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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  No Case 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 PLAN  A. 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  No  B. 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 DDD  2. 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 | | | | | | | |