

# Generating AFCARS Data for the Foster Care Report

## AFCARS Foster Care Elements

To make users aware of where critical SACWIS data is located in SACWIS for AFCARS reporting purposes, this document presents the SACWIS screen shots as related to each of the AFCARS elements.

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

1. State
2. Report Date
3. Local Agency FIPS Code
4. Record Number
  - No SACWIS Screen Shots
5. [Date of Most Recent Periodic Review](#)
6. [Child's Date of Birth](#)
7. [Sex](#)
8. [8a-f: Race](#)
9. [Hispanic or Latino Origin](#)
  - ACF Definition of Race
10. [Has the Child Been Diagnosed with Disability\(ies\)?](#)
11. [Mental Retardation](#)
12. [Visually or Hearing Impaired](#)
13. [Physically Disabled](#)
14. [Emotionally Disturbed](#)
15. [Other Medically Diagnosed Condition](#)
16. [Has This Child Ever Been Adopted?](#)
17. [How Old Was Child When Previous Adoption Legalized?](#)

## Generating AFCARS Data for the Foster Care Report

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

18. [Date of First Removal From Home](#)

19. [Total Number of Removals From Home to Date](#)

20. [Date of Last Foster Care Discharge](#)

21. [Date of Latest Removal From Home](#)

**Note:** The Elements Defines Ohio's Reporting Population

22. Date of Latest Removal Transaction Date

(No Screen Shot for this Element)

**ACF Definition:** A computer-generated date which accurately indicates the month, day and year the response to **Date of Latest Removal From Home** (FC Element #21) was entered into the information system.

23. [Date of Placement in Current Foster Care Setting](#)

24. [Number of Previous Placement Settings During This Episode](#)

25. [Manner of Removal From Home for Current Placement Episode](#)

## Generating AFCARS Data for the Foster Care Report

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

26. [Physical Abuse](#)
27. [Sexual Abuse](#)
28. [Neglect](#)
29. [Alcohol Abuse \(Parent\)](#)
30. [Drug Abuse \(Parent\)](#)
31. [Alcohol Abuse \(Child\)](#)
32. [Drug Abuse \(Child\)](#)
33. [Child's Disability](#)
34. [Child's Behavior Problem](#)
35. [Death of Parent\(s\)](#)
36. [Incarceration of Parent\(s\)](#)
37. [Caretaker's Inability to Cope Due to Illness of Other Reasons](#)
38. [Abandonment](#)
39. [Relinquishment](#)
40. [Inadequate Housing](#)
  
41. [Current Placement Setting](#)
  
42. [Is Current Placement Setting Out of State?](#)
  
43. [Most Recent Case Plan Goal](#)
  
44. [Caretaker Family Structure](#)
  
45. [Year of Birth: 1st Principal Caretaker](#)
46. [Year of Birth: 2nd Principal Caretaker](#)

## Generating AFCARS Data for the Foster Care Report

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

- 47. [Parental Rights Termination: Mother](#)
- 48. [Parental Rights Termination: Father](#)
  
- 49. [Foster Family Structure](#)
  
- 50. [Year of Birth: 1st Foster Caretaker](#)
- 51. [Year of Birth: 2nd Foster Caretaker](#)
  
- 52. [Race: 1st Foster Caretaker](#)
- 53. [Hispanic or Latino Origin: 1st Foster Caretaker](#)
- 54. [Race: 2nd Foster Caretaker](#)
- 55. [Hispanic or Latino Origin: 2nd Foster Caretaker](#)

### **ACF Definition of Race**

- 56. [Date of Discharge from Foster Care](#)\*\*\*
  
- 57. [Date of Discharge from Foster Care Transaction Date](#)\*\*\*

No Screen Shot for the Element

### **ACF Definition:**

- Enter data only for children who have exited foster care during the reporting period.
- A computer-generated date which accurately indicates the month, day, and year the response to **Date of Discharge From Foster Care** was entered into the information system.

## Generating AFCARS Data for the Foster Care Report

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

58. [Reason for Discharge](#)

59. [Title IV-E \(Foster Care\)](#)

Look for state payments paid on behalf of the child during the reporting period. Look at the state payment table in SACWIS for the child's person ID and for an associated disbursement journal with a warrant date during the disbursement period. If any state payments for the child's person ID are found, report 1 (applies). If none are found, report 0 (does not apply).

60. [Title IV-E \(Adoption\)](#)

For any day during the reporting period, for a child with an active (non-end-dated) legal status of permanent surrender or permanent custody and state payment for the child's person ID with a program fund source mapping code of 10002 or 10003 exist.

