MiSACWIS CPS Removal and Transfer to Foster Care

Creating a Petition for Removal in a CPS Investigation Case

- 1. From the Home screen, select the Case Tab and Workload sub-tab.
- 2. Select the Investigation ID for which you want to create a petition of removal.

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|--------------------------|---------------------------|-------------------|--------------------------|--------------------|------------------|--------------------------|---------------------------------|----------------------|
| Home | Intake | Case | Provider | Fina | ancial | 1 | Administrati | on |
| | | | Subsidy Workload | Workload | Amend | ment/Expungem | ient | FTM Search |
| | | | | | | | | <u>help</u> |
| Case Workload | | | | | | | | |
| Worker Role: A | | Filter Clear | Form | | | | | |
| | | 11 | | | | | | |
| Investigation | | | | | | | | |
| 🗉 Lewis388, Ch | | | 0/2013 - (Worker Role: C | | Worker) | | | |
| | | - | 2/2013 - (Worker Role: | | | | | |
| 🗉 Wendt388, T | ricia [<u>38819787</u> 4 | 4] - Open 05/16/ | 2013 - (Worker Role: Cl | PS Supervisor) | | | | |
| Ongoing (12) | | | | | | | | |
| 🗉 Permanent V | Vard (0) | | | | | | | |
| ^w Permanent v | | | | | | | | |
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| | | | | | | | | |

- 3. The Investigation Overview screen appears. Select the Investigation Tasks tab.
- 4. Click the Petition for Removal link.

| | Overview | | | Investigation Ta | sks | | Disposition | |
|--|------------------------|---|---|------------------------------------|------|-------------------------------------|---------------|--|
| vestigation Heade vestigation ID: ority: | 7 388130841 I/24 | Investigation Name: Priority Contact Due Date/Time: | Wendt388, Tricia 05/16/2013 11:10 PM (ET) | Investigation Status: Category: | Open | Organization: Override Category: | Ingham County | |
| estigation Tasks | | Торіс | | | | | Count of: | |
| nked Intakes | | горіс | | | | Linked Intake= 1 | Count of: | |
| vestigation Persons | 1 | | | | | Persons= 2 | | |
| tition for Removal | | | | | | Case ID: | | |
| egations/Findings | | | | | | Allegations/Findings= 0 / 0 | | |
| fety Assessment | | | | | | Safety Assessment=1 | | |
| sk Assessment | | | | | | Risk Assessment=0 | | |
| eate Household | | | | | | Household=1 | | |
| <u>INS</u> | | | | | | FANS=0 | | |
| <u>WS</u> | | | | | | CANS=0 | | |
| cial Work Contacts | | | | | | Social Work Contacts= 0 | | |
| ecklists | | | | | | Count of Checklists= 0 | | |
| ception/Extension R | equest | | | | | Exception/Extensions= 0 | | |
| rms/Reports | | | | | | Forms/Reports= 0 | | |
| ocuments | | | | | | Documents Scanned= 0 | | |
| mily Team Meeting | | | | | | Family Team Meetings=0 | | |
| nk Investigation to C | lase | | | | | Case ID: | | |



- 5. Complete the required fields in the **Petition/Motion Detail** tab.
- 6. Click Apply.

| Y:SACWIS | TRNF | | <u>home</u> <mark>search help & training log o</mark> Logged In: Weaver388, Sam [Ingham County |
|--|--|-------------------|--|
| ase > Workload > Court | | | <u>helo</u> |
| Petition/Motio | n Detail | JC04b | Court/Attorney Info |
| Case Header Case ID: 388197874 | Case Name: Wendt388, Tricia | Case Status: Open | Organization: Ingham County |
| Petition/Motion Details: Petition/Motion Sub Category:* Type:* | Petition | Court Docket #: | |
| Petition/Motion Date:* | | Filed Date: | |
| Petitioner Role:* Prosecuting Attorney Refused to File | Mapping Default V Petition | Petitioner Name: | Person Search |
| Petition/Motion Concerning | Case Members Wendt388, Tricia (07/25/1987) Wendt388, Justin (12/12/2008) | Add > < Remove | Petition/Motion Concerning Child(ren) |
| Respondents | Case Members endt388, Tricia (07/25/1987) endt388, Justin (12/12/2008) | | Selected Respondents |
| Additional: | | | id > smove |
| Basis for Petition/Motion: | | | ~ |

- 7. Click on the **Court/Attorney Info** tab and complete the required fields.
- 8. Click Apply.

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|-----------------------------------|-------------------------|---------------------|--|---|
| Case > Workload > Court | 1 | | | help |
| Petition/Mot | ion Detail | JC04b | | Court/Attorney Info |
| Case Header Case ID: 388197874 | Case Name: Wendt388, Ti | icia Case Status: 0 | pen Org | janization: Ingham County |
| Court / Attorney Info | | | | |
| Court Jurisdiction* | | 💌 🗌 Out Of State | | |
| Court:* | V | Assigned Judge | | |
| State: | | City: Zip Code: | | |
| Attorney / Representative | | | | |
| Type: Add | V Name: | Person Search | Represents: | × |
| Attorney | / Туре | Name | | Represents |
| Apply Save Cancel | | | | |
| | | | | |
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9. Click on the JC04b Tab and complete the required fields.

