox"/> Physician Statement
Mother's Type of Disability	Expected Duration of Disability		
	<input type="checkbox"/> SSI	<input type="checkbox"/> RSDI	<input type="checkbox"/> Physician Statement

B. Parents Income and Employment

a. Which parent earned the greater amount of money during the 24 month period prior to filing of petition?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
b. Did parent work less than 100 hours in the calendar month the petition was filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does that parent receive unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Did that parent receive unemployment compensation during the 12 month period prior to the filing of the petition?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
e. Did that parent work at least 6 quarters of the last 3 and a quarter (3¼) years preceding the filing of the petition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**YOUTH LIVING WITH BOTH PARENTS: Parents' Recent Work History**

Place of Employment	Employment Start Date	Employment End Date

Use these sections to add information regarding earned income of the parent(s) or a sibling 16 years or older living in the home who is working and not attending school. Only report income that was received the month the removal order was issued. (Income for the entire calendar month must be listed.)

**INCOME DETAILS: List persons with earned income: (Use Attachment for Additional Detail)**

Last Name	First	MI

List by pay date the amounts of income received during the month for which the removal order was issued for each employed member.

**INCOME DETAILS – EARNED INCOME**

Name	Check Date	Check Amount

(Use additional sheet[s] if necessary.)

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**DAY CARE EXPENSES PAID BY THE PARENT FOR DEPENDENTS DURING THE MONTH THAT THE REMOVAL PETITION WAS FILED**

Indicate number of dependents under age 2 years		Indicate number of dependents ages 2 to 14 years	
Enter monthly day care expenses paid for each dependent in each age range:			
<b>Under Age 2 yrs. In \$</b>		<b>Between 2 to 14 yrs. In \$</b>	
1. \$	6. \$	1. \$	7. \$
2. \$	7. \$	2. \$	8. \$
3. \$	8. \$	3. \$	9. \$
4. \$	9. \$	4. \$	10. \$
5. \$	10. \$	5. \$	11. \$
		6. \$	12. \$

**ASSET DETAIL:** This section must be completed for funding determination

Vehicles -			
Value of Primary Vehicle \$	Value of Vehicle – 2 \$	Value of Vehicle – 3 \$	Value of Vehicle - 4 \$
		<b>Value Amount for Entire Family</b>	<b>Value Amount Available to Youth for His/Her Use</b>
<input type="checkbox"/> a. Real Estate (non Homestead)		\$	\$
<input type="checkbox"/> b. Social Security – Lump Settlement		\$	\$
<input type="checkbox"/> c. Trust Funds		\$	\$
<input type="checkbox"/> d. Saving and/or Checking Accounts		\$	\$
<input type="checkbox"/> e. Cash on Hand or Held by Another		\$	\$
<input type="checkbox"/> f. Stocks and/or Bonds		\$	\$
<input type="checkbox"/> g. Life Insurance Policies (Cash or Loan Value)		\$	\$
<input type="checkbox"/> h. Motorcycles, Boats, Snowmobiles, Campers, etc.		\$	\$
<input type="checkbox"/> i. Other (Specify)		\$	\$

**UNEARNED INCOME**

	<b>Monthly Amount Available To Entire Family</b>	<b>Monthly Amount Available To Child for His/Her Use</b>
<input type="checkbox"/> Unemployment	\$	\$
<input type="checkbox"/> Child Support	\$	\$
<input type="checkbox"/> Social Security Benefits (RSDI)	\$	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	\$
<input type="checkbox"/> Veteran's Benefits	\$	\$
<input type="checkbox"/> Worker's Benefits	\$	\$
<input type="checkbox"/> Disability Benefits	\$	\$
<input type="checkbox"/> Retirement Benefits	\$	\$
<input type="checkbox"/> Military Allotments	\$	\$
<input type="checkbox"/> Gaming Distributions & Casino	\$	\$
<input type="checkbox"/> Other Income (Specify)	\$	\$
	\$	\$

If a parent in the home pays child support for a child not in the home, enter the total of the child support paid in the month that the petition was filed.

	Amount	Month/Yr
	\$	\$

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**E. LEGAL DATA:**

Date of Petition	Last Order Date
Petition Type	Order Type
Legal Status	Order Type
Next Hearing Date : AM/PM	Order Type
Date Parental Rights of Mother terminated	Court Report Due Date
Date Parental Rights of Father terminated	

**F. PLACEMENT DATA: (Licensed or Unlicensed)** A member information page must be completed for each Unlicensed Relative.

Provider's #s Agency's #	Foster Home's #
Placement Begin date	
Foster Parents / Relatives Names	
Unlicensed Care Family Structure*	

**G. EDUCATIONAL DATA**

School District	Name of School		
Address			
City	State	Zip Code	
Phone Number ( )	Fax Number ( )		
Type of Education	School Program		
Grade	Attended From To		

**SPECIAL EDUCATION DETAILS:**

Special Education Code Number	A copy of the IEP has been received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does the agency have parental consent to enroll the child in special education?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**H. MEDICAL DATA:**

Present Check-Ups:			
Date of Last Physical	Date Physician Signed Report	Name of Physician	Was Copy Given to Foster Parents? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Last Dental	Date Signed Report	Name of Dentist	
<b>Forward Copies of Medical and Dental Reports to DHS</b>			

**I. INSURANCE DATA: (NON-MEDICAID)**

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name of Insurance Company		
Policy Holder's Last Name	First Name	Social Security Number	
Employer			
Employer Address			
City		State	Zip Code
Group/Policy Number	Certificate/Contract Number	Service/Coverage Code	