61. Title IV-A (Aid to Families with Dependent Children/TANF)

- For any day during the reporting period, look at the client benefit account for the child's person ID with a type of OWF with a payment date within the report period with a net positive payment amount.
- If the no benefit account is found, for any day during the reporting period, looking for a placement type of Kinship-Relative for the child.
- Then, on applicant one and applicant two's person records look at the Employment tab, income sub-tab, and for an entry with a type of **Unearned-OWF, Unearned-Public Assistance, and Unearned-Emergency Assistance-PRC**. The entry should be dated on or after the date of the child's placement in the relative's home.
- Also, look at child's person record, look at the **Employment** tab, **Income** sub-tab, and for an entry with a type of **Unearned OWF**. The entry should be dated on or after the date of placement in the type of **Kinship-Relative**.

## Generating AFCARS Data for the Foster Care Report

**Important:** To view the related screen shot(s), press the **Control** button and click a link.

### 62: Title IV-D (Child Support)

- Look at the client benefit account for the child's person ID with a type of child support with a payment date within the report period with a net positive payment amount.
- If no benefit account is found, look for the child's person record at the **Employment** tab, **Income** sub-tab, for an entry with the type of **Unearned-Child Support**.

### 63: [Title XIX \(Medicaid\)](#)

- Mark applies for all children in the population who are in care for greater than 29 days.

### 64: [SSI or Other Social Security Benefits](#)

- Look at the client benefit account for the child's person ID with a type of SSI or SSA or Veterans Benefits with a payment date within the report period with a net positive payment amount.

### 65: None of the Above

- Look at the client benefit account for the child's person ID with a type of Parental Contributions, Stipend, or Veterans Benefits with a payment date within the report period with a net positive payment amount.
- If no benefit account is found, look for the child's person record at the employment tab, income sub-tab, for an entry with the type of anything other than Unearned-Child Support, Unearned-Child Support-Medical, Unearned Child Support Order, Unearned Child Support Order-Medical Unearned-OWF, Unearned-SSI, Unearned-Social Security Survivor's Benefits, Unearned-Foster Care Payments, Unearned Public Assistance, Unearned-Emergency Assistance-PRC, and Unearned-Food Stamps.

### 66: [Amount of Monthly Foster Care Payment](#)

- Look for payment requests for the child's person ID with a type of placement and disbursement dates that are within the reporting period.

# Generating AFCARS Data for the Foster Care Report

## AFCARS Foster Care Element Screen Shots

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 5

Child's case screen shot for rulings and SAR:

Or, for a SAR Case Review, select any Review Type:

	Case Review Type	Status	Approved Date	Case Plan#	Agency
<a href="#">view reports</a>	Semiannual Administrative Review/Closure	Approved			County Children Services
<a href="#">view reports</a>	3 Month Case Review	Approved			County Children Services
<a href="#">view reports</a>	Semiannual Administrative Review	Approved			County Children Services
<a href="#">view reports</a>	3 Month Case Review	Approved			County Children Services

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 5, continued

Where the child appears in the **Child(ren) Participating in the Case Review** section:

**Identifying Information**

**Case Review Type:** \* Semiannual Administrative Review

If Optional Case Review, Explain:

Spell Check Clear 200

**Case Plan being Reviewed:** \* 1.02 [ Select Available Case Plan(s) ]

Last Review Date: 01/11/2011 Last SAR Date:

A SAR shall be conducted every six months based upon the following activity: Date of Court Ordered Legal Status Date: 10/13/2010

Child(ren) Participating in the Case Review						
	Name	Court ID	Child's Permanency Goal	Current Legal Status	Current Placement Date	Type of Placement
<a href="#">view</a>			Return the child(ren) to parent/guardian/or custodian (Reunification)	Temporary Custody		Certified Foster Home
<a href="#">view</a>			Return the child(ren) to parent/guardian/or custodian (Reunification)	Temporary Custody		Certified Foster Home

**Adult Member(s) Participating in the Case Review**

	Name	Relationship To Child	DOB	Age
<a href="#">view</a>		<a href="#">relationship</a>		
<a href="#">view</a>		<a href="#">relationship</a>		

Where **SAR Held with Family Date** field contains a date:

**Case Analysis**

Case Review Type: Semiannual Administrative Review Review for Case Plan Number: 1.02 Status: Approved

**Case Status Information**

Agency Involvement: Continue Agency Involvement - Family in need of Agency Services

In-Home Supportive Services

Protective Supervision

Out-of-Home Placement

Describe the reasons for the case status selected above. Discuss how the risk reassessment, safety review, family perception, case progress review, including strengths and needs summary and services review informs change readiness of the family, permanency planning and service provision. If case is being closed, provide a summary justifying case closure. \*

Spell Check Clear 10000

Case Review Completed Date: 04/06/2009 SAR Held with Family Date: 04/06/2009

Will the case plan be amended as a result of this review? \* No

Do you need to complete a reunification assessment? \* Yes

Validate for Approval Process for Approval

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 6 Child's Date of Birth

## Element 7 Sex – Child's Person Record BASIC Screen

The screenshot shows the 'Basic' tab of a 'Child's Person Record' system. The 'DOB' field is highlighted with a red box. The form includes fields for Name, Person ID, and DOB. Below these are sections for 'Person Information' (Prefix, First Name, Last Name, Middle Name, Suffix, Gender, SSN, Retain, Add/Edit, Estimated DOB, Age) and 'Deceased' information (Deceased, Deceased Date, Deceased Date Unknown). There are also fields for Driver's License #, Issue State, and Expiration. At the bottom, there are checkboxes for Safety Hazard Exists, Safety Plan Exists, Environmental Hazard Exists, Protective Service Alert, and AWOL. An 'AKA Names' table is visible at the bottom with columns for Prefix, First Name, Middle Name, Last Name, Suffix, and AKA Type, and an 'Add AKA' button.

