DATA COLLECTION

Completed by the DCF Social Worker or Community Supervision Officer

Child in Custody Information

Child's Legal Name: _____ Race: _____ Sex: _____

DOB: _____ SSN: _____ Language spoken: _____

Citizenship/Alien Status: ☐ U.S. Citizen ☐ Permanent Resident ☐ Other Specify _____

Place of Birth: _____ _____ _____
City State County

If the child is school age: _____ _____
Name of School attending Grade Level

Section 1 Legal Information:

1 Date court proceedings were initiated requesting custody: _____
(attach the PETITION, AFFIDAVIT or COMPLAINT)

2 Date the STATE agency received legal custody of the child: _____
(attach the custody order)

Section 2 Removal Information

1 Date the child was removed from the home: _____

2 Where was the child living in the six months prior to his/her removal from the home?

a _____ from _____ to _____
Name

_____ _____
Address (include street, city & state) Relationship to the child

b _____ from _____ to _____
Name

_____ _____
Address (include street, city & state) Relationship to the child

c _____ from _____ to _____
Name

_____ _____
Address (include street, city & state) Relationship to the child

Child's Name: _____

Section 2 Removal Information Continued

3 Who is living with in the household?

Name	DOB	SSN	Relationship to the child removed
			* Self

Household members with an **"*"** are part of the AFDC group and only their income and resources shall be recorded below in the Income and Resources section 3.

Section 3 Income and Resources:

1 Are any of the children in the AFDC group attending day care?

Name of the child	Amount paid per month	Provider's Name

Section 3 Income and Resources Continued:

2 Income and Resources of AFDC Members:

Name	Gross Income Per Month	Unearned Income Per Month	Resources Type	Resources Value
0				
0				
0				
0				
0				
0				
0				
0				
0				
0				

3 Are the parent (s) employed? (this includes any step parent living in the home in which the child was removed)
Only complete information regarding income if the parent (step) lives in the home in which the child was removed

Mother: (Step) ☐ **Yes** Employer: _____ Begin Date: _____

_____ _____ _____
Hourly wage How often receive pay? Hours worked per week?

☐ **No** _____ _____
Name of last employer Date of termination

Father: (Step) ☐ **Yes** Employer: _____ Begin Date: _____

_____ _____ _____
Hourly wage How often receive pay? Hours worked per week?

☐ **No** _____ _____
Name of last employer Date of termination

Section 3 Income and Resources Continued:

4 If there is a step parent in the home, are they paying child support and / or alimony?

☐ **Yes** _____ _____ _____ _____ _____
Monthly amount | State | County | Court order # | Date last paid

☐ **No** _____
Number of child supported with the payment

Section 4 Deprivation:

1 Did the parents live together during the month in which the petition, affidavit or complaint requesting custody was filed?

☐ **Yes**

☐ **No** Date they last lived together: _____

2 Is either parent deceased?

☐ **Yes** Name of deceased parent (s): _____

Date of death (s): _____

☐ **No**

3 Is either parent disabled and receiving a disability payment?

☐ **Yes** Name of disabled parent (s): _____

☐ **No**

4 Have parent rights been terminated or relinquished on either parent?

☐ **Yes** Date of termination / relinquishment: _____

☐ **No**

Section 5 Child Support Enforcement Information:

Mother: _____ _____ _____ _____
Legal First | Middle | Last | Also Known As

_____
Residence: (street, mailing, if different, city, state, zip and phone)

_____
Place of birth (city, state and county) DOB SSN

Paying child support?: ☐ **Yes** _____ _____ _____ _____
Monthly amount | State | County | Court Order #

_____
Date last paid

☐ **No**

Receiving child support: ☐ **Yes** _____ _____ _____ _____
Monthly amount | State | County | Court Order #

_____
Date last received

☐ **No**

Father: _____ _____ _____ _____
Legal First | Middle | Last | Also Known As

_____
Residence: (street, mailing, if different, city, state, zip and phone)

_____
Place of birth (city, state and county) DOB SSN

Paying child support?: ☐ **Yes** _____ _____ _____ _____
Monthly amount | State | County | Court Order #

_____
Date last paid

☐ **No**

Receiving child support: ☐ **Yes** _____ _____ _____ _____
Monthly amount | State | County | Court Order #

_____
Date last received

☐ **No**

Attach the PPS 3035 (Acknowledgement of Parental Obligation Form)

Section 6 Health Insurance Information:

Does the child have health insurance coverage?

☐ **Yes** Fill out the information below

☐ **No**

Primary Policy holder information

First Name | Middle | Last | DOB | SSN

Policy Number | Group Number | IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Secondary Policy holder information

First Name | Middle | Last | DOB | SSN

Policy Number | Group Number | IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Copies of all insurance cards must be attached to this form and given to the placement of the child as the above insurance coverage must be billed before Medicaid. If at anytime the child health insurance changes while in the custody of the state, the changes must be reported immediately to the eligibility specialist and the child's placement. IF the child is currently covered by a Kansas Medicaid program, including Healthwave, the PLASTIC CARD must be obtained from the parent and given to the child's placement.

DCF Social Worker / Community Supervision Officer completing this form | Date

Office address | Phone Number | Fax Number

E-mail address

Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas