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| State_Seal3 | THE DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**Source of Funds Application for Child in Placement** |
| CHILD’S NAME | CHILD’S CASE NUMBER | DATE PLACED |
| DSHS STAFF NAME AND TITLE | TELEPHONE NUMBER | DATE COMPLETED |
| 1. Was child living with either or both parents during the month the petition was filed or Voluntary Placement Agreement (VPA) signed? [ ]  Yes [ ]  No If yes, is the home from which the child was removed receiving AFCD benefits on behalf of the child? [ ]  Yes [ ]  NoCase number:   If no, where was the child living during the last six months prior to placement:   |
| 2. Order of removal: |
| DATE OF ACTION | TYPE OF ACTION(SHELTER CARE, DEPENDENCY, ARP, VPA) | COURT ORDER NUMBER | AGENCY TO WHOM THE COURT AWARDED CUSTODY / SUPERVISION |
|  |  |  |  |
|  |  |  |  |
| 3. Is the home from which the child removed receiving adoption support payments from Washington State?[ ]  Yes [ ]  No |
| **4. Is the child certified as eligible for developmental disability services by the Division of Developmental Disabilities (DDD)? [ ]  Yes [ ]  No If yes, attached documentation.** |
| 5. Does the child have medical and/or dental insurance? [ ]  Yes (list below) [ ]  No OR the child has medical coupons. |
| NAME OF INSURANCE COMPANY | NAME OF POLICY HOLDER | TYPE OF COVERAGE | POLICY NUMBER |
| 6. FINANCIAL INCOME / RESOURCES FOR CHILD AND PARENT(S) | 7. REUNIFICATION PLANA. Initial referral Is there a court ordered plan? [ ]  Yes (Court order attached) [ ]  No Is there a plan as part of a voluntary placement? [ ]  Yes [ ]  No Parent’s name:    Duration of plan:    TO FROM Anticipated monthly cost to parent: $  Will compliance cause parent to become unemployed or significantly underemployed? [ ]  Yes [ ]  NoB. Subsequent referral information [ ]  Court ordered parents to participate in a reunification plan. Court order attached.Anticipated monthly cost to parent: $  Duration of plan:    TO FROM Will compliance cause parent to become unemployed or significantly underemployed?[ ]  Yes [ ]  No [ ]  Court did not order a reunification plan. |
| INCOME SOURCE | FATHER | MOTHER | STEP PARENT | CHILD |
| 1. SSI |  |  |  |  |
| 2. AFDC |  |  |  |  |
| 3. Check one. [ ]  SSA [ ]  VA[ ]  L&I |  |  |  |  |
|  |  |  |  |
| 4. Child support |  |  |  |  |
|  |  |  |  |
| 5. Earned income (wages) or unemployment compensation |  |  |  |  |
| 6. Retirement |  |  |  |  |
| 7. Other (bank account, etc.) |  |  |  |  |
| **IV-E Specialists Use Only** |
| 1. Status of child: [ ]  DCFS not DDD [ ]  DCFS certified DDD[ ]  JRA not DDD2. Date of placement:   | 4. Date sent to DCS: 1st referral  2nd referral  5. Date sent to Medical Recover:  |
| 3. Source of funds: [ ]  State only – Court [ ]  IV-E – Court [ ]  State only – Voluntary [ ]  IV-E – Voluntary |