## Element 8 Race a-f

## Element 9 Hispanic or Latino Origin – Child's Person Record Demographics Screen

The screenshot shows the 'Demographics' tab of a 'Child's Person Record' system. The 'Demographic Information' section is highlighted with a red box. This section includes 'Race' (Alaskan Native, Black/African American, Other Pacific Islander, American Indian, DECLINED, Unable to Determine, Asian, Native Hawaiian, White) and 'Ethnicity/Ancestry' (Hispanic/Latino). Below this, there are 'Available Ancestry' (African American/Black, Arabic, Asian Indian) and 'Selected Ancestry' fields, along with 'Add >' and '< Remove' buttons. An 'Other Ancestry' field is also present.

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Elements 10 15 Characteristics – Child’s Person Characteristics Screen

Profile | Education | Medical | Employment | Military | Delinquency | SACWIS History

Basic | Demographics | Address | Add'l | Background | **Characteristics** | Safety Hazard

Name: [ ] Person ID: [ ] DOB: [ ]

**Documented Person Characteristics**

The Characteristics Tab allows the worker to record helpful information that assists the worker when making placement decisions for a child. This includes preferences, restrictions, and can be identified as searchable criteria at the time of completing a provider service search. This information is reflective of self-reported or observed characteristics of a person and does not imply that diagnosis has been performed.

A clinical assessment by a qualified professional has not yet been completed for this person.  
 A qualified professional has conducted a clinical assessment of this person and has determined that the person has no disabilities.

**Person Characteristics**

Add Medical/Mental Health Characteristic | Add Traits/Behaviors/Family History Characteristic

Characteristic	Category	Method	Begin Date	End Date	Select
No additional known or applicable characteristics are documented for this person					

Returned 0 Record(s)

Delete | Check All | Clear All

## Element 16 Has This Child Ever Been Adopted?

## Element 17 How Old was Child when Previous Adoption Legalized?

Profile | Education | Medical | Employment | Military | Delinquency | SACWIS History

Basic | Demographics | Address | Add'l | Background | **Characteristics** | Safety Hazard

Name: [ ] Person ID: [ ] DOB: [ ]

**Reference List**

Reference Type	Reference Number	Description	CRIS-E
Add Reference			

**Miscellaneous Information**

Previously Adopted: [ ] Age Adopted: [ ]

**Absent/Alleged Parent List**

Absent/Alleged Parent Status	Absent/Alleged Parent Name	Absent/Alleged Parent Gender	CRIS-E
Add Absent Parent			

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

**Element 18 Date of First Removal from Home – Case Initial Removal Record – Earliest ‘Date Removed from Home’ e.g. 11/05/2001**

**Element 19 Total Number of Removals From Home – Case Initial Removal Record – Number of Initial Removal records for the Child**

Case ID: [Redacted] Case Status: Open  
Case Name: [Redacted] Case Category: Ongoing

**Initial Removal Record Filter Criteria**

From Removed Date:  To Removed Date:   
Child's Name:  Status:

**Filter** **Clear Form**

**Initial Removal Records**  
Result(s) 1 to 3 of 3

	Child Name	Date Removed from Home	Discha
<a href="#">edit</a>		10/08/2008	
<a href="#">edit</a>		10/08/2008	
<a href="#">view</a>		11/05/2001	07/18/2002

Child's Name:  **Add Removal Record**

## Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 20 Date of Last Foster Care Discharge

Legal Custody Episode and Status Information;

Custody Episode Has End Date;

**Note:** This will be the from the most recent Previous Custody Episode for the Child

Legal Custody Episode & Status Information

If present, a gap in legal status exists.

