ADMINISTRATIVE PROCEDURE #5
CHILD WELFARE CASE RECORD ORGANIZATION & UNIFORM RECORDING REQUIREMENTS

Section 5.1 Purpose.......................................................................................................................... 2
Section 5.2 Assessment
   A) Child Welfare Intake............................................................................................................. 2
   B) Referral Sources..................................................................................................................... 3
   C) Complete Assessment........................................................................................................... 3
   D) Ongoing Assessment........................................................................................................... 4
Section 5.3 Case Opening.................................................................................................................. 5
Section 5.4 Client Service Planning................................................................................................. 6
Section 5.5 Service Implementation and Monitoring ....................................................................... 7
Section 5.6 Case Review................................................................................................................... 7
Section 5.7 Case Transfer/Case Reassignment.............................................................................. 8
Section 5.8 Case Closing.................................................................................................................. 8
Section 5.9 Other MARS/CYCIS Forms......................................................................................... 9
Section 5.10 Case Record Organization.......................................................................................... 10
   A) Principles of Case Record Organization.............................................................................. 10
   B) Single Case Record............................................................................................................... 10
   C) Order of Materials................................................................................................................ 10
   D) Records of Clients With Special Communication Needs ................................................. 10
   E) SACWIS Case File............................................................................................................... 10

Appendix A Social History Recording Format
Appendix B Case Entry Summary
Appendix C Case Record Organization
Appendix D CYCIS Forms Instructions
   CFS 484 Adoption/Subsidized Guardianship Tracking
   CFS 906/906-1 Placement/Payment Authorization Form
   CFS 906-4 Special Service Fee and Payment Extension Form
   CFS 1410 Case Registration/Case Opening Form
   CFS 1420 Case Review Form
   CFS 1421 Activity/Travel Form
   CFS 1425 Change of Status Form
   CFS 1425L Legal History Maintenance Form
CASE RECORD ORGANIZATION/RECORDING
March 4, 2011 – P.T. 2011.08

Section 5.1 Purpose

The purpose of uniform recording specifications is to ensure that decisions made by child welfare staff concerning assessment, case opening, service provision, service planning, client and collateral contacts, significant events, parent-child visitation, case transfer, worker reassignment and case closing are documented and maintained in the same manner statewide. Additionally, as the collection of data for computer entry via MARS/CYCIS is a critical element of recorded documentation, forms relating to that system are discussed.

- The CFS 906 and CFS 906-1, Placement/Payment Authorization form shall be sent to data entry within twenty-four hours of placement.

- The CFS 1421, Activity/Travel Report shall be sent to data entry on a weekly basis.

All other MARS/CYCIS forms shall be sent to data entry within three working days of the related event.

The purpose of establishing a standard case record organization system is to enable staff to locate materials quickly and easily, to organize materials in a logical manner, to decrease the frequency of lost case record materials, to maintain service information about the members of a family in a single file, and to minimize the need for duplicating information.

Section 5.2 Assessment

A) Child Welfare Intake

Preliminary information gathering undertaken upon in-person or third party referral for child welfare services will result in one of the following dispositions:

- no action in response to the assessment;
- referral to another agency for services or further evaluation;
- determination of the family’s eligibility for Department services;
- determination of whether Department services should be delivered to and/or arranged for the family;
- determination of the need for emergency services.

Child welfare staff are to record preliminary activities and all dispositions on the CFS 1440, Family Assessment Factor Worksheet, with supplemental pages added, as necessary.

Additionally, when child welfare staff are engaged in assessment activities, the following documents are to be completed:
CASE RECORD ORGANIZATION/RECORDING
March 4, 2011 – P.T. 2011.08

- **CFS 1440a, Worker Activity Summary**, indicating actions taken; and
- **CFS 1440b, Client Contact Summary**, indicating contacts made.
- **CFS 1441, Safety Determination Form**, indicating decisions made.

### B) Referral Sources

The preliminary assessment is intended to determine whether, based on the referral information, there appears to be probable cause to believe that Department services will be needed. This phase of the assessment shall be completed within five days after:

- in-person, phone or written request from an individual requesting DCFS services;
- in-person, phone or written request for DCFS services from a public or private agency or from another DCFS operational unit (SCR or child protection);
- receipt of **CANTS 2, CFS 1410, Registration/Case Opening, CFS 1440a, Worker Activity Summary, CFS 1440b, Client Contact Summary, and CFS 1440, Family Assessment Factor Worksheet, or CFS 1441, Safety Determination Form**, from child protection for an indicated CA/N report when child placement has not occurred. Investigative staff shall correct and update all information on the **CFS 1410** prior to forwarding it to child welfare staff. Opening legal information will be entered on the CF5 1425L for a new case opening.

### C) Complete Assessment Disposition

When a decision has been made concerning the referral, an assessment disposition is required. The three possible dispositions are:

- disposition out - no further action - no referral;
- disposition out - referral to another agency;
- case opening and DCFS services provision.

Assessment dispositional information shall be recorded on the **CFS 1440, Family Assessment Factor Worksheet** within 30 calendar days of the referral when the decision has been made to “disposition out” the referral. The decision to “disposition out” a case shall also consider the findings of the **Child**
Endangerment Risk Assessment Protocol, via the CFS 1441, Safety Determination Form. The supervisor must approve the worker’s decision to “disposition out” an assessment with no further action. The reason for “dispositioning out” the referral is to be recorded on the CFS 1440, Family Assessment Factor Worksheet.

D) Ongoing Assessment

Assessment is an ongoing process throughout the life of an open case to the point of service termination. The continuing need for DCFS services and/or DCFS involvement and the continued safety of children shall be documented during the administrative or regular case review process and at times as specified via the safety assessment as follows:

1. The CFS 1440-1, Family Assessment Factor Worksheet Summary, shall be completed:
   - Prior to an administrative or regular case review, continued risk must be documented by using the Family Assessment Factors as a guide in evaluating objectives and tasks and then recording the continuing or new risk issues.
   - Prior to the critical decisions of reunification or termination of Department services, a current assessment of progress through an evaluation of the current client service plan must be completed and presented for administrative approval. The client service plan must indicate a satisfactory evaluation rating and the CFS 1440-1 Family Assessment Factor Worksheet Summary, must indicate a significant reduction of overall risk. A new reunification service plan must be completed by the worker and the parent(s) in every decision to reunite the family.

2. The CFS 1441, Safety Determination Form, shall be completed via the Child Endangerment Risk Assessment Protocol as follows:
   - Within five working days after case assignment.
   - Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy, regardless of the placement of the child.
   - Every six months on intact family cases.
   - Immediately prior to returning a child home.
CASE RECORD ORGANIZATION/RECORDING
March 4, 2011 – P.T. 2011.08

- When considering the commencement of unsupervised visits.
- Before an Administrative Case Review where one or more child(ren) are still in placement or one or more child(ren) are still in the home.
- Immediately prior to closing a service case.

Section 5.3 Case Opening

For assessments resulting in case opening, the following additional recording shall be completed:

- **CFS 1410, Registration/Case Opening**, to be completed within 24 hours of the case opening decision unless received from child protection. If the case is opened because of an indicated child abuse or neglect report, enter the CANTS subject numbers into CYCIS. This will make all the historical allegations information available as CYCIS case information.

- Social history recording to be completed within 30 calendar days of case opening. (See Appendix A for format).

- Completion of a **CFS 1440-1, Family Assessment Factor Worksheet Summary** based on the information gathered in the social history.

- **CFS 1441, Safety Determination Form**, must be completed within five working days after the case has been assigned.

- Education assessment guide, developmental assessment for children not yet of school age, mental health screen and, if indicated, substance abuse screen, for all children who enter substitute care within 30 calendar days of court ordered temporary custody.

- **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel, but will be submitted to data entry weekly.

// **CFS 1425L, Legal History Maintenance Form**, to reflect the current legal status of the case at case open.

AP#5 (5)
Section 5.4  Client Service Planning

Client service planning includes those activities which result in a written service plan for families for whom services are needed and a case is opened.

Case recording includes:

- initial service plan (CFS 497, Parts I and II and, when the Department is legally responsible for the child, Part III) to be completed within thirty (30) calendar days of case opening;

- service plan (CFS 497, Parts I and II and, when the Department is legally responsible for the child, Part III) for the next planning period to be completed prior to the review;

- CFS 1440-1, Family Assessment Factor Worksheet Summary form to be completed prior to the regular or administrative case review;

- CFS 1441, Safety Determination Form for the Child Endangerment Risk Assessment Protocol to be completed:
  1) before each Administrative Case Review where one or more children are still in placement or one or more children are still in the home,
  2) every six months (from case opening) on intact family cases,
  3) when considering the start of unsupervised visits, and
  4) immediately prior to returning a child home;

- parent-child visiting record (CFS 497, Part IIA) to be completed when the permanency goal is “return home”;

// CFS 1420, Case Review, to be completed when the initial service plan is developed, when an administrative or regular case review is conducted, whenever the permanency goal or planned achievement date for the goal is changed, when the goal has been set through a Permanency Hearing to identify it as a court-set goal or when the target removal date is changed.

Special note: The Case Review Form, CFS 1420, must be data entered in a timely manner as entry of the case review form will indicate the Client Service Plan, CFS 497, is completed and signed. This information is essential for claiming under Emergency Assistance.
CASE RECORD ORGANIZATION/RECORDING
March 4, 2011 – P.T. 2011.08

Section 5.5 Service Implementation and Monitoring

Service implementation and monitoring includes those activities by which Department staff directly provide, arrange for or purchase those services identified in the CFS 497, Client Service Plan. Additionally, it includes activities intended to monitor the client’s receipt of services and progress toward objective and permanency goal achievement.

Case recording in this stage includes:

- **CFS 492, Case Entry**, to be completed on the same day as the contact/significant event;
- **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel;
- **Service plan (CFS 497, Part II)** upon task or objective achievement; and **Visiting Record** after parent-child visits when the permanency goal is “return home”;
- **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel;
- Other MARS/CYCIS forms as required by case events (see Section 5.9).

Section 5.6 Case Review

The regular or administrative case review results in an evaluation of case progress and a service plan for the next service delivery period. Risk factors which are identified on the CFS 1440-1, Family Assessment Factor Worksheet Summary, as well as those identified in the social history need to be considered as planning objectives identified in Part II of the service plan developed for the next planning period.

Case recording for case reviews includes:

- the service plan (CFS 497, Parts I and II and, when the Department is legally responsible for the child, Part III) for the next planning period to be completed prior to the review, as well as a social history on all members of the family including each child who is in placement;
- **CFS 1440-1, Family Assessment Factor Worksheet**, to be completed prior to the administrative or regular review;
CASE RECORD ORGANIZATION/RECORDING
March 4, 2011 – P.T. 2011.08

- CFS 1441, Safety Determination Form for the Child Endangerment Risk Assessment Protocol to be completed before each Administrative Case Review where one or more child(ren) are still in placement or one or more child(ren) are still in the home;

- CFS 1420, Case Review form;
  
  Special Note: The Case Review Form, CFS 1420, must be data entered in a timely manner since entry of the Case Review Form will indicate that the CFS 497, Client Service Plan, has been completed and signed. This information is essential for claiming under Emergency Assistance.

Section 5.7 Case Transfer/Case Reassignment

Case transfer includes those activities necessary to transfer responsibility for service delivery to a family/child from worker to worker or Department office to Department office.

Case recording for case transfer shall occur within ten (10) working days from the decision to transfer, but prior to the actual case transfer and shall include:

- CFS 1425, Change of Status Form; and

- Case Entry Summary (see Appendix B of these administrative procedures for the format the of the case entry summary).

Section 5.8 Case Closing

Case closing includes those activities necessary to formally terminate services to a client and close the case file and Department data collection:
Case recording will occur within fifteen (15) working days after the decision to close, but prior to closure and will include:

- the service plan **CFS 497, Part I–evaluation** or **SACWIS Service Plan** for the most recent plan which indicates satisfactory achievement of all the objectives;

- **CFS 1441, Safety Determination Form** for the **Child Endangerment Risk Assessment Protocol/SACWIS/SACWIS Safety Determination** to be completed immediately prior to closing a service case;

- **CFS 1425, Change of Status Form**; and

- **Case Entry Summary** (see Appendix B of these administrative procedures for the format of the case entry summary).

**Section 5.9 Other MARS/CYCIS Forms**

The use of several MARS/CYCIS forms is dictated by specific case events from the point of case opening through service implementation, transfer/reassignment and closing. The forms and the required completion timeframes are as follows:

- **Placement/Payment Authorization Form** is used to record child placement or replacement and starting or ending dates for payments related to placement. **CFS 906-1**, for private agency foster care, child care institution, maternity center and group home care or **CFS 906**, for DCFS supervised foster care and relative home care is to be completed at the time of the event. Note: when a child has been placed during the course of a CA/N investigation, the worker making the placement will forward this document to data entry with a copy to the service unit. The service worker is responsible for opening the appropriate case;

- **Special Service Fee/Payment Extension form (CFS 906-4)** is to be completed and submitted with the **Placement/Payment authorization Form** to extend payment to a provider for up to fourteen (14) days and to record the start/end dates of special service fee payments (to be completed when such fees are approved/extended).
Section 5.10 Case Record Organization

A) Principles of Case Record Organization

Case records are to be organized in a logical manner so that related materials are located together. Case records are to contain only information that is relevant to the case. Extraneous or irrelevant materials are to be purged from the record. However, the following documents may NOT be destroyed:

- Birth certificates;
- Social Security cards;
- Handwritten notes and letters;
- Report cards and school mementos;
- Greeting cards;
- Photographs;
- Birth mementos, hospital bracelets, footprint records, etc.;
- Personal items which could not be replaced;
- Decree of adoption; and
- Religious ceremony verifications and mementos.