**Education (Adult Members)**

EL-8<sup>th</sup> Grade or less  
 SH-Some High School  
 HG-High School Grad  
 TC-Tech Training  
 SC-Some College Courses  
 CG-College Graduate  
 PG-Post Grad Education  
 UK-Unknown

**Type of Education**

AD-Adult Ed./GED  
 AE-Alternative Ed.  
 CO-College  
 CS-Charter School  
 DC-Day Care  
 HS-Home School  
 IN-Institutional  
 OT-Other  
 PP-Preprimary  
 PR-Private  
 PU-Public  
 TP-Training Program  
 VO-Vocational-Full Time

**Language Codes**

A-Arabic  
 B-Chaldean  
 C-Chinese  
 D-American Sign Language  
 E-English  
 F-French  
 G-German  
 H-Cambodian  
 I-American Indian/Eskimo  
 J-Japanese  
 K-Korean  
 L-Filipino  
 M-Samoan  
 N-Other (Non-English)  
 P-Portuguese  
 Q-Dutch  
 R-Polish  
 S-Spanish  
 T-Laotian  
 V-Vietnamese  
 X-Spanish (reads)

**Caretaker Family Structure**

1-Married Couple  
 2-Unmarried Couple  
 3-Single Female  
 4-Single Male  
 5-Unable to Determine

**Relationship to Child**

AC-Adopted Child  
 AP-Adopted Parent  
 AS-Adoptive Sibling  
 AU-Aunt/Uncle  
 BP-Biological Parent  
 CH-Biological Child  
 CO-Cousin  
 EX-Ex Spouse  
 FC-Foster Child  
 FP-Foster Parent  
 GC-Grandchild  
 GU-Guardian  
 HS-Half Sibling  
 LT-Living Together Partner  
 NN-Niece/Nephew  
 NR-Non-Relative  
 OR-Other Relative  
 PP-Putative Parent  
 SC-Step Child  
 SE-Self  
 SL-Sibling  
 SP-Spouse  
 SS-Step Sibling  
 ST-Step Parent  
 UK-Unknown

**Qualified Alien**

**YES**

Lawfully admitted for permanent Residence  
 Grand Asylum  
 Refugee  
 Paroled into the US  
 Deportation withheld  
 Granted conditional entry  
 Cuban/Haitian entrant

**Qualified Alien**

**NO**

Other aliens  
 Non-immigrant

**Marital Status**

D-Divorced  
 L-Legally Separated  
 M-Married  
 S-Single  
 U-Unknown  
 W-Widowed

**Race Codes**

1-White  
 2-African American  
 3-American Indian/Alaskan Native  
 4-Asian  
 5-Nat. Hawaiian/Pacific Islander  
 6-Unable to determine

**Religion**

BA-Baptist  
 CA-Catholic  
 EP-Episcopalian  
 JE-Jewish  
 LU-Lutheran  
 ME-Methodist  
 MO-Mormon  
 MU-Muslim  
 NP-No Preference  
 OT-Other  
 PR-Presbyterian  
 SD-Seventh Day Adventist  
 UK-Unknown

**Order Type/Action**

1-Emergency  
 2-Preliminary  
 3-Pretrial Conference  
 4-Adjudication  
 5-Disposition  
 6-Adjudication & Disposition  
 7-Removal Disposition  
 8-Terminate Parental Rights  
 9-Commitment  
 10-Review Hearing  
 11-Discharge  
 12-Dismissal of Petition  
 13-Adjournment  
 14-Permanency Planning  
 15-Administrative Review  
 16-Foster Care Review Board Review  
 17-OTR after release or consent  
 18-Order placing child after consent  
 19-Order of Supervision  
 20-Order of Adoption  
 21-Escalation  
 22-De-escalation  
 23-Writ of apprehension  
 24-Best Interest – Out of State  
 25-Extension to 21  
 26-Pre-Sentence Investigation  
 27-Transfer to DOC  
 28-Other  
 29-Denial of Termination Petition  
 30-Dismissal of Adoption Petition

**Grade of Education**

DC-Day Care  
 HD-Head Start  
 PS-Preschool  
 PK-Pre-Kindergarten  
 KI-Kindergarten  
 NG-No Grade  
 01-First  
 02-Second  
 03-Third  
 04-Fourth  
 05-Fifth  
 06-Sixth  
 07-Seventh  
 08-Eighth  
 09-Ninth  
 10-Tenth  
 11-Eleventh  
 12-Twelfth  
 13-Freshman (College)  
 14-Sophomore (College)  
 15-Junior (College)  
 16-Senior (College)

**Petition Type**

1-Initial  
 2-Amended  
 3-Supplemental  
 4-Guardianship  
 5-Termination  
 6-Relinquishment  
 7-Emancipation  
 8-Show Case  
 9-Motion and order  
 10-Delinquency  
 11-Adoption  
 12-Change of Placement  
 13-Extension to 21  
 14-Request for writ  
 15-Discharge  
 16-Other

**Special Education Codes**

AI-Autism  
 EI-Emotionally Impaired  
 EMI-Educably Mentally Impaired  
 LD-Learning Disability  
 HI-Hearing Impairment  
 POHI-Physically/Otherwise Health Impairment  
 PPI-Preprimary Impaired  
 SLI-Speech and Language Impaired  
 SMI-Severely Mentally Impaired  
 SXI-Severely Multiple Impaired  
 TMI-Trainably Mentally Impaired  
 VI-Visually Impaired