Custody Episode(Started with Officer Acceptance) Start Date: 06/13/2011 End Date:

Legal Status Information

Legal Status	Effective Date	Termination Date	Termination Reason	Created in Error
Legal Responsibility of County Children Services Board from 06/13/2011 to				
<a href="#">view</a> <a href="#">edit</a> <a href="#">ruling</a>	Temporary Custody	08/10/2011		
<a href="#">view</a> <a href="#">edit</a> <a href="#">ruling</a>	Emergency Custody to Agency	06/14/2011	08/10/2011	Change in Custody Type
<a href="#">view</a> <a href="#">edit</a>	Officer Acceptance	06/13/2011	06/14/2011	Change in Custody Type

[Add Legal Status](#) [Edit Custody Episode](#)

	Start Date:	End Date:	
+ Protective Supervision	07/07/2009	08/13/2009	
+ Custody Episode(Started with Officer Acceptance)	08/10/2007	07/07/2009	
+ Protective Supervision	05/29/2007	07/30/2007	

Or, the date from the **Placement Ending Details** record where the **Primary Reason is Discharge**

End Date:  \* The following end information will only be saved if an end date is entered

End Reason:

Secondary End Reason:

Discharge Reason:

Was there an effort to maintain placement?:

Describe the services that were provided to maintain placement.

[Spell Check](#) [Clear](#)

Explain the circumstances that led to the removal.

[Spell Check](#) [Clear](#)

Additional Comments:

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 21 Date of Latest Removal from Home

See the Mapping Document for Element 21 for the Business Rules which impact the reporting for this element.

Placement Records							
Result(s) 1 to 2 of 2							
	Child Name	Service Description	Provider Name	Begin Date/End Date	Agency	Status	
<a href="#">view</a>		Family Foster Home		12/08/2008	County Department of Job and Family Services	Completed	<a href="#">leave</a>
<a href="#">report</a>				11/02/2009			<a href="#">place</a>
<a href="#">authorize</a>							
<a href="#">view</a>		Kinship Care - Relative Home		10/08/2008	County Department of Job and Family Services	Completed	<a href="#">leave</a>
<a href="#">report</a>				12/08/2008			<a href="#">place</a>

## Element 23 Date of Placement in Current Foster Care Setting

The current placement setting for this child is **Adoptive Placement** and the date is 10/13/2009.

Element 23 = 10/13/2009 and Element 41 Current Placement Setting = AFCARS Value '3' Adoption.

## Element 24 Number of Previous Placement Settings during this Episode

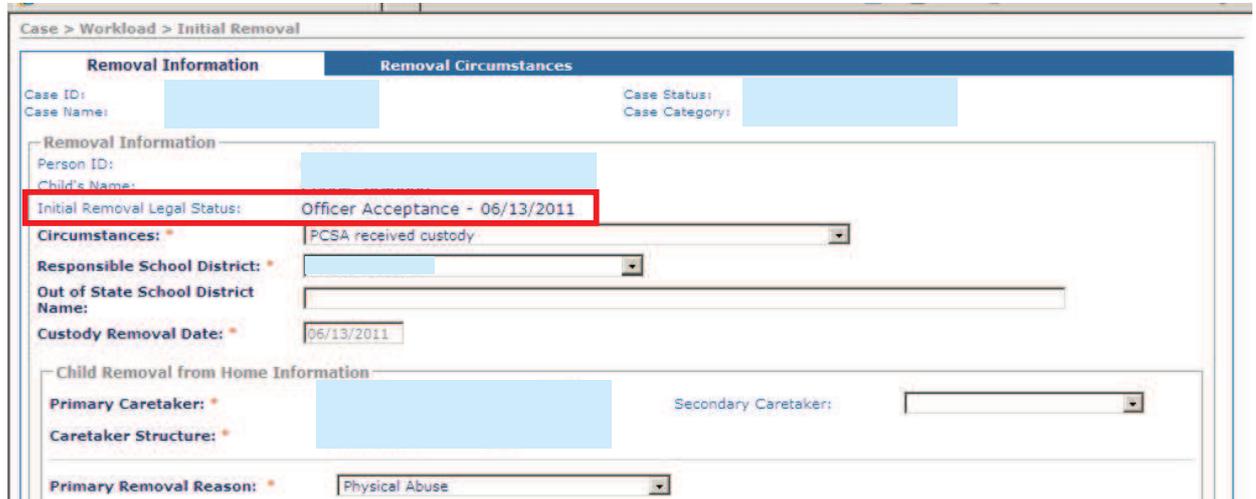
The custody episode begin date for this example is 10/09/2007 and the count of Placement Setting's would equal '3'

Placement Records							
Result(s) 1 to 3 of 3							
	Child Name	Service Description	Provider Name	Begin Date/End Date	Agency	Status	
<a href="#">edit</a>		Adoptive Placement		10/13/2009	Department of Job and Family Services	Completed	<a href="#">leave</a>
<a href="#">report</a>							
<a href="#">view</a>		Family Foster Home		03/31/2008	Department of Job and Family Services	Completed	<a href="#">leave</a>
<a href="#">report</a>				10/13/2009			<a href="#">placeme</a>
<a href="#">authorize</a>							
<a href="#">view</a>		Kinship Care - Relative Home		10/09/2007	Department of Job and Family Services	Completed	<a href="#">leave</a>
<a href="#">report</a>				03/31/2008			<a href="#">placeme</a>