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|---|---|---------------------------------|---|--|
| Case > Workload > Court | · | | | <u>help</u> |
| Petition/Motion Deta | il | JC04b | Court/Atto | rney Info |
| Case Header Case ID: 388197874 | Case Name: Wendt388, Tricia | Case Status: Open | Organization: | Ingham County |
| JCO4b Details | | | | |
| Petition/Motion Concerning Children Lis Person_ID Name County of Reside | of Legal Birl | th Birth City,State Living With | Request Termination of Parental Rights for | Eligible for Tribal Membership |
| 1. The reason(s) why it is contrary to the well | fare of the child(ren) for the child(ren) to remain | n in the home are: | | |
| | | | <u>^</u> | |
| | | | × | |
| Spell Check Clear 10000 | the encount of the shildford Vicebule. | | | |
| 2. The reasonable effort(s) made to prevent to | rne removal of the child(ren) include: | | <u>^</u> | |
| | | | × | |
| Spell Check Clear 10000 | | | | |

- 10. After completing the required fields, you will be able to generate the petition and print it.
- 11. Using the drop-down boxes, indicate 'If the petition is for after-hours removal?' and 'Is the petition is ready to be submitted to the court."
- 12. Click Save.

| 3. The specific allegations are: | |
|---|---|
| | |
| | <u>v</u> |
| Spell Check Clear 10000 | |
| 4. Available request actions: | Petitioner request the court to: |
| Documented Add > <a>Add > <a>Common Common Comm | |
| 5 Available active efforts: | Active efforts made to provide remedial services and rehabilitative programs designed to prevent the breakup of |
| Issue an order removing the abuser from the home Issue an order removing the child(ren) Refer the matter to alternative services Terminate parental rights of father to the child(ren) Terminate parental rights of mother to the child(ren) | the Indian family and attempts to identify the childs tribe. : |
| Is the petition a request for after-hours removal?: | |
| Has the JC04b Petition form for the child(ren) been generated?: | |
| Is the petition ready to be submitted to the court?: | |
| Apply Save Cancel | |
| HOME HELP & TRAINING PRIVACY & SECURITY | View Log TRNF version: SACWIS.DIT.8L.3.CD1.728 - Tue, 23 Jul 2013 21\:07\:17 PM EDT <u>Release Notes</u> |



Transfer to Foster Care Checklist

Note: The CPS worker must complete this process **before** s/he dispositions the CPS investigation and **before** the CPS Supervisor approves the CPS investigation. Once the CPS Supervisor approves the CPS investigation, the Transfer to Foster Care Checklist is disabled.

- 13. From the Home screen, select the Case tab.
- 14. Select the Ongoing expando, and select the applicable Investigation ID.
- 15. Select the Investigation Tasks Tab and click on the Checklists hyperlink.

| Overvie | W | Investigation Tasks | Disposition | |
|---|---|---|---|--|
| nvestigation Header nvestigation ID: Priority: I/24 | Investigation Name: Priority Contact Due Date/Time: | Investigation Status: Open Category: | Organization: Ingham County Override Category: | |
| nvestigation Tasks | Торіс | | Count of: | |
| Linked Intakes | горіс | | Linked Intake= 1 | |
| Investigation Persons | | | Persons= 0 | |
| Petition for Removal | | | Case ID: | |
| Allegations/Findings | | | Allegations/Findings= 0 / 0 | |
| Safety Assessment | | | Safety Assessment=0 | |
| Risk Assessment | | | Risk Assessment=0 | |
| Create Household | | | Household=0 | |
| FANS | | | FANS=0 | |
| CANS | | | CANS=0 | |
| Social Work Contacts | | | Social Work Contacts= 0 | |
| Checklists | | | Count of Checklists= 0 | |
| Exception/Extension Request | | | Exception/Extensions= 0 | |
| Forms/Reports | | | Forms/Reports= 0 | |
| Documents | | | Documents Scanned= 0 | |
| Family Team Meeting | | | Family Team Meetings=0 | |
| Link Investigation to Case | | | Case ID: | |



16. Select the value of **Transfer to Foster Care** from the **Checklist Type** drop-down box.

17. Click the **Search** button.

| 🖉 MiSACWIS - Case - Workload - CheckList - Windows Ir | nternet Explorer | | | | | |
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| COO • Attps://sacwisua.state.mi.us/sacwis/checkListSea | archInvestigationInit.do?caseId=7010003 | | | ▲ | 😽 🗙 📴 Bing | P - |
| File Edit View Favorites Tools Help | 🗴 🍃 SnagIt 🗮 🛃 | | | | | |
| 🖕 Favorites 🛛 👍 🙋 Pages - Default 🔁 Suggested Sites 🔹 🙋 | Get more Add-ons 🔹 | | | | | |
| HISACWIS - Case - Workload - CheckList | | | | | 👌 • 🔊 - 🗆 🖶 • | Page 🔹 Safety 👻 Tools 👻 🔞 👻 |
| M:SACWIS | UAT | | | | home search Logged In: | help & training log off [Ingham County] |
| | tigation Name: y Contact Due | Investigation Status: Category: | Open | Organization: Override Category: | Ingham County | |
| Checklist Search Criteria Checklist Type: Please Select an Opti Please Select an Opti CPS Supervisor Inve CPS Supervisor Inve Transfer to Foster Ce CPS Worker Investig | ion stigation are | _ | | Checklist N | ame: | |
| | | | | | | |
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18. Select the value of Transfer to Foster Care from the Checklist Type.