B) Single Family Case Record

A single family case record is to be established. The family case record will include child specific sections. See Appendix C for the section requirements and the contents of each section. When the single-family case record is split among multiple binders, there must be documentation indicating where all of the required materials can be found. Hard cover expandable files are to be used for open cases. Cases that have been closed for six months or more are to be converted to the manila folders.

C) Order of Materials

Materials are to be filed in reverse chronological order (i.e., newest information on top).

D) Records of Clients with Special Communication Needs

The case records of clients who are hearing impaired or who are limited/ non-English speaking shall be marked to indicate that the client has a special communication need. This shall be done by attaching a round yellow sticker to the outside of the case file next to the case name. Such stickers applied to the outside of a record shall indicate throughout the Department to whoever is using the file that they must check the case record to find out the client’s preferred mode of communication. This mode of communication shall then be used when engaged in contact with the client.
E) SACWIS Case File

All electronic (digital files) shall be retained permanently.
APPENDIX A - SOCIAL HISTORY RECORDING FORMAT

The following format is to be used for completing the social history as part of a comprehensive assessment. Family Assessment Factor Worksheet components are identified when they relate to items called for in the social history.

SOCIAL HISTORY

Date: ______________

Family Name: ___________________________  CYCIS ID#: ___________________________

Worker Name: ___________________________  RG/ST/FS: ___________________________

I. Reason for Involvement:

II. Family Composition

A. Indicate by name and role each adult in the household; indicate by name and role all other significant adults in the family; indicate by name and age each child in the family; identify each child remaining in the home or born during the course of DCFS initial involvement, each child under DCFS legal responsibility, and each child living outside the family (other than under DCFS legal responsibility), with whom each lives, the formal or informal agreements, and for how long the child has been out of the home.

III. Family History

A. Family Environment: Is the parent's home environment sufficient to meet his/her needs, adequate to meet children's basic needs? Basic health and safety standards met?  [Relates to Family Assessment Factor #4]

B. Family/Community: Is the community from which the client comes supportive or a stress to parent and child? How does the family fit into the community? Is the family accepted or rejected? What is the family's interaction with outsiders? Is the environment conducive to safely raising a child? Are other governmental agencies involved with the family? If so, identify?  [Relates to Family Assessment Factor #2]
CASE RECORD ORGANIZATION/RECORDING
February 1, 2000 – P.T. 2000.04

Are community resources available and within reasonable proximity and will they assist the parent with identified problems?

The extent to which government/community resources are needed by the family to meet basic emotional, physical and financial needs.

Religious beliefs and/or cultural factors that support/stress the family.

C. **Family Functioning:** Do family members state that they want to stay together? What are the behavioral indicators of motivation to resolve the problems to keep the family intact or to be reunited? [Relates to Family Assessment Factor #1]

D. **Family and Child Rearing:** What are the rules for behavior in this family? What are the expectations for obedience and compliance with rules? What are the forms of discipline/punishment? Who administers discipline? What is the role of the other parent? [Relates to Family Assessment Factors #9 and 11]

IV. **Parent's History:** (Include biological parents, step-parents, or others providing care in the role of parent)

A. **Personal History**

1. **Biographical information:** date/place of birth, description of family of origin, note if parents are foreign born, parents and siblings, perception of family of origin, standard of living, cultural backgrounds, family values, family practices especially regarding discipline, feelings about own parents, siblings, history of family violence, physical or sexual abuse, abuse of drugs or alcohol.

2. **General Physical Appearance**

3. **Education:** specific information regarding schools attended, degrees completed, attitudes towards education, attitudes towards children's role as student, school and teachers.

4. **Occupation:** employment history, occupational skills, current employment, position, significant period of unemployment, attitude regarding occupation or if not employed, motivation to be employed.

5. **Physical Health/Mental Health:** Physical health - general health condition; critical health issues/acute or chronic diseases; diagnosis/frequency/duration of hospitalizations; need for/type of medication and/or treatment. Mental health - diagnosis/frequency/ duration of hospitalizations; need for/type or medication and/or treatment; impact on parenting motivation, capacity, skills; indicate symptoms of verbal or physical abuse against others, adults and/or
children; self-destructive behavior; destructive behavior against property; critical health or developmental milestones; significant stresses in life of parent; substance abuse problems/diagnosis/treatment; symptoms/diagnosis/treatment of depression, suicide.

6. **Marital Status:** marriage/divorce/separation, number and age at each, stability of current marriage/relationship, pattern of stability in relationships, satisfaction/mutuality of relationship, pattern of abuse between partners, problems/conflicts, are both parents involved in parenting and part of the service plan, is custodial parent's role partner involved in parenting and part of the service plan?

7. **Criminality or Imprisonment:** indicate offense(s), frequency, convictions, duration of imprisonment; provide significant detail of indictments and/or convictions for offenses against children, for crimes of assault or battery.

8. **History of Child Abuse or Neglect:** provide significant detail about allegations, findings, sequence; placements of children -- frequency and duration; serious injuries or death of children from abuse or neglect; previous surrenders, termination of parental rights. [Relates to Family Factors #3 and 12]

B. **Parent in Relationship to Presenting Problem/Need:** Parent's understanding/acceptance of presenting problem; understanding of role in event - passive or active; role of perpetrator in family unit and attitude of parent toward this person. [Relates to Family Assessment Factors #5 and 12]

C. **Parent in Relationship to Children:** Parent's attitude toward children; perception of child(ren) as individuals; understanding of effect of presenting problem on child(ren); number of children, live births, children who have died, children not living with parent(s) -- including names, ages, current whereabouts, reasons for separation, amount of contact, child support issues, relationship with child's parent/former spouse/role partner. [Relates to Family Assessment Factors #5-12]

D. **Parent in Role of Parent:** Parent's understanding of developmental, emotional, physical, educational needs of children, of age-appropriate behavior; motivation/ability to meet needs of child(ren); level of parental skills. [Relates to Family Assessment Factors #5-12]

E. **Parent in Role with Others:** Parent's identification of significant others and role of each, level of dependency on one or more for basic physical and emotional needs; family and community support systems available to the parent; recognition of family and community support systems; identification of other agencies/community groups involved with parent.
F. **Worker Assessment of Parent's Strengths and Weaknesses:** Worker's perception of strengths and weaknesses of parent's ability to meet minimum parenting standards; areas parent identifies as problematic, areas parent sees as strengths; worker's perception of ability and motivation to learn; motivation/ability to correct problem resulting in the placement of child(ren) in future; motivation/ability to remedy presenting problem.

G. **Parent and Service Plan:** Parent's statement of what they would like to see happen; their understanding/acceptance of presenting problem; level of motivation to work on identified problems; level of motivation and ability to receive and accept services; willingness to visit. [*Relates to Family Assessment Factors #13 and 14*]

V. **History of Child(ren) Not in Placement**

A. **Identifying information:** names, ages, physical descriptions.

B. **Summary of educational, medical, developmental and other information relevant to service delivery to the parents and children not in placement.**

C. **Child(ren)'s Personality and Behaviors:** description of how the child presents him/herself at home - to the parent(s) and to other siblings, in the school, in the community and to the worker; identify behavioral problems; identify the relationship of these problems to the functioning of the parent(s) and to other members of the family.

D. **Child(ren) in Relation to Event:** impact of the presenting event of the child; child's perception of the problem/needs; child's relationship with and feelings about any/all siblings removed from the home; what is the child's behavioral reaction to separation from the siblings or the parent (if the parent was the one to leave the home, e.g., in sexual abuse cases).

E. **Child(ren)'s Perception of Family:** to whom does the child relate most often; from whom does the child receive most support and nurturing; who provides the discipline for the child and what are the child's attitudes regarding persons in this role.

F. **Family's Perception of Child:** what is the child's role in the family; describe attitude, feelings, actions of parent(s), other adults and siblings toward the child; is the child seen as a problem in the family.

G. **Visitation:** what are the child's attitudes and feelings toward visitation with the placed sibling(s); indicate if supervision is recommended, and if so, who should provide this service.

H. **Recommendation for Special Services to the Child(ren):** special needs requiring attention by the parent(s); identify the need for diagnostic evaluation and/or
professional intervention.

VI. History of Each Child in Placement

A. Identifying information: names, ages, physical descriptions, note if child is foreign born.

B. Summary of educational, medical, developmental and other information relevant to service delivery including any special testing, diagnosis of physical or emotional problems; undocumented status; indication of substance abuse problems; indication of high risk for serious medical complications; history of intravenous and/or other drug usage; history of repeated sexual activity with different partners.

C. Child's Personality: description of how the child presents him/herself at home, at school, in community, to peers, to the worker and other parent/authority figures; does the child have same age peer relationships which are identified as positive, helpful; is the child active, passive, responsive, withdrawn; how does the child spend free time; identify child's interests, skills and hobbies; how does the child communicate, request needs, express ideas, feelings; identify significant persons in the child's life, significant losses.

D. Negative Behavioral Indicators: does the child exhibit excessive aggression toward self, toward others; has the child been known to be harmful to animals; is the child destructive to personal property; has the child been known to set fires; has the child been exposed to sexual activity at an early age, a witness to parental or other adult sexual activity; has the child been a perpetrator of sexual abuse with children of the same age or with children who are much younger; does the child engage in age-appropriate activities; is the child usually in the company of younger children, older children or adults only.

E. Child in Relation to Event: impact of presenting event on child, physically and emotionally; child's perception of problem/need; child's feelings toward perpetrator, attitude toward involvement; exploration of what child would like to see happen with him/herself and to the parent and the family.

F. Child's Perception of Family: to whom does the child relate most often; from whom does the child receive most support and nurturance; who provides the discipline in the family; what are the child's attitudes regarding persons in this role; who is the favorite parent, the favorite sibling; how does the child perceive roles in the family; what is the child's reaction to separation from parent(s), siblings, and significant others, including the perpetrator; what is the child's reaction to visitation?

G. Family's Perception of Child: what is the child's role in the family; describe interaction with parents, siblings and others in and out of the household.
H. **Child and Visitation:** what would the parents like to see happen for visitation with their child? What would the child like to see happen during visitation with parents? with siblings? Indicate if supervision is required or recommended - and if so - who will provide this service? **[Relates to Family Assessment Factors #15-18]**

I. **Recommendations for Special Services to the Child:** record currently diagnosed conditions, identify need for diagnostic evaluation/treatment for actual or potential medical conditions; record any social, emotional, developmental or educational needs; identify the need for legalization if the child is an undocumented resident in the United States; record any need for diagnosis/treatment if the child is a juvenile sexual offender, a substance abuser, as well as those services needed by pregnant or parenting teens. Note any special services or attention needed by the child's parents or caretaker. Specify if an alternative placement resource is needed to meet the child's service needs.

VII. **Recommendation for Further Action Requiring Legal Approval:** indicate any special limitations on the type, frequency, or duration of parental visits; changes in legal status; request for ruling on reasonable efforts; request for immigration/legalization assessment; or request to screen for adoption.

VIII. **Worker's Assessment:** summarize most significant presenting and underlying issues needing attention; parental capability to achieve or maintain minimal parenting standards; willingness of parent(s) to receive assistance; strengths and weaknesses of all family members; special needs of each child (undocumented status/foreign born, when applicable); and capability of parents to meet needs.

IX. **Recommendation for Further Intervention:** type of intervention needed to serve family/individual children; which service unit should serve the intact family/placed child(ren); indicate date and to whom referral was made; indicate need for diagnostic assessment for parent/child(ren); indicate date and to whom referral was made for diagnostic assessment; indicate legal status, the type and date of the next court hearing; indicate the date of the first case review.

COMPLETE THE CFS 1440-1, FAMILY ASSESSMENT FACTOR WORKSHEET SUMMARY
APPENDIX B - CASE ENTRY SUMMARY

A summary shall be completed when any of the following events occur in a case:

- Case Transfer
- Case Closing

The narrative should be a factual summary of information identified below since the last time a
entry summary was completed.

1. Case Name (Last, First, Middle Initial)
2. Dates (start and ending) covered by the summary
3. Frequency and Types of Contacts
4. Services Provided During the Period
5. Significant Developments or Events in the Case
6. Progress in Accomplishing the Service Plan (for case transfer or reassignment only)
7. Suggestions for Future Service, if any (for case transfer or reassignment only)
8. Reason for Case Transfer/Reassignment/Closing (if appropriate to current recording).
APPENDIX C - CASE RECORD ORGANIZATION

I. Intake and Client Service Planning

A) Intake Section

*Note: SACWIS forms marked below with an asterisk need only be printed out in accordance with the instructions in AP#5, Section 5.10, Case Record Organization, paragraph E.