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 25 Manner of Removal From Home for Current Placement Episode



Case > Workload > Initial Removal

**Removal Information**      **Removal Circumstances**

Case ID: [redacted]      Case Status: [redacted]  
Case Name: [redacted]      Case Category: [redacted]

**Removal Information**

Person ID: [redacted]  
Child's Name: [redacted]

**Initial Removal Legal Status:** Officer Acceptance - 06/13/2011

**Circumstances:** PCSA received custody

**Responsible School District:** [redacted]

**Out of State School District Name:** [redacted]

**Custody Removal Date:** 06/13/2011

**Child Removal from Home Information**

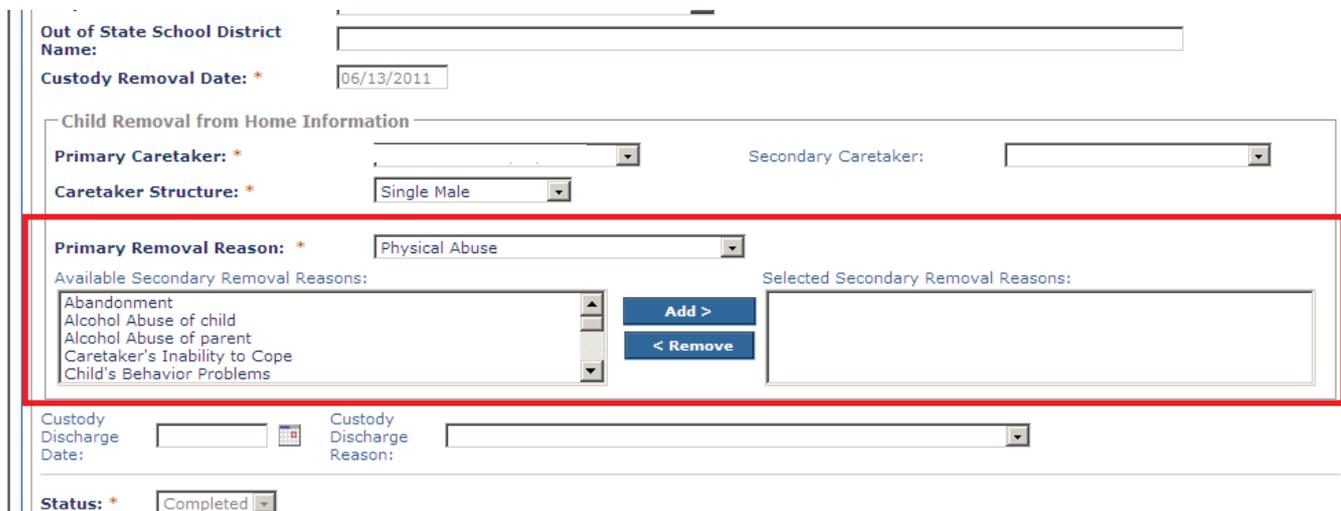
**Primary Caretaker:** [redacted]      **Secondary Caretaker:** [redacted]

**Caretaker Structure:** [redacted]

**Primary Removal Reason:** Physical Abuse

## Element 26 – 40 Removal from Home Reason

Child must have at least one removal reason



**Out of State School District Name:** [redacted]

**Custody Removal Date:** 06/13/2011

**Child Removal from Home Information**

**Primary Caretaker:** [redacted]      **Secondary Caretaker:** [redacted]

**Caretaker Structure:** Single Male

**Primary Removal Reason:** Physical Abuse

**Available Secondary Removal Reasons:**

- Abandonment
- Alcohol Abuse of child
- Alcohol Abuse of parent
- Caretaker's Inability to Cope
- Child's Behavior Problems

**Selected Secondary Removal Reasons:**

**Custody Discharge Date:** [redacted]      **Custody Discharge Reason:** [redacted]

**Status:** Completed

## Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 41 Current Placement Setting

### Element 41 Current Placement Setting = AFCARS Value '3' Adoption

Placement Records							
Result(s) 1 to 3 of 3							
	Child Name	Service Description	Provider Name	Begin Date/End Date	Agency	Status	Page
<a href="#">edit</a> <a href="#">report</a>		Adoptive Placement		10/13/2009	Department of Job and Family Services	Completed	<a href="#">leave placement</a>
<a href="#">view</a> <a href="#">report</a> <a href="#">authorize</a>		Family Foster Home		03/31/2008 10/13/2009	Department of Job and Family Services	Completed	<a href="#">leave placement</a>
<a href="#">view</a> <a href="#">report</a>		Kinship Care - Relative Home		10/09/2007 03/31/2008	Department of Job and Family Services	Completed	<a href="#">leave placement</a>

### Element 42 Is Current Placement Setting Out of State?

Based on the Placement Setting established in Element 41, Current Placement Setting, navigate to the **Provider Information** screen via the **Edit** link. If the **Primary Address** reflects a **NON-Ohio Address**, then Element 42 would be AFCARS Value '1' Yes, **Current Placement Setting is located outside of the State making the report.** In this example, the report code would have returned AFCARS Value '2' No, **the child continues to reside within the State making the report.**

Provider Information				
	Provider	Service Description	Primary Address	ICCA Delivered Date
<a href="#">view</a>		Adoptive Placement	Ravenna Burton OH	<input type="text"/>

## Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 43 Most Recent Case Plan Goal

From the child's list of case plans, select the most recent **Approved** plan.