Michigan Statewide Automated Child Welfare Information System

19. Click the **Add Checklist** button.

| HISACWIS - Case - Workload - CheckList | | | | | } • S · □ ⊕ • | Page 🔹 Safety 🔹 Tools 👻 🔞 🕶 |
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| MISACWIS | UAT | | | | <u>home</u> <u>search</u> Logged In: | help & training log off ingham County] |
| Case > Workload >Investigation > Investigation To | opics | | | | | <u>help</u> |
| Priority 1/24 Priori | stigation Name: ty Contact Due Time: | Investigation Status: Category: | Open | Organization: Override Category: | Ingham County | |
| Checklist Search Criteria Checklist Type: Transfer to Foster C Search Clear Form | are V | | | Checklist Na | ame: | |
| Checklist Search Results Checklist Type No Results Returned. | Checklist Name | | Status | Last Modifie | d Date | Last Modified By |
| Checklist Type: Transfer to Ft Please Select CPS Supervis Transfer to Ft | t an Option sor Investigation | | _ | Add Checklist | | |
| HOME HELP & TRAINING PRIV/CPS Worker | Investigation | | <u>Vie</u> | W Log UAT version: SACW | IS.REL.2.CD1.52 - Fri, 2 Aug 2013 | 10\:39\:03 AM EDT <u>Release Note</u> |



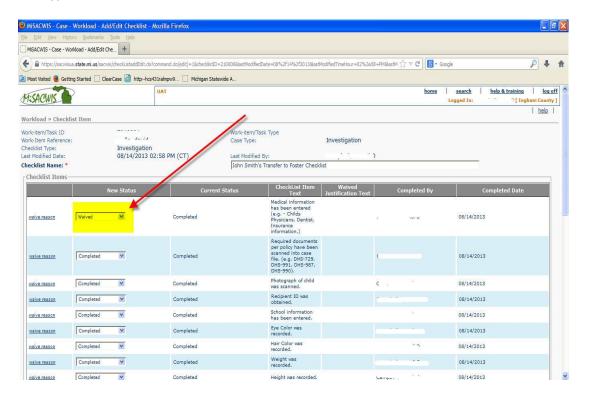
20. Enter text in the **Checklist Name** narrative box (required) and select a value from the **New Status** column dropdown for each Item.

Note: All of the Checklist questions must be answered; they cannot have a status of 'Not Completed.'

| AISACWIS - Case - | Workload - Add/Edit Checklist | | | | <u>ه</u> - | a - 🗉 🖷 | • Page • Safety • Tools • | ? • ° |
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| Misacwis | | UAT | | | <u>home</u> | <u>search</u> Logged In: | [Ingham Coun | |
| Workload » Checl | klist Item | | | | | | help | |
| Work-item/Task ID Work-Item Referent Checklist Type: Last Modified Date: Checklist Name: * | Investigati | Case on Last M | -item/Task Type Type: Modified By: | Investigation | | | - | Ш |
| | | Jiran | sfer to Foster Care Checklist 1 | | | | | |
| Checklist Items | New Status | Current Status | CheckList Item Text | Waived Justification Text | Completed By | | Completed Date | |
| waive reason | Not Completed Completed Not Applicable | Not Completed | Medical information has been entered (e.g Childs Physicians, Dentist, Insurance information.) | | | | | |
| <u>waive reason</u> | Not Completed System Completed Waived Not Completed | Not Completed | Required documents per policy have been scanned into case file. (e.g. DHS-729, DHS- 991, DHS-987, DHS- 990). | | | | | |
| waive reason | Not Completed | Not Completed | Photograph of child was scanned. | | | | | |
| waive reason | Not Completed | Not Completed | Recipient ID was obtained. | | | | | |
| waive reason | Not Completed | Not Completed | School information has been entered. | | | | | |
| waive reason | Not Completed | Not Completed | Eye Color was recorded. | | | | | |
| waive reason | Not Completed | Not Completed | Hair Color was recorded. | | | | | |



21. If 'Waived' is selected from the **New Status** dropdown, the user must click on the **Waive Reason** hyperlink and add text.



22. When all of the questions have been completed, click Save.

| | <u>waive reason</u> | Not Completed | Not Completed | Describe current medicine and/or special medical/mental health instructions given to the foster parents at the time of placement was recorded. | | | | |
|---|---------------------|-----------------------------|---------------|--|----------------------|---------------------------------------|---|-----|
| | <u>waive reason</u> | Not Completed | Not Completed | Briefly describe childs physical and emotional state at time of placement was recorded. | | | | III |
| | k | | | | | | | |
| / | Apply Save Ca | ncel | | | | | | |
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23. Once the Transfer to Foster Care Checklist is saved, there should be '19 of 19 Complete' in the **Status** column if all of the questions were answered.

