### **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)							
<sup>w</sup> Permanent v								
	TRAINING PRIV	ACY & SECURITY	View Log	TRNF version: SACW	IS.DIT.BL.3.CD1.	.728 - Tue, 23 Jul 2013	3 21\:07\:17 PM E	DT <u>Release No</u>

- 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 &amp; 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.

MISACWIS	TRNF		home	search <u>help &amp; training</u> log of Logged In: Weaver388, Sam [ Ingham County ]
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				
HOME   HELP & TRAINING   PR	IVACY & SECURITY	Vie	W Log   TRNF version: SACWIS.DIT.BL.3.CD	01.728 - Tue, 23 Jul 2013 21\:07\:17 PM EDT <u>Release Note</u>



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 &gt;</a> <a>Common Common Comm</a>	
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					
COO • Attps://sacwisua.state.mi.us/sacwis/checkListSea	archInvestigationInit.do?caseId=7010003			<ul> <li>▲</li> </ul>	😽 🗙 📴 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:	
HOME   HELP & TRAINING   PRIVACY & SECURIT	<u>Y</u>			View Log   UAT version: SACV	VIS.REL.2.CD1.52 - Fri, 2 Aug 20	13 10\:39\:03 AM EDT <u>Release Notes</u>

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					<b>}</b> • <b>S</b> · <b>□ ⊕</b> •	Page 🔹 Safety 🔹 Tools 👻 🔞 🕶
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>



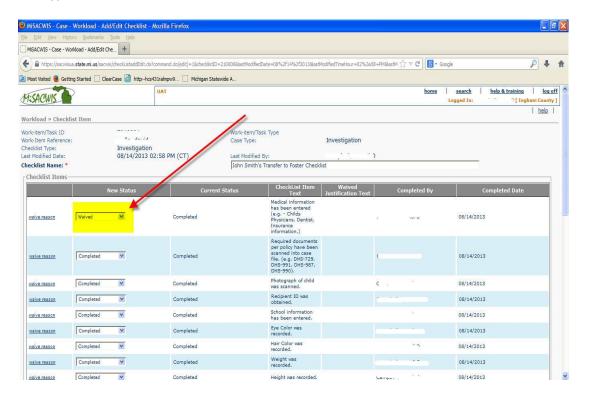
20. Enter text in the **Checklist Name** narrative box (required) and select a value from the **New Status** column dropdown for each Item.

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 •	<b>?</b> • <b>°</b>
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						
Į	HOME	TRAINING PRIVACY & SECURITY	1		<u>View Log</u>   ua	T version: SACWIS.REL.2.CD1.52 - Fri,	2 Aug 2013 10\:39\:03 AM EDT <u>Release Notes</u>	¥



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 +				
🗲 🔒 https://sacwisua. <b>state.mi.us</b> /sacwis/checkListSearchInit.c	0		☆ ▼ C Soogle	₽ ↓ 俞
🙍 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	
HOME   HELP & TRAINING   PRIVACY & SECURI	TY I	View Log   UAT	ersion: SACWIS.REL.2.CD1.55 - Tue, 13 Aug	2013 11\:31\:40 AM EDT Release Notes



### **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: +	<b>V</b>	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	<ul> <li>Migrant Status</li> <li>Refugee Status</li> </ul>	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									
IOME   HELP & TRAINING	G PRIVACY &	SECURITY					View Log   TRNF version	: SACWIS.DIT.BL.3.CD1.72	8 - Tue, 23 Jul 20



25. If applicable, enter ICWA information from the Person Overview screen. Select the ICWA link.

the hold we have	TRNF		home search help & trainin	ng log of
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			
	<b>1</b>			
Close				
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#### 26. Click Add ICWA Details.

MISACWIS	TRNF				<u>home</u> <u>search</u> Logged In	<u>help &amp; 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**.

H:SACWIS		TRNF				home <u>search</u> Logged In: W	<u>help &amp; training</u>   <u>loc</u> eaver388, Sam [ Ingham Cour
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							
		• I		Manutar I	TOUT		() ) () () () () () () () () () () () ()
HOME HELP & TRAINING	G PRIVACY & SECURIT			<u>view Log</u>	TKNF version: SACWIS.	D11.BL.3.CD1.728 - Tue, 23 Jul 20	13 21\:07\:17 PM EDT <u>Release N</u>



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			
at						
Close						
			View Log   TRNG version: SAC	WIS.REL.2.CD1.223 - Mon, 3 Mar	2014 17\:18\:01 PM EST	Release Notes

#### 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 &amp; 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	<b>v</b>			
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**.