Case Plans						
Result(s) 1 to 2 of 2						
	Type	Plan	Status	Approved Date	File Date	Agency
<a href="#">view</a>	Amended	2.03	Approved	04/23/2008	04/23/2008	County Department of Job and Family Services
<a href="#">copy</a>						
<a href="#">reports</a>	<a href="#">amend plan</a>   <a href="#">history</a>   <a href="#">court/signature details</a>					
<a href="#">view</a>	Amended	1.03	Approved	12/01/2006	12/01/2006	County Department of Job and Family Services
<a href="#">copy</a>						
<a href="#">reports</a>	<a href="#">amend plan</a>   <a href="#">history</a>   <a href="#">court/signature details</a>					

Identifying Information				
<b>Case Plan Type:</b> *	Amended	Plan Number:	2.03	Status: Approved
Child(ren) Participating in the Case Plan				
Name	DOB	Type of Placement	Child's Permanency Goal	Court Case/ID
		Certified Foster Home	Adoption	

### Element 44 Caretaker Family Structure

In this example, the selected structure is **Single Female** AFCARS value '3'.

**Note:** **Legally Separated** is mapped to the AFCARS value of **Married Couple** value '1'.

Removal Information		Removal Circumstances	
Case ID:		Case Status:	Open
Case Name:		Case Category:	Adoption
Removal Information			
Child's Name			
<b>Current Legal Status:</b> *			
<b>Circumstances:</b> *	PCSA received custody		
<b>Responsible School District:</b> *			
<b>Custody Removal Date:</b> *	04/11/2003		
Child Removal from Home Information			
<b>Primary Caretaker:</b> *		Secondary Caretaker:	
<b>Caretaker Structure:</b> *	Single Female		
<b>Available Removal Reasons:</b>	<ul style="list-style-type: none"> <li>Legally Separated</li> <li>Married Couple</li> <li>Single Female</li> <li>Single Male</li> <li>Unable to Determine</li> <li>Unmarried Couple</li> </ul>		<b>Selected Removal Reasons:</b> * <ul style="list-style-type: none"> <li>Sexual Abuse</li> <li>Child's Behavior Problems</li> <li>Alcohol Abuse of parent</li> <li>Caretaker's Inability to Cope</li> <li>Incarceration of Parent(s)</li> </ul>
Abandonment			<a href="#">Add &gt;</a>
Alcohol Abuse of child			<a href="#">&lt; Remove</a>
Child's Disability			
Death of Parent(s)			
Child of a Minor Parent			

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## [Element 45 Year of Birth: 1st Principal Caretaker](#)

## [Element 46 Year of Birth: 2nd Principle Caretaker](#)

From the persons identified as **Primary Caretaker** and **Secondary Caretaker** from the child's **Initial Removal** record, the system reports the **YEAR of BIRTH** for the Person Record for the Primary and Secondary Caretakers.

Removal Information

Child's Name

**Current Legal Status: \***

**Circumstances: \***

**Responsible School District: \***

**Custody Removal Date: \***

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Child Removal from Home Information

**Primary Caretaker: \***  **Secondary Caretaker:**

## [Element 47 Parental Rights Termination: Mother \[Date of \]](#)

## [Element 48 Parental Rights Termination: Father \[Date of \]](#)

Case Services

- Legal Actions
- Legal Custody/Status
- Living Arrangement
- Initial Removal
- Placement Request
- Placement
- Visitation Plans
- Independent Living
- AR Family Service Plan
- AR Family Service Review
- Case Plan
- Case Review/SAR
- Safety Reassessment
- Reunification Assessment
- Case Conference Note

Sort Results By:   Current Episode  View Historical

Legal Actions

Result(s) 1 - 11 of 11 Page 1 of 1

Legal Action:

	Date	Legal Action	Type	Court Case #	Action Participant(s)	Additional Info
<a href="#">view</a>	08/22/2011	Ruling	Motion			Ruling(s) Received
<a href="#">view</a>	08/22/2011	Ruling	TPR of Mother			Ruling(s) Received
<a href="#">view</a>	08/18/2011	Ruling	Annual Court Review (ACR)			Ruling(s) Received
<a href="#">view</a>	04/21/2011	Ruling	TPR of Father			Ruling(s) Received

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 49 Foster Family Structure

When the child's most recent placement record, if a **Home** provider, click the **Provider Information** link / **Member(s)** tab / and then **Edit** link in the **Household Marital Status Details** section.