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| MISACWIS - Case - Workload - CheckList + | | | | |
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| 🙍 Most Visited 🧶 Getting Started 🗍 ClearCase 🍓 httphcs4 | 31ralmpw9 🗌 Michigan Statewide A | | | |
| MISAOWIS | UAT | | home search | help & training log off [Ingham County] |
| | | 1 | Logged In: | [Ingham County] |
| Case > Workload >Investigation > Investigation T | ppics | | | 1 1000 1 |
| Investigation Header | | | | |
| | stigation Name: Investigation Stat | tus: Open / Organiz | ation: Ingham County | |
| | ty Contact Due 07/31/2013 12:45 PM Category: (ET) Category: | Overrid | e Category: | |
| Checklist Search Criteria | | | | |
| Checklist Type: Transfer to Foster C | are 💌 | | Checklist Name: | |
| Search Clear Form | | | | |
| Checklist Search Results | | | | 12 |
| Checklist Type | Checklist Name | Status | Last Modified Date | Last Modified By |
| select Transfer to Foster Care | John Smith's Transfer to Foster Checklist | 19 of 19 Complete 0 | 8/14/2013 02:58 PM CT | 1 H A 11 H |
| Checklist Type: Please Select | an Option | Add Ch | ecklist | |
| | | | | |
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Complete the Child's Person Profile Information

24. On the child's Person Profile record, enter the:

- a. All of the applicable Demographic Information.
- b. Add the child's address; the child's residence **Person Profile** address must be completed prior to adding the placement record in order for the correct address to display on the Placement screen.

Note: Absent/Alleged parent Information is added to the Add'l sub-tab.

| T:SACWIS | | TRNF | | | | | | <u>home</u> | <u>search</u> Logged In: We |
|--|-------------|---|-----|-----------------|---|-----------------------|-------------------------|--|--------------------------------|
| Basic | | Demographics | | | ddress | Add'l | Background | | Safe |
| Person Header Name: Person ID: | 20080010 | | | Gender: SSN: | | 0 | DOB: Age: | | |
| Person Information | | V | | | | | | | |
| Prefix: First Name: * | | Middle Name 1: | | | Middle Name 2: | | | Middle Name 3: | |
| Last Name: * sea | rs0348 | Suffix: | V | | Ward Parent of a non- Ward Child | Populate Additional N | lame | | |
| Gender: + DOB: + | V | SSN: | | | | | | | |
| Estimated Age: | Year(s) | Birth County: | Mor | nth(s) | State: | Day(s | V | Birth Country: | Г |
| Birth Verified? | v | Birth Verification: US Citizen: | v | V | Birth Certificate Request Date Alien Status: | | | Birth Certificate Red | |
| Date Became a Citizen: | | Citizenship verified Date: Date Entered Country: | | | Citizen Verification Source Reason for entering U.S. | | V | Migrant Status Refugee Status | Γ |
| Driver's License #: | V | Issue State: SSN Applied Date: | | | Expiration: SSN Verified Date: | | | SSN Verification So | urce |
| SSA Validation Details | | | | Enviro | nmental Hazard Exists | | | | Absconder |
| Protective Services Flag Additional Names | | | | | | | | | |
| Add Additional Name | Туре | Prefix | | First Name | | Middle Name(s) | | Last Name | |
| | | | | | | | | | |
| spply Save Cancel | | | | | | | | | |
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25. If applicable, enter ICWA information from the Person Overview screen. Select the ICWA link.

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|------------------|------------------------|------------------|--|------------------------|
| Masalcwis | | | Logged In: Weaver388, Sam [| Ingham County |
| | · | | | help |
| | | | | |
| Person Overview | | | | |
| Person ID: | 405660808 | Gender: | Male | |
| Name: | Locklear388, Matthew | DOB: | 07/01/1996 | |
| Address: | 0388 UNION HILL RD | Age: | 17 years | |
| | Lansing, MI 48933 | - | | |
| Phone/Contact: | | Employee: | No | |
| Person Details | | | | |
| Person Profile | Person Characteristics | Scan Documents | | |
| Education | Legal History | Reports | | |
| Health | MiSACWIS History | Military History | | |
| Financial | Relationship History | Merge History | | |
| | ICWA | | | |
| | 1 | | | |
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| Close | | | | |
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26. Click Add ICWA Details.

| MISACWIS | TRNF | | | | <u>home</u> <u>search</u> Logged In | <u>help & training</u> : Weaver388, Sam [Ingh | |
|---|-----------------------------------|--------------------------------|--|-----------------------------|--|---|-------------|
| ICWA History | | | | | | | <u>help</u> |
| Person Header Name: Person ID: | Locklear388, Matthew 405660808 | Gender: SSN: | Male | DOB: Age: | 07/01/199 17 Years 3 | 6 Months 23 Days | |
| ICWA History | Tribal Name | | Tribal Membership Status | Tribal Status Start Date | Tribal Status End Date | Date of Tribal Verification | |
| Add ICWA Details | tion | | | | | | |
| Birth Mother Name: Maiden Name: DOB: | | Stone388, Sheila 03/19/1978 | Legal Father Name: DOB: Age at Child's Birth: | | | | |