- DCP investigative packet (If there are a number of DCP investigative packets, they may be filed in a separate section.)
- SACWIS Risk Assessment*
- Social History (as required by Appendix A)/SACWIS Integrated Assessment*
- CFS 1440a, Worker Activity Summary
- CFS 1440b, Client Contact Summary
- CFS 1441, Safety Determination Form/SACWIS Safety Determination*
- Burgos Consent Decree Forms (Aurora subregion and Cook Regions only) includes CFS 1000-1, Hispanic Client Language Determination Form; Refer to Procedures 302.30 and 300, Appendix E for more details.

B) Client Service Planning Section

- CFS 497, Client Service Plan/SACWIS Comprehensive Family Service Plan*
- CFS 1441, Safety Determination Form/ SACWIS Safety Determination*
- CFS 1420, Case Review form

II. Case Recording Section

- Case Entry Form (CFS 492)/SACWIS Note*
- Six month summaries
- Case transfer summary
- Case closing summary
- CFS 119, Unusual Incident Reports
- CFS 1410, Registration/Case Opening
III. Legal Document Section

- Court orders
- Reports to the court
- Supplemental petitions
- Discharge notices (CFS 440, 440-A, 440-1, and 440-3)
- Legal status reports
- Adoption surrenders (CFS 435 or 435-2)
- Adoption consent (CFS 436A or 436 IA) Most recent notice for court appearances
- Correspondence to and from the court
- Police reports (unless linked to a DCP investigation. File these with the investigation.)
- Verification documents (birth, marriage, citizenship, military services, death, and divorce)
- CFS 600-3A, Record of Release of Information
- CFS 600-3, Consents for Release of Information
- CFS 444, Voluntary Placement Agreement
- CFS 458, Relative Caretaker Placement Agreement
- CFS 458-B PART I, Family Composition/ Initial Family Finding/Household Income
- CFS 458-B PART II, Relative Resources and Positive Supports Worksheet
- Norman Consent Order Forms
  CFS 370-1, Norman Class Certification for Reunification Cases
  CFS 370-2, Norman Class Certification by Administrative Case Review
  CFS 370-4, Notice to Class Members
IV. Financial Section

- CFS 370-5, Request for Cash, AFDC and/or Housing Assistance
- CFS 370-6, Letter to Family Regarding Cash Assistance
- CFS 906, Placement/Payment Authorization Form
- CFS 906-4, Special Service Fee and Payment Extension Form
- CFS 1411-B, Declaration of Income
- Information pertinent to children’s benefits
- CFS 911, Financial Statement for Parental Determination
- Subsidized adoption application and materials (CFS 470 A, B, C, D, etc.)
- Income verification
- SSA 8000 BK, Application for Supplemental Security Income
- Notification of eligibility (CFS 1860)

V. Reports and Correspondence Section

- Purchase of service reports
- Homemaker reports
- Counseling reports
- Advocate reports
- Correspondence to and from contracting agency
- Day care related materials
- Medical and psychological reports (parents - family, unless linked to a DCP investigation. File those with the investigation.)
- Correspondence to and from the family
VI. Child-Specific Section (Each child in the family case must have his/her own Child-Specific Section. The child’s Child-Specific Section may be designated by a tab with the child’s name or may be a separate binder or set of binders for that child. When the single case record is split among multiple binders, there must be documentation indicating where all of the required materials can be found.)

- For POS providers delivering Medicaid Community Mental Health Services under 59 Ill. Adm. Code 132: Materials linked with a POS provider’s delivery of Part 132 services for that child. Includes the child’s assessment, treatment plan, consents, treatment reviews, reports, service documentation, and all other materials related to the provider’s delivery of Part 132 services for that child. Materials related to the provider’s delivery of Part 132 services for a child must be designated by a separate tab or set of tabs or in a separate binder or set of binders.

- Medical, psychiatric, and psychological reports (Child-specific; materials not linked with a POS provider’s delivery of Medicaid Community Mental Health Services under 59 Ill. Adm. Code 132)

- CFS 431, Consent of Guardian to Medical/Surgical Treatment

- The Health Passport

- CFS 601, Dental Examination Record

- CFS 407, School Reports

- CFS 407-4, Educational Assessment Guide

- School-related and other consents

- Individualized Education Program (I.E.P.)

- CFS 109, Request for Out-of-state Travel

- CFS 432, Consent of Parent/Guardian for Out-of-State Travel

- Interstate Compact recording (CFS 490 series)

- Child Case Summary, CFCM 4021-a (a MARS/CYCIS report)

- CFS 1000-A, A Spanish Speaking Child Placed in a Non-Spanish Speaking Living Arrangement (Aurora and Cook Regions only, when applicable)

- Child-specific reports and materials

- CFS 2017, Child/Caregiver Matching Tool

- CFS 2018, Interethnic Placement Act Assessment Form (if applicable)

- CFS 680, Child Identification Form

- CFS 1014, Children Absent From Placement Report Form

- Child's Picture and fingerprints
APPENDIX D – CYCIS FORMS INSTRUCTIONS

FORM

484 Adoption/Subsidized Guardianship Tracking
906/906-1 Placement/Payment Authorization Form
906-4 Special Service Fee/Payment Extension Form
1410 Registration/Case Opening
1420 Case Review Form
1421 Activity/Travel Report
1425 Change of Status Form
1425L Legal History Maintenance Form
I. PURPOSE

The purpose of this policy guide is to issue instructions to staff who perform the functions of creating and opening cases in SACWIS and CYCIS.

II. PRIMARY USERS

Primary users of this policy guide are DCFS child welfare and child protection workers, supervisors, and clerical support/CYCIS data entry staff.

III. BACKGROUND

In July 2004, SACWIS Phase II implementation reached its one-year mark. While this has been a time of much transition, we continue to grow technologically as an agency.

Many daily work functions are now being done in the SACWIS system. Two important and critical functions are creating and opening service cases (intact family and family/placement). These functions require initial completion of work in SACWIS and additional work in CYCIS in order to fully complete the case open process.

IV. PROCEDURES

Child Protective Services Workers

Child Protective Services workers must follow these procedures when it is determined that a service case (intact family or family/placement) will be opened as a result of an investigation (CA/N intake).
• Case openings generated as a result of an investigation (CA/N intake) MUST first be created in SACWIS prior to opening the case in CYCIS.

• From the SACWIS Create Case window, the user must determine if a family or child, or both family and child cases are to be created. (Ex. If only an intact family case is needed, the user will create a family case only. If the case is a placement case, the user will create the family case and corresponding child cases.)

• Users MUST make sure the “CYCIS Family Member” indicator is marked YES for cases that will be opened in CYCIS.

• Creating the case(s) in SACWIS generates the SACWIS 1410. The SACWIS 1410 must be sent immediately to the appropriate CYCIS data entry staff to complete the case open process.

• The steps outlined above should also be followed when a case is re-opened.

**Child Welfare Staff (including supervisors)**

Child Welfare Staff (including supervisors) should follow these procedures when it is determined that a service case (intact family or family/placement) will be opened as a result of an intake evaluation (non-CA/N intake).

• Case openings generated as a result of an intake evaluation (non-CA/N intake) MUST first be created in SACWIS prior to opening the case in CYCIS.

• From the intake evaluation decision tab, the Child Welfare worker will disposition the intake evaluation by choosing **open case** as the disposition, and submit to his or her supervisor for approval.

• Once approved, from the Create Case window, the supervisor must determine if a family or child, or both family and child cases are to be created. (Ex. If only an intact family case is needed, the user will create a family case only. If the case is a placement case, the user will create the family case and corresponding child cases.)

• Users MUST make sure the “CYCIS Family Member” indicator is marked YES for cases that will be opened in CYCIS.

• Creating the case in SACWIS generates the **SACWIS 1410**. The SACWIS 1410 must be sent to the appropriate CYCIS data entry staff to complete the case open process immediately.
Child Welfare staff may create child cases from an open family case. If a child case(s) must be created as a result of a child(ren) in an intact family being taken into protective custody, SACWIS users should create the child case(s) from within the open family case.

The steps outlined above should also be followed when a case is re-opened.

Clerical Support/CYCIS Data Entry Staff

Clerical Support/CYCIS Data Entry Staff must follow these procedures to complete the case open process in CYCIS for family and child service cases.

- Clerical Support/CYCIS Data Entry staff must receive a **SACWIS generated 1410** from the worker that created the case in SACWIS.

- Clerical Support/CYCIS Data Entry staff should **NEVER** open cases in CYCIS that are not displayed in the **Case Opening section** of the SACWIS 1410.

- The SACWIS 1410 contains three key ID numbers that are required for opening the case(s) in CYCIS. They are as follows:

  1. **SACWIS Person ID** #--keyed into CR03 Client Basic Registration
     
     (Note: **Entry is required on one screen per person.**)

  2. **SACWIS Family Group ID** #--keyed into CR03 Client Basic Registration and CR08 Family Composition

  3. **SACWIS Case ID** #--keyed into CM02 Case Open/Reopen screen
     
     (Note: **There will be a SACWIS case ID for the family case and a different one for each child case. Users MUST ensure the individual SACWIS Case ID numbers are entered in CYCIS for the family case and for each individual child case.**)

- When performing CYCIS data entry to complete the case open process, Clerical Support/CYCIS Data Entry staff MUST soundex each person to determine if the family or children already exist in CYCIS.

- If the family and all or some of the persons already exist in CYCIS, verify the SACWIS Family Group ID and SACWIS Person ID on the 1410 match CYCIS.

  1. If the SACWIS Person ID and SACWIS Family Group ID are the same, open the family and/or child case, using the SACWIS Case ID on the 1410. **NEVER open or reopen a CYCIS case without a SACWIS Case ID.**
2. If the SACWIS Person ID and SACWIS Family Group ID are NOT the same, do not create new CYCIS person IDs. Open the family and/or child case, using the SACWIS Person ID, SACWIS Family Group ID and SACWIS Case ID on the 1410.

(Note: When step 2 occurs, the Getronics Help Desk must be notified immediately.)

V. QUESTIONS

If users experience problems in creating and opening cases in SACWIS, they are instructed to contact the Getronics Help Desk at 1-800-791-9958.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after page 2 of Appendix D of Administrative Procedure # 5.
PURPOSE: The Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements established by Federal regulations require the uniform, reliable collection of information concerning children under the placement care and responsibility of the State Title IV-B/IV-E agency, and children adopted while under the auspices of the State public child welfare agency. The Department’s system for tracking AFCARS compliance for children adopted with or without a subsidy and children placed with a private guardian with or without a subsidy is comprised of the CFS-484 (turnaround document), two Child and Youth Centered Information System (CYCIS) screens (CM-46 & CM-47), and various monitoring and statistical reports.

The CYCIS system provides a trigger to begin tracking cases with a permanency goal of either adoption, guardianship, substitute care pending court decisions on termination of parental rights, adoptive rights, or surrender both. The CYCIS system also provides a mechanism for collecting monthly updates for each case in the population until adoption is finalized and the Department is no longer legally responsible.

The CYCIS system is the repository for critical data items needed to meet the federally mandated AFCARS requirements.

WHO completes it: The initial CFS-484 will be computer generated when CYCIS information includes one of the following triggers:

- a permanency goal of adoption (Code 25);
- a permanency goal of guardianship (Code 26);
- a permanency goal of substitute care pending judicial determination regarding TPR (Code 24);
- legal status of adoptive rights (Code AR); or
- legal status of surrender both parents (Code SB).
A CFS-484 will also be produced when a case is closed for reason of Completion of Adoption (CA) or Relative Adoption (RA), and/or if a final living arrangement of Home of Adoptive Parent (HAP) is reported and the case is not AFCARS data compliant. Non-compliant AFCARS cases will be brought to the attention of AFCARS Coordinators for follow-up with Department and POS agency caseworkers.

- CFS-484 forms generated for Department cases will be forwarded to appropriate Regional Adoption Coordinators for distribution to caseworkers.

- CFS-484 forms generated for Cook County purchase of service (POS) agency cases will be mailed to designated POS agency AFCARS Coordinators who will distribute the forms to the appropriate agency caseworkers.

- CFS-484 forms generated for POS agency cases outside of Cook County will be forwarded to appropriate DCFS Regional Adoption Coordinators for distribution to appropriate POS agencies.

The worker will update the turnaround CFS-484 and submit it for data entry when events occur that are tracked by the document. This information will be data entered on the CM-46/47 screens no later than the last day of the month by designated individuals in each of the region’s Adoption Units. A new turnaround CFS-484 will be generated and sent to the worker on the fifth day of the following month. A turnaround document will not be generated after No Legal and Subsidy Start Up dates are entered, and the worker should retain a file copy of the final CFS-484.

**SPECIAL NOTES:**

The following procedures must be followed when correcting AFCARS case information or when deleting a case from AFCARS.

In order to correct information that had been previously entered in CYCIS concerning a child’s permanency goal or legal status, the caseworker shall request that the
case be deleted by printing prominently across the top of the CFS-484 “PLEASE DELETE” and attaching required CYCIS forms with corrected information. A copy of the court order must also be attached to the CFS-484 when the court has changed the permanency goal.