Provider Category: Home      Provider ID :      Provider Name :

Household Marital Status Details

**Marital Status\***      Single parent household, mother only

**Effective Date\***      11/03/2009

## Element 50 Year of Birth: 1st Foster Caretaker

## Element 51 Year of Birth: 2nd Foster Caretaker

Click the **Provider Information** link / **Member(s)** tab for Applicant 1 & 2 / and click the applicant's name link. On the **Person Information** screen, see Applicant 1 & 2 **Year of Birth (DOB field)**.

Profile | Education | Medical | Employment | Military | Delinquency | SACWIS History

Basic    Demographics    Address    Add'l    Background    Characteristics    Safety Hazard

Name:      Person ID:      DOB:

Person Information

Prefix:      Middle Name:      **Populate AKA Name**

**First Name:**      Suffix:      **Populate AKA Name**

**Last Name:**      **Populate AKA Name**

Gender:      SSN:      Retain    Add/Edit

**DOB:**      Estimated DOB      Age:      **Populate AKA Name**

Deceased      Deceased Date:       Deceased Date Unknown

Driver's License #:      Issue State:      Expiration:      **Populate AKA Name**

Safety Hazard Exists     Safety Plan Exists     Environmental Hazard Exists     Protective Service Alert     AWOL

AKA Names

Prefix	First Name	Middle Name	Last Name	Suffix	AKA Type
<b>Add AKA</b>					

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

[Element 52: Race: 1st Foster Caretaker](#)

[Element 53: Hispanic or Latino Origin: 1st Foster Caretaker](#)

[Element 54: Race: 2nd Foster Caretaker](#)

[Element 55: Hispanic or Latino Origin: 2nd Foster Caretaker](#)

Click the **Provider Information** link / **Member(s)** tab for Applicant 1 & 2 / and click the applicant's name link. On the **Person Information** screen, click the **Demographics** tab.

Basic		Address		Members		Caregivers		Capacity	
Provider Category:	Home	Provider ID :		Provider Name:					
Current Active Members									
<a href="#">View Member History</a>									
Name / ID	Gender	DOB	Age	Role		Effective Date			
Sacwis, Susie	FEMALE			Applicant 1		08/07/1996			
	MALE			Child Household Member		08/07/1996			
	MALE			Applicant 2		08/07/1996			

[Profile](#) | [Education](#) | [Medical](#) | [Employment](#) | [Military](#) | [Legal](#) | [Delinquency](#) | [SA](#)

Basic	Demographics	Address	Add'l	Background
Name:	Person ID:			SSN:
Demographic Information				
Race				
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Unable to Determine			
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black/African American			
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian			
Ethnicity/Ancestry				
Hispanic/Latino:	Unknown			

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 56 Date of Discharge from Foster Care

If the child's most recent **Agency Custody Episode** (excluding COPS, COPS Ext and TCOPS) has been end dated, then use this date as the **Date of Discharge**.

Child Legal Status Details			
Created Date:		Created By:	
Modified Date:		Modified By:	
Agency:	County Department of Job and Family		
Custody Episode Start Date:	11/12/2008 12:00:00 AM	Custody Episode End Date:	02/25/2011
Legal Status: *	Temporary Court Order		
Effective Date: *	11/12/2008	Effective Time:	
Termination Date:	02/25/2011	Expiration Date:	
Termination Reason:	Court Issued Custody to Relative		
Narrative:			

## Element 57 Date of Discharge from Foster Care Transaction Date

Date not modifiable by end user.

## Element 58 Reason for Discharge

Locate the most recent **Initial Removal Record for the Child**. If the record has a **Custody Discharge Date** and **Custody Discharge Reason**, then report the **Custody Discharge Reason**. If the initial removal is not discharged, report this value as **blank**.

Removal Information			
Child's Name			
Current Legal Status: *			
Circumstances: *	PCSA received custody		
Responsible School District: *	LOCAL		
Custody Removal Date: *	10/08/2008		
Child Removal from Home Information			
Primary Caretaker: *		Secondary Caretaker:	
Caretaker Structure: *	Single Female		
Available Removal Reasons:		Selected Removal Reasons: *	
Abandonment Alcohol Abuse of child Alcohol Abuse of parent Caretaker's Inability to Cope Child's Behavior Problems		Dependency Neglect	
Custody Discharge Date:	11/02/2009	Custody Discharge Reason:	Return to Parent

# Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

## Element 59 Title IV-E (Foster Care)

**Eligibility/Reimbursability**

- [Adoption Subsidy](#)
- [Medicaid Eligibility](#)
- [Medicaid Mailing Info](#)
- [CRIS-E Inquiry](#)
- [Medicaid Card History](#)

**Child Selection**

- or - Person ID:

---

Person ID:  Name:  Birth Date:  [legal status history](#)