27. Complete all required and relevant information, then click **Save**.

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|---|-------------------------------|------------------------|------------------------|---|-----------------------|------------------------------------|--|
| CWA > ICWA History > ICW | /A Record Details | | | | | | <u>help</u> |
| Person Header | | | | | | | |
| | Locklear388, Matthew | | Gender: | Male | DOB: | 07/01/1996 | |
| Person ID: 4 | 405660808 | | SSN: | | Age: | 17 Years 3 Mo | onths 23 Days |
| ICWA Record Details | | | | | | | |
| Date Notified of Possible Trib: Affiliation: | al | | | Date of Tribal Verification Inquiry | a 👘 | | |
| Tribe Type: * | | ¥ | | Date of Tribal Verification: | | • | |
| | Link Tr | ibe Unlink Tribe | | Type of Tribal Verification: | | × | |
| Tribe Name: * | | | | Name of Person Who Provided Tr Verification: | ibal | | |
| Tribe Address: | | | _ | Tribal Membership Status: | | V | |
| | , | | _ | Tribal Status Start Date: | · · · · | | |
| Tribe Phone Number: | , | | | Tribal Status End Date: | , | • | |
| | 1 | | | Tribal Membership Enrollment Nu | mber: | | |
| | | | | Date of Tribal Acceptance of Chile | | | |
| | | | | Date of Physical Transfer of Child | | | |
| Spell Check Clear 4000 |] | | | | | | |
| Detail all Active Efforts to | o Gather American Indiar | Information: * | | | | | |
| | | | | | | | <u>~</u> |
| Spell Check Clear 4000 |] | | | | | | |
| Check here to indicate SI | tate Court denial of transfer | to Tribal jurisdiction | (you must also provi | de the Good Cause Reason for Denial): | | | |
| | | | | | | | <u>~</u> |
| Spell Check Clear 500 |] | | | | | | |
| Additional Comments: | | | | | | | <u> </u> |
| | _ | | | | | | v |
| Spell Check Clear 500 | | | | | | | |
| The ICWA individual's bio Biological Maternal Grandmot | | self as adopted and i | dentified her biologic | al mother. Link Person Unlink Person | | | |
| Apply Save Cancel | | | | | | | |
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28. From the Person Overview screen, select the Health hyperlink.

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|----------------------|-------------|-----------------------|------------------------------|--------------------------------|------------------------|---------------|
| MisACWIS | | | | Logged In: | Weaver001, Sam [Ing | ham County] |
| | | | | | | help |
| | | | | | | |
| Person Overview | | | | | | |
| Person ID: | 18660813 | | Gender: | Female | | |
| Name: | Stone001, F | rancine | DOB: | 05/03/2010 | | |
| Address: | 0001 UNION | HILL RD | 1 mm | 4.00000 | | |
| Address: | Lansing, MI | 48933 | Age: | 4 years | | |
| Phone/Contact: | | | Employee: | No | | |
| Person Details | | | | | | |
| Person Profile | P | erson Characteristics | Scan Documents | | | |
| Education | | egal History | Reports | | | |
| Health | | ISACWIS History | Military History | | | |
| Financial | R | elationship History | Merge History | | | |
| Bridges Case History | | | ICWA | | | |
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| at | | | | | | |
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29. Enter applicable health Information.

| M:SACWIS | | TRNG | | home | | help & training log off r001, Sam [Ingham County] |
|-------------------------------|--------------------------------------|----------------|-----------------------|----------------------------|--------------------------|--|
| | | 1 | | | | help |
| Health Needs and Diagnoses | Appointme | nts Medication | Child Medical History | Family Medical History | Provider | Generate Immunizations and Medical Passport |
| Person Header | Stone001, Franci | ine Gender: | Female | DOB: | 05/03/20 |)10 |
| | 18660813 | SSN: | | Age: | | 0 Months 16 Days |
| Filter By: | V Filter | | | | | Returned 0 Record(s) |
| Gi Add Health Need or | roup Diagnosis <mark>Group</mark> | Category | Туре | Date | Report | Resolved |
| Close | | | | | | |
| | AINING PRIV | ACY & SECURITY | View Log TRNG v | ersion: SACWIS.REL.2.CD1.2 | 223 - Mon, 3 Mar 2014 17 | \:18\:01 PM EST Release Note |



30. From the Person Overview screen, select the **Education** hyperlink if applicable.

| MISACWIS | TRNG | | home search | <u>help & training</u> <u>log off</u> Weaver001, Sam [Ingham County] |
|----------------------|---|-------------------------------|---|---|
| | | | Logged In | help |
| | | | | |
| Person Overview | | | | |
| Person ID: | 18660813 | Gender: | Female | |
| Name: | Stone001, Francine | DOB: | 05/03/2010 | |
| Address: | 0001 UNION HILL RD Lansing, MI 48933 | Age: | 4 years | |
| Phone/Contact: | | Employee: | No | |
| Person Details | | | | |
| Person Profile | Person Characteris | tics Scan Documents | | |
| Education | Legal History | Reports | | |
| Health | MiSACWIS History | Military History | | |
| Financial | Relationship History | <u>y</u> <u>Merge History</u> | | |
| Bridges Case History | | ICWA | | |
| | | | | |
| Close | | | | |
| | | | | |
| | | View Log TRNG ve | rsion: SACWIS.REL.2.CD1.223 - Mon, 3 Ma | r 2014 17\:18\:01 PM EST Release Notes |

