

DATA COLLECTION ON CLIENT SPECIFIC INFORMATION

(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: _____

Client ID: _____ FACTS # _____

1 Within the last 12 months has there been a permanency hearing held stating 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

Are they enrolled in high school or program and expected to graduate before their 19th birthday?

Yes Attach school verification

No Explain: _____

3 Dates of the case plans held prior to and during the period under review:

4 Is the child covered by health insurance other than Kansas Medicaid?

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.

5 Is the youth still in the custody of DCF or JJA?

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

Office address

Phone Number

Fax Number

E-mail address