**Program Eligibility**

Determination Type	Status	IV-E Eligibility	Effective Date	Termination Date	Created In Error
Legal Responsibility of <input type="text"/>	<input type="text"/>	County Department of Job and Family Services from 10/24/2011 to Present			
Legal Responsibility of <input type="text"/>	<input type="text"/>	County Department of Job and Family Services from 11/12/2008 to 02/25/2011			
<a href="#">view</a>	Initial	Complete	Yes	11/12/2008	02/25/2011

Determination Type: \*

## Element 60 Title IV-E (Adoption)

[Eligibility/Reimbursability](#)

**Adoption Subsidy**

- [Medicaid Eligibility](#)
- [Medicaid Mailing Info](#)
- [CRIS-E Inquiry](#)
- [Medicaid Card History](#)

**Adoption Subsidy Program**

**Child Information**

Name:  DOB:  Age:

Person ID:  Case ID:

Assigned Workers:

- or - Person ID:

---

**Provider and Payment Information**

Provider Name:  Provider ID:  [view provider subsidy history](#)

Payee Name:  Payee ID:

Payee Address:  Payment Method: EFT [edit payment information](#)

---

**Subsidy History**

	Subsidy Type	Agency Name	Adoptive Parent	Application Date	Agreement / Approval Date	Status	Effective Date	End Date
<a href="#">view report</a>	Adoption Assistance	Department of Job and Family Services	<input type="text"/>	<input type="text"/>	03/28/2008	Approved	<input type="text"/>	<input type="text"/>

Subsidy Type:   Public  Private

## Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 63 Title XIX (Medicaid)

[Eligibility/Reimbursability](#)

[Adoption Subsidy](#)

**[Medicaid Eligibility](#)**

[Medicaid Mailing Info](#)

[CRIS-E Inquiry](#)

[Medicaid Card History](#)

**Child Selection**

**Person Search**      - or -      Person ID:  **Go**

Person ID:       DOB:

Person Name:       Title IV-E #:        Child has private insurance

**Current Medicaid Card Mailing Details**

Provider ID:       Origin of Information:       Provider Primary Address

C/O Name:       Address:

**Medicaid Application History**

Medicaid Type	Medicaid #	Application Type	Application Date	Requested Effective Date	Status
<b>Add Application</b>					

**Medicaid Eligibility History**

Medicaid Type	Medicaid #	Effective Date	Termination Date	Status
<a href="#">edit</a>	IV-EADA	<input type="text"/>		Active - SACWIS
<a href="#">view</a>				
<a href="#">report</a>				

### Element 64 SSI or Other Social Security Benefits

**Client Benefit Account Criteria**

SSN:

Person ID:  **Search Person**

**Search**

**Client Benefit Account Search Results**

Name:       Placement Address:

DOB:

**Accounts**

Type	Claim #	Application Date	Effective Date	Amount	Rejection Date	Closing Date
<a href="#">edit</a> <a href="#">add benefit</a>	SSI	<input type="text"/>				03/31/2011

**Add Account**

**Benefits**

Type	Agency	Transaction Type	Transaction Date	Total Amount	Per Diem Amount	Payment Begin Date	Payment End Date	Created In Error
<a href="#">view</a>	County Children's Board	Returned	04/19/2012	(\$674.00)	(\$21.74)	10/01/2011		
<a href="#">view</a>	County Children's Board	Deposit	10/03/2011	\$674.00	\$21.74	10/01/2011		
<a href="#">view</a>	County Children's Board	Deposit	09/07/2011	\$674.00	\$22.47	09/01/2011		
<a href="#">view</a>	County Children's Board	Returned	04/19/2012	(\$674.00)	(\$22.47)	09/01/2011		

## Generating AFCARS Data for the Foster Care Report

**Important:** To return to Foster Care Elements, press the **Control** button and click the link.

### Element 66 Amount of Monthly Foster Care Payment

Payment History Search Results														
Result(s) 1 - 1 of 1														
	Payee / Provider ID	Person	Payment Request ID	Adjust Pay ID	Roster Name	Disbursement Name	Disburse Date	Service	Cost	Units	Net Reim Units	Claim Dates	Total	Remove
<a href="#">view</a>					<a href="#">April 2012 Foster Care Payments</a>	April 2012 Foster Care Payments	05/15/2012	Family Foster Home Accessibility	\$25.00	30	30	04/01/2012 04/30/2012	\$750.00	
												[Approved]		
												<b>Payment Total: \$750.00</b>		

### ACF Definition of Race

In general, a person's race is determined by how they define themselves or how others define them. In the case of young children, parents determine the race of the child.

The race element is six characters in length lettered "a" through "f" and formatted as follows:

- a. **American Indian or Alaska Native** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c. **Black or African American** – A person having origins in any of the black racial groups of Africa.
- d. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- f. **Unable to Determine** – The specific race category is "Unable to Determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative, or guardian is unwilling to identify the child's race.