31. Enter applicable Education information.

| ISACWIS | TRNG | | | | home | search | help & trai | |
|--|-----------------------|-----------------|--------------------|---------------|--------------------|-------------------|----------------------------|------------------------|
| | | | | | | Logged In | Weaverooi, Sam | help |
| School Profile | Per | ormance | Speci | al Education | | | | |
| Person Header Name: Stone Person ID: 18660 | 001, Francine 1813 | Gender: SSN: | Female | | DOB: Age: | | /03/2010 Years 0 Months | s 16 Days |
| chool History School Name | School District | Category | Enrollment Date | Start Date | Beginning Grade | End Date | End Grade | |
| Add School Record | | | | | | | | |
| ose | | | | | | | | |
| DME HELP & TRAININ | IG PRIVACY & SECU | RITY | <u>View Log</u> | TRNG version: | SACWIS.REL.2.CD1 | .223 - Mon, 3 Mar | 2014 17\:18\:01 P | M EST <u>Release N</u> |



Enter Placement Information

32. Select **Placement** hyperlink from the left-hand navigation on the **Case Overview** page.

| MISACWIS | | TAL | | | home search | help & training log of |
|-----------------------|-----------------|------------------------|--------------------|--------------------------|---------------|--------------------------|
| Home | Intake | Case | Provider | Financial | Adminis | tration |
| Workload | | | Amendment/Expunger | ient | FTM | Search |
| | | | | | | help |
| Case Overview | Case Header- | | | | | |
| Social Work Contacts | Case ID: | c | ase Name: | Case Status: Open | Organization: | |
| Forms/Notices | - Case Overview | v | | | | |
| Checklist | -Case Action | | | | | |
| Assessments | View Case Info | | | Case Address | | |
| Investigations Linked | View Case Stat | us History | | | | |
| Document | Linked/Associa | | | | | |
| FTM | Program Type | History | | | | |
| Case Services | | | | | | |
| Case Service Plan | Hazards | | rd Type | | erson/Address | |
| Strengths and Needs | No current H | azards have been ident | | P | erson/Address | |
| Exceptions/Extensions | | | | | | |
| Visitation Plan | -Assignment 1 | information | | | | |
| Permanency Goals | | | | | 7 | /iew Assignment History |
| Court | | Worker Name | | Assignment Role | Organiz | ation |
| Removal Records | | | Foster Care Worker | | | |
| Placement Referral | | | | | | |
| Placement | Case Tickler | | | ally the will obtain the | | |

33. Select a child from Child's Name dropdown list and click on the Add Placement Record button.

| Case Overview Social Work Contacts Forms/Notices | Case Header Case ID: Case Name: | | Case Status: Open Org | ganization: | |
|--|---|---------------------|-----------------------|--------------------------|--|
| <u>Checklist</u> <u>Assessments</u> <u>Investigations Linked</u> <u>Document</u> | Placement Records Filter Criteria From Begin Date: 10/06/2013 Child's Name: | To Be Status | igin Date: | | |
| FTM <u>Case Services</u> <u>Case Service Plan</u> <u>Strengths and Needs</u> Exceptions/Extensions | Sort Results By: Begin Date (Descending) V Filter Clear Form | | | | |
| <u>Visitation Plan</u> <u>Permanency Goals</u> Court | Result(s) 1 to 1 of 1 | Child's Name Type | Service Provider Name | Begin/End Date Status | Page 1 of 1 |
| Removal Records Placement Referral Placement | select reports | AWOL | | 10/06/2013 Complet | placement end d documents Placement Change |
| Pracement Delinquency Information ICPC/ICJ/ICAMA NYTD Questions / YIT Eligibility Permanent Ward Case Closure Relative Search and Engagement | | ld Placement Record | | | |

34. Optionally, select the **Apply** button if linking an FTM to the Placement Record.

Placement screen

| - Willingness and Capacity Please Describe Caretaker's Willingness and Capacity to Meet the N | ease Describe Caretaker's Willingness and Capacity to Meet the Needs of the Child: | | | | | | |
|--|--|-----------------|--|--|--|--|--|
| | | × | | | | | |
| Spell Check Clear 4000 | | | | | | | |
| Status: Draft v Apply Save Cancel | Completed By: | Completed Date: | | | | | |

35. Optionally link FTM to the placement record by selecting **Link FTM** button. If an FTM is not linked, MiSACWIS displays the FTM Recorded Prior to Placement 'No.'

| Placement screen | | | | | |
|--|---------|--|-----------------------------------|------------------------|----------------|
| MISACWIS | UAT | | | home search help & tra | iining log off |
| Case > Workload > Placement | · | | | | help |
| Name: | Gender: | DOB: | | | |
| Person ID: | SSN: | Age: | | | |
| Removal Information Removal Address: Custody Removal Date: Jurisdiction: | | Current Legal Status: Placement Worker: | Abuse/Neglect | | |
| Placement Information FTM Recommended Service: FTM Recorded prior to Placement: Service Type: • Placement Begin Date: Placement End Date: | | Link FTM V Living Arrangement: Estimated End Date: Placement End Reason: | Case Participants: Address: | Relationship: | |



- 36. Select the applicable placement type from the **Service Type** dropdown list.
- 37. Select a value for **Medical Cards Received/Account No. Provided** and **Medical Passport Provided** fields.
- 38. Enter the dates for Medical Cards Received/Account No. Provided, and Medical Passport Provided.
- 39. Enter text in all applicable narrative boxes.