Caseworkers may correct preprinted CFS-484 turnaround document information for adoption or guardianship cases properly included in AFCARS by striking out the information to be corrected and writing the correct information directly above the strikeout. Correction of court information (e.g., date of TPR, date adoption finalized) requires that the caseworker attach a copy of the court order in addition to correcting the information manually.

Only the following CFS-484 data fields must be completed when the permanency goal for a child is guardianship (with or without a Department subsidy) or a case where the child will be or has been adopted:

- Resource Type
- Date 483-1 Signed
- Date Passed LGL SCRN
- Date MTHR BKGRND CLR
- Date FTHR BKGRND CLR
- Date PKG SUB for APVL (if guardian will receive a subsidy)
- Date Subsidy Approved (if guardian will receive a subsidy)
- Date Subsidy Start-Up (if guardian will receive a subsidy)

These procedures also contain general information about CYCIS screens CM-46/47 and procedures for correctly closing a child’s case in CYCIS when a child’s adoption is finalized and guardianship is discharged.
CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
September 15, 2000 – PT 2000.19

CFS-484

ADOPTIONS/GUARDIANSHIP TRACKING (CM-46)

Child’s CYCIS Information

CYCIS information will be computer printed.

AFCARS Required CYCIS Information

Termination of Parental Rights or Adoptive Surrenders and Subsidized Guardianship Dates

These dates will be computer printed. If a date is not present, attach a copy of either the Termination of Parental Rights Order or Adoptive Surrenders and submit the CFS-484 according to normal procedures.

Required Adoption Information

Date Petition Filed For TPR

Enter month, day and year the TPR petition was filed with the court.

Is This An Expedited Adoption

Enter Y = Yes

Enter N = No

When an adoption is an expedited adoption (court termination of parental rights the same day an order of adoption is entered) the caseworker MUST attach to the CFS 484 a copy of the court order terminating parental rights and a copy of the court order of adoption.

Date Petition Filed For Guardianship

Enter month, day and year the guardianship petition was filed with the court.

Date Adoption Finalized (Required if subsidy startup date is present.)

Enter the month, day and year the court finalized the adoption.
Adoptive Family Provider Identification

Enter the family’s provider identification number.

Date of Adoptive Home Placement

Enter the month, day and year the Adoption Placement Agreement or the Legal Risk Agreement was signed.

Adoptive Mother’s First and Last Name

This information is required if the marital status is SM (Single Mother), the adoptive mother’s date of birth or race is present, or the adoptive father’s name is not present.

Adoptive Mother’s Date of Birth

Enter month, day and year.

Race

Place an “X” by all codes that apply as declared by the adoptive mother.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL/AA</td>
<td>Black or African American</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>AI/AN</td>
<td>American Indian or Alaskan Native</td>
</tr>
<tr>
<td>ASIAN</td>
<td>Asian</td>
</tr>
<tr>
<td>NH/PI</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>UNDET</td>
<td>Undetermined</td>
</tr>
<tr>
<td>HISP ORG</td>
<td>Indicates whether the individual is of Hispanic origin</td>
</tr>
</tbody>
</table>

Adoptive Father’s First and Last Name

This information is required if the marital status is SF (Single Father), the adoptive father’s date of birth or race is present, or the adoptive mother’s name is not present.

Adoptive Father’s Date of Birth

Enter month, day and year.
Race

Place an “X” by all codes that apply as declared by the adoptive father.

- BL/AA Black or African American
- White White
- AI/AN American Indian or Alaskan Native
- ASIAN Asian
- NH/PI Native Hawaiian or Other Pacific Islander
- UNDET Undetermined
- HISP ORG Indicates whether the individual is of Hispanic origin

Marital Status

Place an “X” by the appropriate code.

- MC Married Couple
- SM Single Mother
- SF Single Father

Adoptive Parent(s) Address

Enter house number, street and apartment number (if applicable).

Enter city, state, zip code number.

Enter telephone number (3-digit area code and 7-digit phone number).

ADOPTIONS/GUARDIANSHIP TRACKING (CM47)

Adoption/Guardianship Subsidy Information

Resource Type Code

Place an “X” by the appropriate adoptive or guardianship home resource code.

- Adoptive Home (AH) (Child is being adopted by a newly recruited adoptive home.)
- Foster Home (FH) (Child is being adopted by current foster parents.)
Relative Home (RH) (Child is being adopted by current relative caregiver.)

Subsidized Guardianship (SG) (Current caregiver is to become guardian with subsidy.)

Guardianship (GU) (Current caregiver is to become guardian without a subsidy payment from the Department.)

AICI Number

Enter Adoption Information Center of Illinois number (Rules 309, Section 309.40).

Date 483-1 Signed

Enter the month, day and year the caregiver signed the CFS 483-1, Caregiver Permanency Planning Checklist.

Date Passed Legal Screening

Enter the month, day and year the case passed legal screening.

Date of Most Recent Mother’s Background Clearance (Required if subsidy approval date is present.)

Date of Most Recent Father’s Background Clearance (Required if subsidy approval date is present.)

Date Package Submitted for Approval

Required if subsidy approval date is present

Date Subsidy Approved

Enter month, day and year.

Date Subsidy Startup

Required if subsidy date is present.
Notes

Other documentation can be entered at the discretion of the worker.

GENERAL INFORMATION

CM-46 & CM-47

The CM-46 and CM-47 screens provide inquiry and allow for the update of data elements located on CFS-484. Both screens have two sections.

CM-46

CHILD’S CYCIS INFORMATION

A summary of the child’s CYCIS information is displayed in this section. The data elements are informational only, derived from data located elsewhere in the system. The child’s CYCIS information cannot be updated from this screen.

ADOPTIVE FAMILY INORMATION

The adoptive family’s demographic information, including their provider ID (Illinois families only), is recorded in this section. The provider ID must be used to obtain demographic information about an Illinois family from the background check system.

CM-47

CHILD’S CYCIS INFORMATION

A summary of the child’s CYCIS information is displayed in this section. The data elements are informational only, derived from data located elsewhere in the system. The child’s CYCIS information cannot be updated from this screen.

ADOPTION/GUARDIANSHIP SUBSIDY INFORMATION

This section is used for entry and updating subsidy information. The lower portion of the section also contains fields to indicate if an appeal or disruption has occurred. The adoption finalization date is also recorded in this section.

NOTES

This section provides an area to record a brief case note.
CLOSING ADOPTION CASES – Required CYCIS Forms

The following information is provided to assist workers and supervisors in the correct completion of identified data items. Detailed instructions for the completion of each form can be found in Administrative Procedure #5, CYCIS Forms Instructions.

The following forms are required for all adoption cases that are finalized:

**CFS 906/906-1 (Placement/Payment Authorization Form)**

The Home of Adoptive Parents (HAP) code should always be entered as the type of final living arrangement.

**CFS 484 (Adoption/Guardianship Tracking Form)**

Enter the date adoption was finalized as well as all other missing information required by the form.

The following forms are required when the Department’s guardianship is released and the child’s foster care case is closed:

**CFS 1425 (Change of Status Form, Case Closing Section)**

Enter either CA (Completed Adoption) or RA (Adoption by Relative) as the case closing reason and “NO” for “Legal Status”.

**CFS 1420 (Case Review Form)**

Goal Achieved/Close Case (Code 23) should be entered in Evaluation of Progress section.
This page intentionally left blank.
PLACEMENT/PAYMENT AUTHORIZATION FORMS

PURPOSE: The purpose of this form is to document every time a child placement is made, changed or terminated, and to authorize payment to foster parents, group homes, private agencies, institutions and independent clients.

When the child comes into the system, this form is completed by the DCFS worker and submitted for data entry. POS completes the form for private agency foster care, institutions and group homes. It documents the child's current living arrangement.

WHO COMPLETES IT: The form is completed by the Department or private agency worker at the time the placement is made, changed or terminated.

SPECIAL NOTES: This form must be sent to the Case Assignment and Placement Unit (CAPU) for placement cases data entry as soon as possible after placement. If you make an error on the form and need to void it, send the voided form to data entry along with a corrected copy of the form. The CFS 906/E and CFS 906-1/E forms must always be used in conjunction with the hard copy of the CFS 906 or CFS 906-1 form. See Section I below for additional information.

Entry of the CFS 906/E - 906-1/E information will trigger the beginning of the centralized eligibility determination process. Please include complete, accurate and timely information to ensure that the Department prepares complete and accurate claims for federal reimbursements. A relevant example is where a child is removed from a relative, placed in a shelter overnight, and then returned to the same relative as a HMR placement. In this case, the caseworker should complete 906's for both the shelter and the HMR placement. Data entry should complete a separate CM-07 for each living arrangement.

A Placement Clearance Desk authorization number must be obtained and entered on the CFS 906/E - 906-1/E for all foster care placements.
Purpose of Form

When the child comes into the system, this form is completed by the DCFS worker and submitted for data entry. POS completes the form for private agency foster care. For institutions, group home, ILO programs and TLP placements and absences, the facility is required to submit the form for data entry. It documents the child’s current living arrangement. It serves as authorization for payments to foster homes, group homes, private agencies, institutions and independent clients.

Instructions for Accessing, Completing, and Submitting the CFS 906/E and CFS 906-1/E - Electronic forms.

I. Use of the CFS 906/E and CFS 906-1/E Forms

The CFS 906/E and CFS 906-1/E, Placement/Payment Authorization Forms may be used to submit required placement and/or payment information for a child to the Department’s Case Assignment Placement Unit (CAPU) located in Chicago or, when applicable, to the Department’s Central Payment Unit (CPU) in Springfield:

- The CFS 906/E is to be used only by Department staff; and
- The CFS 906-1/E is to be used only by Purchase of Service (POS) agency staff.

The CFS 906/E and CFS 906-1/E forms must be completed and submitted only within the Department’s secure computer network (Intranet). Any person who completes and submits a CFS 906/E or CFS 906-1/E form must have a Department issued state of Illinois e-mail address. Any Department or POS agency staff that transmits a CFS 906/E or CFS 906-1/E form to CAPU or CPU via the non-secure internet will be in violation of Department confidentiality policies.

The CFS 906/E and CFS 906-1/E forms must be used in conjunction with the hard copy of the CFS 906 or CFS 906-1 form because the hard copy of a CFS 906 or a CFS 906-1 form has a pre-printed “Form Sequence Number” in the upper right-hand corner of the form. The “Form Sequence Number” is the control number the Department uses to track placement and payment transactions submitted to CAPU or CPU. The “Form Sequence Number” from a hard copy of the CFS 906 or CFS 906-1 must be entered precisely into the “No.” data field which is located in the upper right hand corner of the of the CFS 906/E or CFS 906-1/E The hard copy of the related CFS 906 or CFS 906-1 form must be stapled to a printed copy of the related CFS 906/E or CFS 906-1/E form and filed in a child’s case record. (See Section VIII., Print and Saving Completed Forms, for more details.)

The following placement types (LIVARs) are to be submitted only to the Department's Central Payment Unit (CPU) located in Springfield:

- CIL   Community Integrated Living Arrangement
- CUS   College/University Scholarship (DCFS only)
- FHA   Foster Home Adoptive
- FHG   Foster Home Guardianship
PGH  Private Guardianship Home (See below for additional requirements when using this LIVAR)
SSA  Self Select Approved
SSU  Self Select Unapproved
YIC  Youth in College

Note: Any submittal of a CFS 906/E or CFS 906-1/E using the PGH LIVAR to the Central Payment Unit must include the corresponding court order granting guardianship.

The Court order must:
- Be legible and valid with the judge’s signature;
- State the new guardian(s) by name;
- State the youth(s) by name; and
- Have an effective date equal to the CFS 906/E or CFS 906-1/E effective date, which must be prior to the youth’s 18th birthday.

The phone number for CPU is 1-800-525-0499 and the fax number for CPU is 217-557-0639.

II. Submittal Timeframe Requirement

When using the CFS 906/E or CFS 906-1/E templates to report placement/payment information via e-mail, the completed templates must be submitted to CAPU or, if applicable, to CPU for data entry as soon as possible after the event that requires submittal of the information as specified in Administrative Procedures #5, Section 5.1, and Appendix D.

A CFS 906/E or CFS 906-1/E reporting a child’s absence due to runaway should not be submitted until a child has been gone for 24 hours. If the absence exceeds 24 hours, submit the form using the living arrangement date and time the child actually left the facility.

III. Overview of the Content and Functionality of the Electronic CFS 906/E and the CFS 906-1/E forms

Depending on the version of software installed on your computer, the following data fields may or may not be highlighted in red in the CFS 906/E and 906-1/E forms and are required for all types of transactions being reported:

- “NO.” CFS 906/E Form Sequence Number (taken from the hard copy CFS 906 or CFS 906-1)
- “Child Name (last)(first);”
- “CYCIS Client ID#”
- “RG” (region), “ST” (Site), “FD” (field), of the caseworker assigned to the case;
- “Type of Transaction,” one box must be checked;
• “Date” and “Time,” (found under “Placement Data.”);
• “Caseworker” (found under “Signatures”); and

Other data fields in the CFS 906/E and CFS 906-1/E may also be required depending on
the type of transaction being reported. (See Sections IV and Sections X through Section
XIV for details.)

The following is a general overview of the main contents and functionality CFS 906/E and
the CFS 906-1/E forms:

• A data field was added at the top right-hand corner for entry of Placement Clearance
  Desk approval number (PCD #), date, and time.
• Certain data fields are required regardless of the type of transaction being reported.
  All required data fields are highlighted in RED. Failure to enter any required data
  will result in a worker not being able to submit the form.
• Drop down menus have been added for certain data fields and the choices for values
  are readable before selection.
• Space has been added to permit entry of the name and social security number of
two (2) foster parents or relative caregivers. If a new provider ID is being created
from the form, the name and social security number listed in the fields “Provider
  Name – A” and “SSN – A” will be considered the primary foster parent underwhich
  payment will be made.
• The “Termination” data field found on the hard copy of the CFS 906 and CFS 906-1
  has been eliminated on the fillable forms. (See Section XIII for instructions for
  terminating a placement.)
• Four distinct “Submit” buttons:
  1) “Submit Case Opening ONLY” (middle of the form on the right): to be
     used only when submitting a CFS 906/E or CFS 906-1/E to CAPU in
     Chicago to open a new case.
  2) “Submit to CAPU Cook” (bottom right hand corner of the form): to be
     used only by DCFS and POS staff with a Cook county R/S/F team number
     to submit a CFS 906/E or CFS 906-1/E to CAPU in Chicago AND by
     residential care, group home, and independent/transitional living programs
     located in Cook County.
  3) “Submit to CAPU Downstate” (bottom right hand corner of the form): to be
     used only by DCFS and POS staff with a downstate R/S/F team number
     to submit a CFS 906/E or CFS 906-1/E to CAPU in Chicago AND by
     residential care, group home, and independent/transitional living programs
     located in a county OTHER THAN Cook county.
4) “Submit to Payment Unit” (bottom right hand corner of the form): to be used only when submitting a CFS 906/E or CFS 906-1/E for one of the limited number of types of living arrangement which by Department policy are to be submitted directly to the Central Payment Unit in Springfield. (See Section I above for the list of living arrangement codes to be submitted directly to CPU.)

When staff clicks on a “submit button” a pre-addressed e-mail will appear to which the completed CFS 906/E or 906-1/E will be automatically attached. Staff shall enter the name of the child and the CYCIS case number to which CFS 906/E or the CFS 906-1/E applies in the body or subject line of the e-mail before it is sent to CAPU or, if applicable, to CPU.

- A “Print Form” button was added at the bottom of each form. It is highly recommended that the “Print Form” button be used to print the form after it is completed, but before it is submitted. A printed copy of the completed CFS 906/E or 906-1/E form must be attached to the original hard copy CFS 906 or 906-1 and included in the case file.

IV. Special Requirements

a) New Case Opening

A new child case must be opened in SACWIS before the CFS 906/E and all other required documents are submitted to CAPU.

When a CFS 906/E is used to report a new child case opening, a completed CFS 1410 and a CFS 1425 and, if applicable, a CFS 418-J form must be attached to the same e-mail as is the CFS 906/E form.

b) Private Institution or Group Home Placement (I/GH)

When a child is placed in a private institution (IPA) or group home (GRH) living arrangement, the provider with whom the child is placed is responsible for completing and submitting the CFS 906-1/E form in each of the following situations:

- When a child is initially placed;
- When a child is temporarily absent from the placement; and
- When a child who has been temporarily absent from placement returns to placement.

When a CFS 906-1/E form is submitted to report a child’s initial placement in a residential care or group home program, a copy of a completed CFS 1456, Universal Placement Approval form (UPA) must be attached to the same e-mail as is the CFS 906/E or CFS 906-1/E form.
c) **Transitional Living Program (TLP) or Independent Living (ILO) Placement**

When a CFS 906-1/E is submitted to report a child’s initial placement in a TLP or ILO placement, **a copy of a completed CFS 1456 (UPA), must be attached to the same e-mail as is the CFS 906/E or CFS 906-1/E form.**

d) **Teen Parent Service Network (TPSN)**

A CFS 906/E or CFS 906-1/E may be completed for child who has been identified as a member of the Teen Parent Service Network (TPSN), but **it may not be submitted to CAPU via e-mail.** The completed form must be printed using the “Print Form” button at the bottom of the CFS 906/E or CFS 906-1/E, the TPSN approval must be affixed via rubber stamp, and then the form must be faxed to CAPU. The form must be faxed with a fax cover sheet to the CAPU fax number: 312-808-4335.

V. **Accessing the Department’s Secure D-Net**

DCFS staff automatically accesses the secure Intranet when they click on the Internet Explorer icon on their computer.

Every POS agency which has one or more contracts with the Department to provide substitute care must have a Virtual Private Network (VPN) agreement with the Department before being able to access the Department’s secure Intranet. Additionally, each staff person of a POS agency that will be accessing, completing, and submitting a CFS 906-1/E form must also have an “NT Account” within the DCFS secure computer Intranet. An “NT Account” is, in essence, a Department issued state of Illinois e-mail address that ends with “@Illinois.gov.”

VI. **Accessing the CFS 906/E and CFS 906-1/E Forms**

The CFS 906/E and CFS 906-1/E forms are available to Department and POS agency staff on the secure D-Net. The CFS 906/E and CFS 906-1/E are located in two different locations:

- On the Network Drives in a “906 - E Templates folder (DCFS, only); and the
- D-Net / Policy & Rules & Forms / Forms site link.

To access forms on the Network Drives (DCFS, only),

- Click on the “My Computer” icon; then
- Click on the “Templates” icon; then
- Click on the CFS 906/E (DCFS staff only) or the CFS 906-1/E (POS staff only) form and the selected form will open.
To access forms on the D-Net / Policy & Rules & Forms / Forms site link:

- DCFS staff should click on the Internet Explorer icon on their computer and POS staff should click on the Internet Explorer icon on their computer after accessing the Virtual Private Network;
- Under “D-Net Links,” click on the D-Net / Policy & Rules & Forms / Forms site link Click on “Forms”;
- DCFS staff should click on the CFS 906/E form and POS staff should click on the CFS 906-1/E form. The form will open.

VII. Submitting the Forms

The completed CFS 906/E or 906-1/E may be submitted via e-mail by clicking the appropriate “Submit” button:

- Submit “Case Opening ONLY”: to be used ONLY when submitting a 906/E or 906-1/E to open a new case to CAPU in Chicago;
- Submit to “CAPU Cook”: to be used by DCFS and POS staff with a Cook County R/S/F team number to submit ONLY 906/E or 906-1/E to CAPU in Chicago;
- Submit to “CAPU Downstate”: to be used by DCFS and POS staff with a downstate R/S/F team number to submit ONLY 906/E or 906-1/E to CAPU in Chicago; and
- Submit to “Payment Unit” to be used ONLY for the limited number of 906/E or 906-1/E which by Department policy are to be submitted directly to the Central Payment Unit in Springfield.

When staff clicks on a submit button a pre-addressed e-mail will appear to which the 906/E or 906-1/E will be automatically attached. The case name and number should be entered in the “subject” and/or body of the e-mail, before the Department or POS staff “sends” out the e-mail.
VIII. Printing and Saving Completed Forms

The CFS 906/E and the CFS 906-1/E forms are printable using the “Print Form” button at the bottom of each form.

Each CFS 906/E and CFS 906-1/E submitted by secure e-mail will automatically be “saved” to the “Sent” folder of the user’s e-mail. The DCFS or POS staff that submitted the e-mail should print a copy of the e-mail, a copy of the attached CFS 906/E or CFS 906-1/E (using the “Print Form button) and, if applicable, a copy of any other document that was attached to the e-mail. A copy of all printed documents plus a copy of the hard copy CFS 906 or CFS 906-1 from which the “Form Sequence Number” was transposed into the CFS 906/E or CFS 906-1/E must be filed in the child’s case record.

It is highly recommended that Department and POS staff create a “906-E” or “906-1-E” electronic folder and “file”/save all 906/E or 906-1/E related e-mails in it.

IX. Completion Instructions for Foster Care and Home of Relative Placements

The following fields are required for the completion of the 906 and 906/1 for placement into a relative/foster home, return to a relative/foster home after an absence, or change in contract number. The 906/906-1 form must be completed and submitted as soon as possible after placement. The use of the 906/906-1 template does not negate the necessity of the paper 906/906-1 placed in the case file.

- **No.:** Form sequence number transposed from the paper 906 or 906-1;
- **PCD #:** Placement clearance desk number, date and time;
- **Child’s Name:** (last, first, middle initial);
- **ID #:** Child’s 8-digit CYCIS client identification number;
- **RG, ST, FD:** The applicable 2-digit region, site and field number of the caseworker to whom the child’s case is assigned (only DCFS and POS agency teams located in Cook county have a “site” code);
- **Type of transaction:** Check applicable box 1 thru 6;
- **Placement data:**
  1) **Type:** 3-digit code describes placement (drop down menu).
  2) **Reason:** 3-digit code describing reason for placement (drop down menu). If “TPN” reason, print the completed 906/906-1 with TPSN approval stamped on form and submit via fax or scan and e-mail.
  3) **Date/time of placement.
  4) **Out of State:** Complete if placement is outside of Illinois.
  5) **Provider ID:** Identification number of the relative/foster parent (if this is a new relative placement and a provider ID has not been assigned, leave blank).
  6) **Type Service:** 4-digit code describing service (drop down menu).
7) Contract #: 4-digit contract extension no. (the 4th digit designates the fiscal year the placement is occurring (ex. Contract 4011, the last “1” designates fiscal year 2021). Applicable for POS agencies only.

8) Rate Sequence: Designates the location of the rate and type service code designated in the contract’s rate schedule. Applicable for POS agency placements only.

9) Provider Name/s: Relative or foster parent name/s (first, middle initial, last).

10) Social Security Number/s: Of relative/foster parent/s. If relative/foster parent provider ID provided, not required.

11) Agency Name: POS agency (906-1 only).

12) Street Address: of relative/foster parent.

13) City/State/Zip: of relative/foster parent.

14) County: of relative/foster parent (drop down menu).

15) Telephone #: of relative/foster parent.

- Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone #: of caseworker.
  4) Supervisor’s name.
  5) Supervisor’s id.
  6) Telephone #: of supervisor.
  7) Narrative: additional information regarding placement (CFS 906-1 only. Narrative completion not required).

X. Completion Instructions for Residential Care (IPA, IPS, QRT or GRH), ILO programs, and TLP placements

This form must be completed and submitted for entry by the residential provider within 48 business hours of placement. (For initial placements into a group home or residential program, the electronically signed CFS 1456 form must accompany the 906/906-1.)

The following fields are required for the completion of the 906 or 906-1 for placements into a residential or group home placement:

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child’s Name: (last, first, middle initial);
- ID#: Child’s 8-digit CYCIS client identification number;
- RG/ST/FD: The applicable region, site (if located in Cook) and field;
- Type of Transaction: Check applicable box 1 thru 6;
- Placement Data;
  1) Type: Code describing placement (see drop down menu).
  2) Reason: Code describing reason for placement (see drop down menu) If a “TPN” reason, print the completed 906/906-1 with TPSN approval stamped on form and submit via fax or scan and e-mail.
CHILD WELFARE CASE RECORD ORGANIZATION & UNIFORM RECORDING REQUIREMENTS  
June 11, 2021 – P.T. 2021.07

3) Date/Time of placement.
4) Out of State: Check if placement outside of Illinois.
5) Provider id: Group home or institution id.
6) Type Service: (drop down menu).
7) Contract #: 4-digit contract extension no. The 4th digit always designates the fiscal year placement is occurring, (i.e. 4011, the last “1” designates FY 2021).
8) Rate Sequence: Designates the location of the rate and type service code on the contract’s rate schedule.
9) Provider Name: Name of facility/group home.
10) Agency Name: Agency supervising facility.
11) Street Address: of facility.
12) City/State/Zip: of facility.
13) County: of facility (drop down menu).
14) Telephone #: of facility.

- Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone #: of caseworker.
  4) Supervisor name.
  5) Supervisor id.
  6) Telephone # of supervisor
  7) Narrative: Additional information regarding placement (CFS 906-1 only. Narrative completion not required).

XI. Completion Instructions for DET and IDC Placements

DET living arrangement should be used for youth placed in a county or city run facility (e.g. Cook County Jail, Winnebago County Jail, Sangamon County Detention Center, etc.).

IDC living arrangement should be used for youth placed in a Department of Corrections or Department of Juvenile Justice Correctional Facility (e.g. Pontiac Correctional Facility, Logan Correctional Center, etc.).

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child’s Name: (last, first, middle initial);
- ID#: Child’s 8-digit CYCIS client identification number;
- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of transaction: Check applicable box 1 thru 6;
- Placement data;
  1) Type: (DET or IDC).
  2) Reason: code describing reason for DET/IDC (see drop down menu).
  3) Date/time of placement in DET/IDC.
4) Provider id: If provider number has been established for DET/IDC facility and if available.
5) Type service: 0218 (only if allowance is to be paid, otherwise leave blank).
6) Amount: Enter monthly allowance amount if payment is appropriate. (See Procedures 359.72 and P359 Appendix A (IV) for maximum allowance amount.).
7) Check if placement not to be paid: if youth is not to receive allowance, check box.
8) Provider name: name of DET/IDC facility.
9) Agency name: supervising POS agency name (906-1 only).
10) Street address: of DET/IDC facility.
12) County: of DET/IDC facility (drop down menu).
13) Telephone #: of DET/IDC facility.

