Foster Care Eligibility Redetermination

DATA COLLECTION
(To be completed by Social Worker/Case Manager/Community Supervision Officer within 5 days of the request)

Child in custody and in an out of home placement

Period Under Review: ____________________________ to ____________________________

Child's Name: ____________________________ DOB: ____________________________

KEES Client ID: ____________________________ FACTS Client ID: ____________________________

1. Within the last 12 months has there been a permanency hearing held with the judicial finding reasonable efforts have been made to finalize the permanency plan?
   - [ ] Yes  Attach all court orders during the period under review
   - [ ] No  Date of last permanency hearing date: ____________________________

2. Age and School Status:
   Is the youth 17 years of age or younger?
   - [ ] Yes  if yes: are they enrolled in high school or a GED program and expected to graduate before their 19th birthday?
     - [ ] Yes  Attach school verification
     - [ ] No

3. Is the child covered by health insurance other than KanCare?
   - [ ] Yes  Policy holder information
   - [ ] No

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.

4. Is the youth still in the custody of DCF, KDOC or the Tribal Authority?
   - [ ] Yes
   - [ ] No  Date youth was released from custody: ____________________________
     (attach JE releasing youth from State's custody)

Social Worker/Case Manager/Community Supervision Officer completing this form: ____________________________ Date: ____________________________

Return to by: ____________________________

PPS Eligibility Specialist: ____________________________ E-Mail Address: ____________________________ Phone number: ____________________________

Mailing address: ____________________________

State of Kansas
Department for Children and Families
Prevention and Protection Services

Kansas
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