Note: The child's name will display in the **Case Participants** field and the **Relationship** field will be populated with 'self.' The **Address** field will display the child's address from the child's person profile record.

| Placement Information | | | | | | | | |
|--|--------------------------|-----------------------------------|-----------------------------------|-----------------------|--------------------|---|--|--|
| FTM Recommended Service: | | Link FTM | | | | | | |
| FTM Recorded prior to Placement: | | | | | | | | |
| Service Type: * | Independent Living | Living Arrangement: | ~ | [| | | | |
| Placement Begin Date: | 12/06/2013 | Estimated End Date: | | Case Participants: | Relationship: Self | | | |
| Placement End Date: | | Placement End Reason: | | Address: | | | | |
| | | | | | | | | |
| Intent to Adopt Date: | | Intent to obtain guardianship: | | | | | | |
| -Additional Placement Infor | nation | | | | | | | |
| ICPC Placement | | Emergency Placement | After-Hours Placement | | | | | |
| Over 75 miles from the removal address? | | | | | | | | |
| Medical Cards Received/Acc | ount no. Provided: 🛂 Yes | - V | ledical Cards/Account No. Provide | d Date: 12/06/2013 | | | | |
| Medical Passport Provided: | Yes | : 🗸 M | Medical Passport Provided Date: | 12/06/2013 | | | | |
| What is the proximity to the child's school? What efforts were made to keep the child at the same school?: | | | | | | | | |
| | | | | | | | | |
| Child remains at same school. | | | | | | | | |
| | | | | | | ~ | | |
| Spell Check Clear 3970 | Spell Check Clear 9970 | | | | | | | |

40. Select Link Provider button from the Provider Information Section found at the bottom of the Placement Screen.

Note: This example is placing the child in a licensed foster home placement using the provider search function; other job aids may be applicable if the placement is a different type.

| iscuss the appropriateness of the placement in regards to safety, geographic proximity, and least restrictive environment: | | | | | | | | |
|--|----------|---------------------|-----------------|-----------------------|--------|--|--|--|
| | | | | | ^ | | | |
| | | | | | \vee | | | |
| Spell Check Clear 4000 | | | | | | | | |
| Provider Information | | | | | | | | |
| Match Score % | Provider | Service Description | Primary Address | Relationship To Child | | | | |
| Link Provider | | | | | | | | |



- 41. The System will navigate to the Provider Match Search page.
- 42. Select the **Provider Type** from the drop-down menu.
- 43. Depending on the type of provider:
 - a. Provider type=Private Provider Home or DHS Foster Home.
 - b. Select the Service Description from the drop down menu.
 - i. If Provider Type=Private Provider Home, then select service description=780.
 - ii. If the Provider Type=DHS Foster Home, then select service description=700.
- 44. Optionally, if known, select **Additional Search Criteria** to search by Bridges Provider ID, MiSACWIS Provider ID, or Provider Name.

| 19:SACWIS | | | | | | home search | help & training log off |
|---|---------------------------------|-------------------------|---------------------|------------------|--------------------|--------------|-------------------------|
| Home | Intake | Case | Provider | Fina | incial | Admini | stration |
| | Workload | Directory | Inquiry | Recruitment & Re | tention | Training | Contracts |
| | | | | | | | help |
| Child Information Child / Person Name: | | D | OB / Age: | | | | |
| Provider Match Search | Criteria | | | | | | |
| Provider Information | | | | | | | |
| Provider Type: * 🗲 | Private Provider H | iome 👻 | | Minimum M | latch Percentage: | 50% 😽 | |
| Service Group/Catego | ry: * DHS/Placement | 1 | Service 1 | уре: * | Foster Home | ~ | |
| Service Description: | 0780-General Fost | ter Care 🛛 👻 | | | | | |
| Available Counties: | | | Selected Counties | 8 | | | |
| Alcona Alger | | | Add >> | | | OR Zip Code: | _ |
| Allegan Alpena | | < | < Remove | | | OK Zip Code: | |
| Antrim | | M | | | | | |
| | | | | | | | |
| Additional Search Crit | <u>eria[</u> These criteria are | not used in Adoptive Ho | ome searches] | | | | |
| Provider Reference Type: | | | * | | Provider Reference | Number: | |
| | | | | 0.0 | | | |
| Provider ID: | | | | OR | Provider Name: | | |
| Member First Name: | | | OR Member Last Name | : | | | |
| L | | | | | | | |



45. Click the **Search** button.

| -Provider Match Search Criter | ia | | | | |
|---|-------------------------------------|-------------------------|----------------------------|--------------------------------|--------------|
| Provider Information Provider Type: * Service Group/Category: * | Private Provider Home | V | Service Type: * | Minimum Match Percentage: | 50% |
| Service Description: * | 0780-General Foster Care | | Service Type: | road none | |
| Available Counties: | | | Selected Counties: | | |
| Alcona Alger Allegan Alpena Antrim | | Add >> << Remove | | | OR Zip Code: |
| | [These criteria are not used in Ad | optive Home searches] | | | |
| ■ <u>Child Information</u> [Child Cha | racteristics only apply to a search | for Placement Services. | These criteria are ignored | for all other match searches.] | |
| Sort Results By: | Match Score | v | | | |
| Search Clear Form | | | | | |

- 46. MiSACWIS returns providers based on search criteria entered.
- 47. Select provider chosen for placement.

| esult(s) | L - 10 of 100 | | | | | | | | P | age 1 of 1 |
|----------|-------------------|--------------------------|--------------|---------------|-----------------------------------|--|------------|--|-----------------|------------------|
| | *Match Score % | Provider Type | Organization | Provider Name | *Siblings Placed With Provider | *Previously Placed With Provider | *In County | *Vacancies/ Estimated Date of Next Bed Availability | *# Of PER Types | IV-E Eligible |
| select 🔺 | <u>100%</u> | Private Provider Home | | | No | No | No | -1 / 02/07/2013 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | 2 / 03/01/2014 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | -2 / 12/08/2013 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | 2 / 12/08/2013 | 0 | Yes |
| select | 100% | Private Provider Home | | | No | No | No | 2 / 12/08/2013 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | 0 / 12/08/2013 | 0 | Yes |
| select | 100% | Private Provider Home | | | No | No | No | 1 / 12/08/2013 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | 1 / 12/08/2013 | 0 | Yes |
| elect | 100% | Private Provider Home | | | No | No | No | 2 / 12/08/2013 | 0 | Yes |
| select | <u>100%</u> | Private Provider Home | | | No | No | No | 1 / 12/08/2013 | 0 | Yes |

- 48. MiSACWIS returns the selected provider to **Placement Details** screen. It returns the Provider Name and Provider Address Information to the Provider Information area of the placement record. The **Service Type** field will be frozen and the **Living Arrangement** field will be enabled.
- 49. Select Living Arrangement 'Licensed Unrelated Foster Home' (or other applicable living arrangement).

50. Enter **Placement Begin Date** unless this is an initial placement.

Note: The Initial Placement Begin Date will prefill with the removal date and cannot be modified.

| Placement Information | | |
|--|--|--|
| FTM Recommended Service: | Link FTM | |
| FTM Recorded prior to Placement: No | | |
| Service Type: * Foster Home | Arrangement: Licensed Unrelated Foster Home | |
| Placement Begin Date: 4 12/02/2013 | Estimated End Case Relationship: | |
| Placement End Date: | Placement End Address: Reason: | |
| Intent to Adopt Date: | Intent to obtain guardianship: | |
| Additional Placement Information | | |
| ICPC Placement | Emergency Placement After-Hours Placement | |
| Over 75 miles from the removal address? | | |
| Medical Cards Received/Account no. Provided: * | es Medical Cards/Account No. Provided Date: 12/02/2013 | |
| Medical Passport Provided: * | es Medical Passport Provided Date: 12/02/2013 | |

51. Enter the applicable placement narrative, and select an applicable value from the **Relationship to Child** drop-down list.

| Discuss the appropriateness of the placement in regards to safety, geographic proximity, and least restrictive environment: | | | | | | | |
|---|----------|--------------------------|-----------------|-----------------------|---------------|--|--|
| he child is placed in a family home that will provide a safe environment. | | | | | | | |
| | | | | | ~ | | |
| Spell Check Clear 4000 | | | | | | | |
| Provider Information | | | | | | | |
| Match Score % | Provider | Service Description | Primary Address | Relationship To Child | | | |
| 100% | | 0780-General Foster Care | | Foster Parent | <u>unlink</u> | | |
| Link Provider | | | | | | | |

52. Enter the applicable placement narrative, and select **Completed** from **Status** drop-down list and select the **Save** button.





53. Click **OK** on the pop-up message. The Pop-up message presented is different for an initial placement versus a replacement.

| Message f | rom webpage | |
|-----------|--------------------------------------|------------------|
| • ي | The Child has permanently moved from | is this correct? |

- 54. Completed placement displays on the **Placements Records** list page.
- 55. Select the **Placement Change** hyperlink after a placement has been entered to answer the 'Change of Placement Information' questions pertaining to CPS.

| | | | | | | | help |
|--|--|--------------|--|---------------|-------------------|-----------|---|
| Case Overview Social Work Contacts | Case Header Case ID: Case Name | | Case Status: 0 | pen | Organizati | ion: | |
| Forms/Notices Checklist Assessments | Placement Records Filter Criteria | | To Begin Date: | | | | |
| Investigations Linked | Child's Name: | ¥ | Status: | * | | | |
| ETM Case Services Case Service Plan | Filter Clear Form | | | | | | |
| Strengths and Needs Exceptions/Extensions | Placement Records Result(s) 1 to 3 of 3 | | | | | | Page 1 of 1 |
| <u>Visitation Plan</u> <u>Permanency Goals</u> Court | select | Child's Name | Service Type/Description | Provider Name | Begin/End Date | Status | |
| Removal Records Placement Referral | authorization reports | | Foster Home 0780-General Foster Care | | | Completed | <u>placement end</u> <u>documents</u> <u>Placement Change</u> |
| Placement | temporary break | | | | | _ | |

Note:

Initial Placement: MiSACWIS displays the popup message: "No previous placement exists, is the placement record the initial placement for the placement episode?" Press OK to proceed with saving the placement record. When MiSACWIS saves a placement record with a Completed status and no other placement exists for the child's removal episode, MiSACWIS will pre-fill the **Placement Begin Date** with **Removal Date** of the current **Initial Removal Record**.

Paid Placements will have an **authorization** hyperlink to complete the service authorization.

Every placement will need to have the Placement Selection Criteria and Change of Placement questions completed. The information will be entered from the **Placement Change** hyperlink on the **Placement List** page.

When applicable, Placement Exception Requests will also be completed within the **Placement Change** Information work area. A placement can be entered in draft status in order to complete **Placement Exception Requests**.