• Caseworker/supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone # of caseworker.
  4) Supervisor name.
  5) Supervisor id.
  6) Telephone # of supervisor.
  7) Narrative: Additional information regarding placement (CFS 906-1 only. Narrative completion not required)

XII. Instructions for Runaway Status or a Deceased Child

The CFS 906 and 906/1’s for absences WUK/WCC/UAP/UAH/ABD should not be completed until the child has been absent from placement over 24 hours.

In the event of a deceased child, a 906-906/1 with the DEC living arrangement type must be submitted with an updated registration/case opening form 1410 with required information.

• NO.: Form sequence number transposed from the paper 906/906-1;
• Child’s Name: (last, first, middle initial);
• ID#: Child’s 8-digit CYCIS client identification number;
• RG/ST/FD: Applicable region, site (if located in Cook), field;
• Type of Transaction: #2, this is a change placement;
• Placement Data;
  1) Type: (WUK, WCC, UAP, UAH, ABD or DEC).
  2) Date/Time absence occurred.
  3) Provider Name: Complete only if UAP or UAH.
  4) Agency name: POS agency name (only on 906-1).
  5) Street, City, Zip County and Phone: Complete only if UAP or UAH.
• Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone # of caseworker.
  4) Supervisor name.
  5) Supervisor id.
  6) Telephone # of supervisor.
  7) Narrative: Additional information regarding absence (CFS 906-1 only. Narrative completion not required)

Do not enter the previous living arrangement’s provider number, contract and rate sequence on the absence 906/906-1.

XIII. Instructions for HFM, HFP, IRS, NCF Placements

A CFS 906/E or CFS 906-1/E must be submitted for a youth in care entering a hospital facility/medical (HFM), hospital facility/psychiatric (HFP), institution for physical rehabilitation services (IRS) or nursing care facility (NCF). These placements are considered absence codes and are not paid.

• NO.: Form sequence number transposed from the paper 906/906-1;
• Child’s Name: (last, first, middle initial);
• ID#: Child’s 8-digit CYCIS client identification number;
• RG/ST/FD: Applicable region, site (if located in Cook), field;
• Type of transaction: Check applicable box 1 thru 6;
• Placement data;
  1) Type: (HFM, HFP, IRS, NCF).
  2) Reason: Code describing reason for placement (see drop down menu).
  3) Date/time of placement in hospital.
  4) Provider id: If provider number has been established for facility and if available (not required).
  5) Check box for placement not to be paid.
  6) Provider name: Name of hospital or health facility.
  7) Agency name: POS agency name (906-1 only).
  8) Street address: of hospital/health facility.
  9) City/state/zip: of hospital/health facility.
 10) County: of hospital/health facility (drop down menu).
 11) Telephone #: of hospital/health facility.

• Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone # of caseworker.
XIV. Instructions for Living Arrangement Codes ASD, HAP, HMP, and JTP

A CFS 906/E or CFS 906-1/E must be submitted for a youth in care moving to armed service duty (ASD), home of adoptive parent (HAP), home of parent (HMP), or job training program (JTP). Payment is not authorized for these placements.

- NO.: Form sequence number transposed from the paper 906/906-1;
- Child’s Name: (last, first, middle initial);
- ID#: Child’s 8-digit CYCIS client identification number;
- RG/ST/FD: Applicable region, site (if located in Cook), field;
- Type of Transaction: Check applicable box 1-6;
- Placement Data;
  1) Type: ASD, HAP, HMP, or JTP.
  2) Reason: Code describing reason for placement (drop down menu).
  3) Date/time of placement.
  4) Check box for placement not to be paid.
  5) Provider name: Name of armed service branch, parent or program.
  6) Agency Name: pos agency name (906-1).
  7) Street address: Location of child/youth.
  8) City/State/Zip: Location of child/youth.
  9) County: Location of child/youth (drop down menu).
  10) Telephone #: of child/youth.

- Caseworker/Supervisor;
  1) Caseworker name.
  2) Caseworker ID# (if available).
  3) Telephone # of caseworker.
  4) Supervisor name.
  5) Supervisor id.
  6) Telephone # of supervisor.
  7) Narrative: Additional information regarding location of child (CFS 906-1 only. Narrative completion not required)
XV. Termination of Placement

The fields titled Termination of Placement found on the hard copy of the CFS 906 and CFS 906-1 have been eliminated from the template. Absence living arrangements WUK, WCC, UAP, UAH, ABD or DEC should be noted in the placement living arrangement data field. The contract information should not be entered for these absence codes. (See other sections of this Policy for instructions for reporting the various types of absences.

A CFS 906/E or CFS 906-1/E reflecting a change of placement to a new agency should not be submitted by the former agency. The termination of a child’s placement from a prior agency or provider is recorded in the Department’s information system when the new agency submits the subsequent living arrangement information. Finally, when a child’s case is closed, a CFS 906/E or CFS 906-1/E should be submitted to report the child’s final living arrangement. Properly completed CFS 1425-L, CFS and 1425 forms must also be attached when the CFS 906/E or CFS 906-1/E form reporting a child’s final living arrangement is submitted.

XVI. Special Instructions

If you make an error and need to void this form, send the voided form to the office where you originally submitted the incorrect form. The form must be received by data entry within three to five workdays after the date on which you made the error.

a) Child Name

Enter the last name first, then first name and middle initial for the child who is being placed or changing living arrangements.

b) Client ID

Enter the child's client ID number as given on the Registration/Case Opening form.

c) Region/Site/Field

Enter the two-digit regional and field office codes.

Note: Only Regions 6A, 6B, and 6D will enter a two-digit site number. All other regions should leave this space blank.

d) Type of Transaction

Indicate the type by checking the box next to the phrase that describes the placement action.

1) Initiate Placement means the first placement at the time of case opening under Department care.
2) Change Placement means that the child has moved from one Department or provider living situation/absence to another.

3) Final Living Arrangement means the child is moving from a substitute care living arrangement to the living arrangement immediately prior to case closing or that the child has returned home.

4) Prior Placement means that you wish to insert a missing living arrangement in which the child was living at some time in the past, which does not affect his current placement.

5) Change amount means that you are requesting a change to the amount of the payment.

6) Correction means that there is incorrect information in the computer data bank that needs to be changed.

e) Type of Placement

Enter the type of current living arrangement by using one of the following codes.

- **ABD** Abducted – The child’s whereabouts are unknown and the child is known or believed concealed, detained or removed from the jurisdiction of the court.

- **ASD** Armed Services Duty

- **CIL** Community Integrated Living Arrangement – This code is to be used for developmentally disabled youth, 18 years of age or older, that have been placed in a CIL approved by the Department and the Illinois Department of Human Services. The Central Office Payment Unit may only enter the CIL living arrangement code.

- **CUS** College/University Scholarship-DCFS Scholarship Only – This living arrangement code may only be entered by the Central Office Payment Unit.

- **DEC** Deceased – This code is used to report the death of a child when the Department has an open case and legal responsibility for the child.

- **DET** Detention Facility/Jail

- **EFC** Emergency Foster Care - This code is used for children or youth placed in an emergency home on a temporary basis.
FHA  Foster Home Adoptive - This code is used ONLY once there has been a termination of parental rights and the permanency goal has been changed by the court to goal #25-Adoption AND the current foster parent(s) has signed a CFS 1443-Permanency Commitment by Foster Parent/Relative Caregiver Form.

FHB  Foster Home Boarding – DCFS

FHG  This code is used ONLY once the permanency goal has been changed by the court to goal # 26-Guardianship, a goal of #25-Adoption has been ruled out AND the current foster parent(s) has signed a CFS 1443-Permanency Commitment by Foster Parent/Relative Caregiver Form.

FHI  Foster Home Indian – Licensed, Specified or approved by an Indian child’s tribe.

FHP  Foster Home Boarding – Private Agency

FHS  Foster Home Specialized

GRH  Group Home

HAP  Home Adoptive Parents – This code is used to report the final living arrangement after adoption is completed. When using this code, do not make an entry for name and address.

HFK  Home of Fictive Kin

HFM  Hospital Facility/Medical - This code is used only to document that a child or youth in care has been temporarily admitted to a hospital or other inpatient medical facility for medical treatment and the child or youth is not currently residing in a substitute care placement/living arrangement.  
**Note:** THIS CODE SHALL NOT INCLUDE MENTAL HEALTH/PYSCHIATRIC CARE OR TREATMENT.

HFP  Hospital Facility Psychiatric - This code is used only to document that a child or youth in care has been temporarily admitted to a psychiatric hospital or other mental health inpatient facility for psychiatric or intensive mental health treatment and the child or youth is not currently residing in a substitute care placement/living arrangement.  
**Note:** THIS CODE SHALL NOT INCLUDE MEDICAL HOSPITALIZATIONS.
HMR  Home of Relative
HMP  Home of Parent – Used also for Adoption Assistance cases.
IDC  Institution – Committed to the Department of Corrections
ILO  Independent Living Only (with a POS program or individual youth)
IMH  Institution – Department of Mental Health
IPA  Institution – Private Child Care Facility
IPS  Institution – Private Shelter
IRS  Institution - Rehabilitation Services
JTP  Job Training Program – The child is participating in a recognized job-training program.
NCF  Nursing Care Facility
OTH  Other
PGH  Private Guardianship (no subsidy)
QRT  Qualified Residential Treatment program
SGH  Subsidized Guardian Home
TFH  Therapeutic Foster Home
TLP  Transitional Living Program – Placement approved by a Regional Clinical Services Manager
UAH  Unauthorized Home of Parent (considered a runaway status)
UAP  Unauthorized Placement – The child’s whereabouts are known, but the child is living in an unauthorized placement.
WCC  Whereabouts Unknown, Periodic Contact with Caseworker – The child’s whereabouts are unknown, but the child periodically initiates contacts his or her assigned caseworker.
WUK  Whereabouts Unknown – The child’s whereabouts are unknown and the child is not known or believed abducted.
YES Youth Emergency Shelters

YIC Youth in College – Placement approved by the Deputy Director of the Division of Educational and Transition Services (This living arrangement code may only be entered by the Central Office Payment Unit.)

f) **Reason for Placement Type**

AAC Adoption Assistance Case
The child is adopted and the parents receive adoption assistance.

ADP Adoption
The child was placed in this living arrangement pursuant to adoption by this family.

BMP Behavior Management Problems
The child was placed because he or she has behavior that is difficult to manage. Examples include children who act out sexually, aggressively, criminally or runaway. This category includes those children who are adjudicated MRAI or delinquent.

CFF Converted Full Board Funding (Central Office Entry Only)
Payment indicator entered by Central Payment Unit indicating a temporary rate increase to the full board rate for an unlicensed home. This is usually due to a timely appeal situation.

CFS Converted Unlicensed Rate (Central Office Entry Only)
Payment indicator entered by Central Payment Unit indicating this placement was set to pay at the unlicensed rate.

COR Court Ordered
The only reason for the child’s placement in this setting is because the court has specified the placement type.

EXC Exception Determination (Central Office Entry Only)
There has been an exception granted involving the child and is entered only by the Central Office Payment Unit after receiving the exceptional approval.
INI  Initial QRTP Placement

Reflects the initial placement in a specific QRTP program/contract. Not to be used if a youth is returning to the same program from a short-term absence.

ISS  Independent/Self Sufficient

The child is in an educational program or youth in transition program and in this placement for purposes of learning.

LIC  Converted for Licensed (Central Office Entry Only)

Indication that the home is licensed at the time of placement, and CPU has converted the placement and payments accordingly.

MDO  Medical Card Only

The child is adopted without an adoption/guardianship subsidy or the foster parent wishes to receive no monthly foster care maintenance payment, but will receive a medical card.

MHP  Mental Health Problems

The child was placed in this setting because of severe emotional or mental health or retardation problems. This category would include those children who attempt suicide, who are withdrawn, depressed, psychotic, or intellectually limited.

OAR  Only Available Resource

The child was placed in this type of setting or particular placement only because it was available, not because it was selected as most able to deal with the child's problems. If any code is selected other than this one or COR it is assumed that the placement type was the placement of choice.

PHP  Physical Health Problems of the Child

The child was placed in this setting because his/her physical health problems required the care offered in it.

SAB  Substance Abuse

The child was placed in this setting because of his/her abuse of alcohol or drugs.
SGH  Subsidized Guardian

The child’s foster parents or relative caregiver have assumed the responsibility of guardianship via court order under the Department’s Subsidized Guardianship Program.

SHL  Shelter

The child was placed because of problems related primarily to their family or environment rather than because of any problem with the child’s health or behavior. This includes those children placed for their protection.

SSA  Self Selected Placement - Approved

A youth in care 18 years of age or older is living in a self-selected home, has a current Placement Alternative Contract, and the placement has been approved by the Placement Clearance Desk.

SSU  Self Selected Placement - Unapproved

A youth in care 18 years of age or older is living in a self-selected home and the placement has not been approved by the Placement Clearance Desk (considered a type of foster care placement, rather than an absence).

TPN  Teen Parenting Network Program (Central Office Entry Only)

The child is part of the Teen Parenting Network Program in Cook County. The Central Office Payment Unit may only enter this code.

g)  Date

Enter the 6-digit date (month, day, and year) on which the current living arrangement effectively began.

h)  Time

Enter the time in which the child entered placement. This is needed in order to historically track placements.

Note - due to various system issues, 12 am and 12 pm are not to be used.
i) **Out of State Placement**
Complete this section only if the child is placed out of state.

**Licensed in Other State**
Check this box yes or no, if the placement is licensed or approved in that state.

**Intend to Return Child to Illinois**
Check this box yes or no, if the plan is to return the child to Illinois.

j) **Provider ID**
Enter the identification number for the provider. Please note that this is not the social security number. This is a unique, six-digit number which has been assigned by DCFS.

k) **Type of Service**
Enter the 4-digit code for the type of service provided by this caretaker.

**Foster Care Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0101</td>
<td>Department Boarding Homes</td>
</tr>
<tr>
<td>0102</td>
<td>Private Agency Boarding - Traditional</td>
</tr>
<tr>
<td>0104</td>
<td>Emergency Foster Care Home (DCFS)</td>
</tr>
<tr>
<td>0105</td>
<td>Deaf Foster Care</td>
</tr>
<tr>
<td>0106</td>
<td>Home of Relative - DCFS</td>
</tr>
<tr>
<td>0107</td>
<td>Reduced Rate Boarding Home - DCFS</td>
</tr>
<tr>
<td>0109</td>
<td>Private Agency Specialized Foster Care</td>
</tr>
<tr>
<td>0114</td>
<td>Individual Specialized Foster Care - DCFS</td>
</tr>
<tr>
<td>0115</td>
<td>Reduced Rate Relative Home - DCFS</td>
</tr>
<tr>
<td>0140</td>
<td>Private Agency Home of Relative Board</td>
</tr>
<tr>
<td>0143</td>
<td>Therapeutic Foster Home – Private Agency</td>
</tr>
<tr>
<td>0151</td>
<td>Cuban Haitian Refugee Department Boarding Home</td>
</tr>
<tr>
<td>0152</td>
<td>Department Boarding Home Other Refugee</td>
</tr>
<tr>
<td>0153</td>
<td>Cuban/Haitian Home of Relative - DCFS</td>
</tr>
<tr>
<td>0154</td>
<td>Refugee Home of Relative - DCFS</td>
</tr>
<tr>
<td>0167</td>
<td>Pregnant/Parenting Teen - I.L.O.</td>
</tr>
<tr>
<td>0169</td>
<td>Agency Specialized Foster Care - HIV</td>
</tr>
<tr>
<td>0909</td>
<td>Foster Care Exempt / Adolescent Foster Care</td>
</tr>
<tr>
<td>0911</td>
<td>Emergency Foster Care Home (POS)</td>
</tr>
</tbody>
</table>

**Institutional and Group Home Care Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0201</td>
<td>Private Institutions</td>
</tr>
<tr>
<td>0202</td>
<td>Other Institutions</td>
</tr>
<tr>
<td>0203</td>
<td>Private Group Homes</td>
</tr>
<tr>
<td>0204</td>
<td>Supervised Independent Living</td>
</tr>
</tbody>
</table>
0207 DMH/DPH/NCF Allowance
0218 Allowance - Detention Facility
0221 Emergency Shelters - Institutions
0231 Performance Institution
0233 Performance Group Home
0253 QRTP – Conventional Claimable
0254 QRTP – Conventional Non-Claimable
0255 QRTP – Conventional Director’s Waiver
0268 TLP1 – Transitional Living Placement I
0277 TLP / PPT – Transitional Living Placement - PPT
0294 TLP / DD – Transitional Living Placement / DD
0295 TLP / MI – Transitional Living Placement / MI
0296 TLP / SBP – Transitional Living Placement / SBP
0297 TLP / JJ – Transitional Living Placement / JJ
7201 Medicaid Private Institutions
7202 Medicaid Group Home Fee for Service
7203 Medicaid Private Group Homes
7204 Medicaid Supervised Independent Living
7231 Performance Medicaid Institution
7233 Performance Medicaid Group Home
7253 QRTP – Non-Conventional Claimable
7254 QRTP – Non-Conventional Non-Claimable
7255 QRTP – Non-Conventional Director’s Waiver
7268 Medicaid TLP1 – Transitional Living Placement I
7277 Medicaid TLP / PPT – Transitional Living Placement - PPT
7294 Medicaid TLP / DD – Transitional Living Placement / DD
7295 Medicaid TLP / MI – Transitional Living Placement / MI
7296 Medicaid TLP / SBP – Transitional Living Placement / SBP
7297 Medicaid TLP / JJ – Transitional Living Placement / JJ

**Adoption / Subsidized Guardianship Services**

0150 Subsidized Guardianship – Intensive rate pre 7/1/2006
0186 Subsidized Guardianship – Relative, Manual Calculation
0188 Subsidized Guardianship – Non-Relative, Manual Calculation
0189 Subsidized Guardianship – Specialized Rate
0193 Subsidized Guardianship - HMR – full board rate pre 7/1/2006
0194 Subsidized Guardianship – full board rate pre 7/1/2006
0317 Adoption Subsidy – full board rate effective 10/1/2008
0318 Adoption Subsidy – Non-Youth in Care – full board rate effective 10/1/2008
0319 Adoption Subsidy – full board rate effective 7/1/2013
0321 Adoption Subsidy – Non-Youth in Care – full board rate effective 7/1/2013
0325 Adoption Subsidy – full board rate effective 7/1/2014
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0329</td>
<td>Adoption Subsidy – Non-Youth in Care – full board rate effective 7/1/2014</td>
</tr>
<tr>
<td>0331</td>
<td>Adoption Subsidy – full board rate pre 7/1/2006</td>
</tr>
<tr>
<td>0332</td>
<td>Adoption Subsidy - full board rate pre 7/1/2006</td>
</tr>
<tr>
<td>0333</td>
<td>Adoption Subsidy - intensive care rate pre 7/1/2006</td>
</tr>
<tr>
<td>0334</td>
<td>Adoption Subsidy - intensive care rate pre 7/1/2006</td>
</tr>
<tr>
<td>0335</td>
<td>Adoption Subsidy - eligible other benefits</td>
</tr>
<tr>
<td>0336</td>
<td>Adoption Subsidy - specialized rate/manually entered</td>
</tr>
<tr>
<td>0338</td>
<td>Adoption Subsidy - no increases due to age or cost of living</td>
</tr>
<tr>
<td>0339</td>
<td>Adoption Subsidy – Non-Youth in Care – full board rate pre 7/1/2006</td>
</tr>
<tr>
<td>0346</td>
<td>Adoption Subsidy – full board rate effective 7/1/2006</td>
</tr>
<tr>
<td>0347</td>
<td>Adoption Subsidy – Non-Youth in Care – full board rate effective 7/1/2006</td>
</tr>
<tr>
<td>0349</td>
<td>Adoption Subsidy – Non-Youth in care – specialized rate – manual entry</td>
</tr>
<tr>
<td>0350</td>
<td>Adoption Subsidy - under 19 in school</td>
</tr>
<tr>
<td>0351</td>
<td>Adoption Subsidy – Non-Youth in Care – under 19 in school</td>
</tr>
<tr>
<td>0352</td>
<td>Adoption Subsidy – Non-Youth in Care – under 21 with disability</td>
</tr>
<tr>
<td>0353</td>
<td>Adoption Subsidy – age 18-21 Fostering Connections case, July 1, 2017 or after.</td>
</tr>
<tr>
<td>0354</td>
<td>KinGap Subsidy – age 18-21 Fostering Connections case, July 1, 2017 or after.</td>
</tr>
<tr>
<td>0355</td>
<td>Adoption Subsidy - under 21 with disability</td>
</tr>
<tr>
<td>0358</td>
<td>KinGap Subsidy – HMR - full board rate eff 7/1/19</td>
</tr>
<tr>
<td>0359</td>
<td>KinGap Subsidy – full board rate effective 7/1/19</td>
</tr>
<tr>
<td>0370</td>
<td>Subsidized Guardianship - under 19 in school</td>
</tr>
<tr>
<td>0373</td>
<td>Subsidized Guardianship – HMR – full board rate effective 7/1/2006</td>
</tr>
<tr>
<td>0374</td>
<td>Subsidized Guardianship – full board rate effective 7/1/2006</td>
</tr>
<tr>
<td>0375</td>
<td>Subsidized Guardianship - under 21 with disability</td>
</tr>
<tr>
<td>0376</td>
<td>Subsidized Guardianship – HMR - full board rate effective 10/01/2008</td>
</tr>
<tr>
<td>0377</td>
<td>Subsidized Guardianship – full board rate effective 10/01/2008</td>
</tr>
<tr>
<td>0378</td>
<td>KinGap Subsidy – HMR – full board rate effective 11/01/2009</td>
</tr>
<tr>
<td>0379</td>
<td>KinGap Subsidy – full board rate effective 11/1/2009</td>
</tr>
<tr>
<td>0381</td>
<td>KinGap Subsidy – HMR – full board rate effective 7/1/2013</td>
</tr>
<tr>
<td>0382</td>
<td>KinGap Subsidy – full board rate effective 7/1/2013</td>
</tr>
<tr>
<td>0383</td>
<td>KinGap Subsidy – HMR – full board rate effective 7/1/2014</td>
</tr>
<tr>
<td>0384</td>
<td>KinGap Subsidy – full board rate effective 7/1/2014</td>
</tr>
<tr>
<td>0386</td>
<td>Adoption Subsidy – Non-Youth in Care – full board rate effective 7/1/19</td>
</tr>
<tr>
<td>0387</td>
<td>Adoption Subsidy – full board rate effective 7/1/20</td>
</tr>
<tr>
<td>0388</td>
<td>Adoption Subsidy - Non-Youth in Care – full board rate effective 7/1/20</td>
</tr>
<tr>
<td>0391</td>
<td>KinGap Subsidy – HMR – full board rate effective 7/1/2009</td>
</tr>
</tbody>
</table>
0392  KinGap Subsidy – full board rate effective 7/1/20
0395  Adoption Subsidy – full board rate effective 7/1/19
0396  KinGap Subsidy – Specialized Rate – manual entry
0397  KinGap Subsidy – under 19 in school
0398  KinGap Subsidy – under 21 with disability

**Youth in Transition Services**

0704  Youth in Transition - Cuban-Haitian
0705  Youth in Transition - Other Refugee
0706  Youth in Transition - Scholarship
0720  Youth in College Grant
0723  Youth in College - Cuban-Haitian
0724  Youth in College - Other Refugee
0725  Youth in College – Grant
0731  Placement Alternative Contract

**Department Scholarships**

0801  Department Scholarship
0804  Department Scholarship - Cuban-Haitian
0805  Department Scholarship - Other Refugee
0806  Department Scholarship

l)  **Contract Number**

Enter the contract number of the provider which provides the service if applicable.

m)  **Rate Sequence**

Complete only if multiple rates in the contract.

n)  **Amount**

Do not complete if the amount has already been set. Enter an amount when you enter any of the following services:

0105  Deaf Foster Care
0107  Reduced Rate Boarding Home
0115  Reduced Rate Relative Home
0186  Subsidized Guardian Subsidy – Related, Manual Calculation
0188  Subsidized Guardian Subsidy – Non-related, Manual Calculation
0189  Subsidized Guardian Subsidy - Specialized Rate
0207  DMH or DPH Allowance
0218  Allowance - Detention Facility
0370  Subsidized Guardian Subsidy – Under 19 in school
0375  Subsidized Guardian Subsidy – Under 21 with disability
0335  Adoption Subsidy - Eligible Other Rates
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0336</td>
<td>Adoption Subsidy - Specialized rate/manually entered</td>
</tr>
<tr>
<td>0338</td>
<td>Adoption Subsidy - No Increases Due to Age or Cost of Living</td>
</tr>
<tr>
<td>0349</td>
<td>Adoption Subsidy – Non-Youth in Care – specialized rate – manual entry</td>
</tr>
<tr>
<td>0350</td>
<td>Adoption Subsidy - Under 19 in school</td>
</tr>
<tr>
<td>0351</td>
<td>Adoption Subsidy – Non-Youth in Care – under 19 in school</td>
</tr>
<tr>
<td>0352</td>
<td>Adoption Subsidy – Non-Youth in Care – under 21 with disability</td>
</tr>
<tr>
<td>0353</td>
<td>Adoption Subsidy – age 18-21 Fostering Connections case, July 1, 2017 or after.</td>
</tr>
<tr>
<td>0354</td>
<td>KinGap Subsidy – age 18-21 Fostering Connections case, July 1, 2017 or after.</td>
</tr>
<tr>
<td>0375</td>
<td>Adoption Subsidy - Under 21 with disability</td>
</tr>
<tr>
<td>0396</td>
<td>KinGap Subsidy – Specialized Rate – manual entry</td>
</tr>
<tr>
<td>0397</td>
<td>KinGap Subsidy – under 19 in school</td>
</tr>
<tr>
<td>0398</td>
<td>KinGap Subsidy – under 21 with disability</td>
</tr>
</tbody>
</table>

o) **Amount Date**

Month and year must match effective date of form. See (g) above.

p) **Check if Placement is not to be Paid**

Check if you are not making a payment to the child’s current caretaker. Enter the reasons for placement code “MDO” so that the child will receive a medical card.

q) **Provider Name**

Enter the full name of the caretaker--last name first, then first name and then middle initial.

r) **Agency Name**

Enter the full name of the agency, if any.

s) **Street Address**

Enter the entire street address of the provider including apartment number when applicable for updating the provider registration.

t) **City**

Enter the city of the provider to update the provider registration.

u) **State**

Enter the state of the provider to update provider registration.
v) ZIP Code

Enter the zip code of the provider to update the provider registration.

w) Telephone Number

Enter the telephone number of the provider to update the provider registration.

x) Social Security Number

Enter the social security number(s) of the caretaker(s) if you have not entered a provider number.

XVII. Signature

a) Provider

The caretaker who receives the child for placement signs here and enters the six-digit month, day and year date.

b) Case Worker

The worker placing the child in the new living arrangement signs here and enters the six-digit month, day and year date.

c) I.D. Number

Enter the worker's identification number.

d) Telephone number

Enter the worker's office telephone number.

e) Supervisor

The supervisor of the worker who made the placement signs here and enters the six-digit month, day and year date.

f) I.D. Number

Enter the supervisor's identification number here.
XVIII. Removal or Termination of Placement

a) Reason

The reason for removing a child from a particular placement is to be determined by the child’s worker, who uses his or her best professional judgment in selecting a code.

ABD Abducted

The child’s whereabouts are unknown and the child is known or believed concealed, detained or removed from the jurisdiction of the court.

DEC Deceased

This code is used to report the death of a child when the Department has an open case and legal responsibility for the child.

DIT Disruptive Termination

Placement objectives were not met, and the placement was terminated in an unplanned manner without the full agreement of DCFS staff. (Except in the case of runaways.) This would include children ejected on short notice because of behavior problems, conflict between the child and the provider, and conflict between the provider and DCFS. The crucial concept is that the child’s DCFS worker does not feel that the termination was accomplished with sufficient time and planning to minimize disruption and provide the best chance for a successful subsequent placement.

HPU Home of Relative Payment Unit (now CPU – Central Payment Unit)

This code is used when CPU, formerly HPU, enters a screen for payment purposes.

MAT Mutually Agreed Termination

The placement objectives were not achieved, but both the provider and Department staff have agreed that the placement is inappropriate and have agreed upon an orderly transition to a subsequent placement. The key concept here is that all parties have acted reasonably to minimize disruption in the child’s life, and adequate time and planning have been provided so that the child will not have to quickly move to an alternative placement with a high probability of disruption. This would include cases when children are placed because there were no other resources available and the provider agreed to temporarily keep the child.
POC  Placement Objectives Completed

The objectives of this placement were successfully completed. The movement represents a planned, orderly transition to the next step in the program plan. Examples would include a return home, when the family and child have been adequately prepared; completion of evaluation for diagnostic placements; movement to a longer-term placement from an emergency placement and movement to a less restrictive setting.

UAH  Unauthorized Home of Parent

The child is living with a parent, where the placement was not authorized by the caseworker.

UAP  Unauthorized Placement

The child’s whereabouts are known, but the child is living in an unauthorized/unapproved placement.

UNT  Uncontrollable Termination

Placement objectives were not met, and the termination occurred for reasons outside the control of both DCFS and the service provider. Examples would be court ordered termination; termination because of health problems of the child or provider; job transfers of the foster parents; and termination or withdrawal of voluntary placement agreements.

WCC  Whereabouts Unknown, Periodic Contact with Caseworker

The child’s whereabouts is unknown, but the child periodically initiates contacts his or her assigned caseworker.

WUK  Whereabouts Unknown

The child’s whereabouts are unknown and the child is not known or believed to have been abducted.

b)  Date

Enter the six-digit month, day and year date of the child’s removal from this living arrangement.
c) **Provider ID**

Enter the number of the provider from whose care the child is being removed.

d) **Provider Initials**

The provider initials this box to indicate that the child was removed on the date stated in b. If the child is absent from placement, the supervisor may initial here instead of the provider.

e) **Caseworker Signature**

The worker who removes the child from the living arrangement signs here.

**XIX. Narrative**

This section on the **CFS 906-1/E** is used by the worker to give critical information to the new caretaker. This may include such instructions as feeding schedules for babies or medical appointments coming up.
SPECIAL SERVICE FEE AND PAYMENT EXTENSION FORM

PURPOSE: This form is used to:

- Initiate a special service fee;
- Extend payment to a substitute care provider after a child has entered a detention facility, or goes to a hospital or substance abuse treatment program.

WHO COMPLETES IT: This form is completed by the worker requesting a special service fee or an extension of payment to a substitute care provider.

SPECIAL NOTES: This form, for both purposes, is manually completed by the worker each time it is used. No turnaround will be received.

Purpose for Special Service Fee/Payment Extension

This form has two purposes: to initiate a special service fee and to extend payment to a caretaker after a child has entered a detention facility, or placed in the hospital or substance abuse treatment program.

When completed for a special service fee, one copy goes to data input and one copy is to go into the case record. Special service fees will be paid for a finite number of months, based on the appropriate DCFS policy and procedure. If an extension is then appropriate, it will require the completion of an additional form.

This form is also used to pay a provider for a specified number of days of care, after the child has entered a detention facility, or been placed in the hospital or substance abuse treatment program. This form must be submitted once the child has returned to placement, after the qualifying absence. For this extension of payment, enter only the following items as listed below: 1-6, 8, 11, and 12. An explanation must be made in the narrative explaining why the payment should be extended.

1. **Child Name:** Enter name of child on whose behalf the fee is to be paid.
2. **Child ID:** Enter identification number of child for whose benefit the fee is being paid.
3. **Provider Name:** Enter the name of the substitute care provider
4. **Provider ID:** Enter identification number of provider to receive payment
5. **Agency Name:** Enter the name of the private agency responsible for care, if applicable.
6. **Placement Date:** Enter the 6-digit month, day and year date on which the child was last placed with this provider prior to the absence or the date the fee is to begin.

7. **Start Date:** Enter the 6-digit day, month and year on which the fee is to begin.

8. **Stop Date:** Enter the 6-digit day, month and year on which the fee is to stop. The stop date is not paid.

   For example: If a child entered the hospital on the 1st of June and you wish to pay for 10 days the child was absent, the start date would be June 1 and the stop date would be June 11.

9. **Special Service Fee Amount:** List the dollar amount of the special service fee. Always leave blank for payment extension which is paid at the same board rate as what the provider received prior to the absence. Be aware that no special service fee can be paid during a payment extension.

10. **Reason for Special Service Fee:** Do not complete this section for payment extensions. For special service fees enter one of the following reason codes and give more detailed explanation in the narrative section. See DCFS Procedures 359.40 for detailed explanations and instructions of each reason.

    01 Child Behavior Problem  
    02 Child Physical Problem  
    03 Unusual Transportation  
    04 School Transportation  
    05 Youth in Care with Child – Caregiver Expenses  
    07 Sibling Visitation  
    11 Youth in Care with Child - Youth in Care Expenses (grandfathered eff 4/30/2019)  
    14 Step-down Rate – Specialized Foster Care (Central Office Use Only)  
    15 Supervision of Sibling Visits – Daytime  
    16 Transportation to/from Sibling Visits  
    17 Family Reunification Support  
    19 SSI Special Needs Allowance (Central Office Use Only)  
    20 Monitoring Phone Line  
    21 Youth In Care With Child – Youth Expenses (effective 5/1/2019)
11. **Caseworker Signature:** The worker signs and dates the form here in order to indicate approval.

12. **Supervisor Signature:** The supervisor signs and dates the form here in order to indicate approval.

13. **Regional Administrator:** This signature and date is required for amounts exceeding the maximum amount established for a specific special service fee in DCFS Procedures 359, Appendix A.
This page intentionally left blank.
REGISTRATION/CASE OPENING

PURPOSE: This form is completed when it has been decided that the family should receive Department services. It also may be used as a work sheet to record information during the assessment process. This form "opens" the case to the CYCIS system, including both family and/or child cases.

WHO COMPLETES IT: This form is completed by the worker who decided the family is eligible for Department services.

SPECIAL NOTES: This form will be computer printed and "turned around" to the worker for filing after initial submission by the worker of a manually completed form. All workers listed as caseworkers will receive a copy. Upon receipt of the turn around copy, workers should verify the accuracy of all information. The turnaround is used to report changes in a family composition, open additional child cases, make address changes, document deaths of family members, etc.

This form is not used to report a change in the child's legal status or to transfer or close cases. The legal status for the case opening should be reflected on the CFS 1425L, which should be submitted in conjunction with the CFS 1410.

Timely registration of family cases must occur for the EAP claiming system to work. In addition, the names and addresses of both parents should be entered whenever possible. This information is essential for making an accurate eligibility determination without requiring the caseworker to collect additional information.

The Department wards’ names are now verified against the Department of Public Aid records by the central office. The verified name will appear in the SOURCE field on the CR-04, Client Alias Name screen, and represents the name, which also appears on the DPA medical card and the Social Security card. No action is required of field staff relating to this change.
Once the Assessment worker has decided to open a case, the worker should complete the REGISTRATION/CASE OPENING FORM as described below.

1. **Family Name**
   
   It is not necessary to complete this section; it will be printed by the computer.

2. **ID**
   
   Enter the family identification number here if the case is to be opened. An identification number is always required, whether or not any adults are members of the family.

3. **Case Worker**
   
   It is not necessary to complete this section. It will be printed by the computer for distribution purposes.

4. **RG**
   
   Region – enter the two-digit code that identifies your region.

5. **ST**
   
   Site – Enter, in Region 2B only, the two digit number which identifies the site office of the family worker.

6. **FD**
   
   Field – Enter the two-digit number that identifies the field office of the family worker.

7. **Cli Ref #**
   
   Client reference number – Enter a "1" by the first client's name, a "2" by the second client's name and so on until all fourteen lines are completed, if needed.

   If you need to list more than fourteen people, use a new case registration sheet. Enter the last name of the family at the top of the form and the family identification number. Begin with number 15 and continue until number 28 is completed. If more space is still needed continue on with a new sheet and begin with number 29.
8. **Client ID**

Client identification number – Enter an identification number for each client regardless of whether or not each family member is to be opened.

9. **Names of Family Members and/or People Who are Significant to the Family**

Enter the full names—last name, first name and middle initial, if applicable—of each family member. All family members are entered although you may only open some of them. *Be sure to enter the names of deceased parents.*

10. **Role**

a. **Significant Other – S**

Enter "S" in this column for each individual other than the caretaker, head of household or a child who is a significant other.

b. **Head of Household – H**

Enter "H" in this column for the family member who is the "Head of the Household."

**NOTE:** Enter this code for one client only. This individual's name will be used as the Family Name. It is recommended that you use the female caretaker's name.

c. **Caretaker – A**

Enter "A" if the individual listed on the line is an adult caretaker living in the home.

d. **Child – K**

Enter "K" if the individual is a child.

e. **Both – B**

Enter a "B" if the individual is a child and a parent.

f. **Deceased – D**

Enter a "D" if the client has died.

g. **Perpetrator – P**

Enter a "P" if this is the perpetrator of abuse or neglect.
11. **Sex**

Enter the appropriate code for each client listed.

F=Female   M=Male   U=Unknown   N=Not Reported

Unknown is to be used in those instances when the client or care-giving person does not offer the information, the worker has not inquired as to the gender and the gender is unclear.

Not Reported should be used when the client or care-giving person does not offer the information, the worker *does* inquire about the gender, and the client declines to give the information.

12. **Race/Ethnicity**

   a. **Race**

   Enter the client’s primary race and any other races that apply (i.e., most applicable or reported by the individual). In the case of young children, the care-giving person provides this information.

   WH=White  BL=Black
   NA=Native American (Indian or Eskimo)  AO=Asian/Oriental
   NR=Not Reported  PI=Pacific Islander

   When adding a new client on a blank line, place the primary race in the white area in the RACE/ETHNICITY column. The ethnicity should be placed directly underneath the primary race in the pink area of the RACE/ETHNICITY column. Up to four secondary races that apply to the individual should be entered in the pink area directly underneath the BIRTH INFORMATION/DATE column.

   b. **Ethnicity**

   Ethnicity currently relates only to Hispanic. Enter the code that most accurately describes the individual’s ethnicity.

   NH=Not Hispanic  NR=Not Reported
   HS=Hispanic South American  HC=Hispanic Cuban
   HM=Hispanic Mexican  HP=Hispanic Puerto Rican
   HD=Hispanic Spanish Descent  HO=Hispanic Other
13. **Birth Information:** This is required for all children for whom the Department has legal responsibility. It is optional but preferred for all others. If the birth date is entered, the rest of the section must also be completed (i.e. city, state etc.).

   a. **Date of Birth**

      Enter the date of birth for each family member listed. This must include the numeric month, day and year in that order.

   b. **City**

      Enter the city where the family member was born. Enter "unknown" if you do not know the city at this time.

   c. **State**

      Enter one of the following codes, which signify the state where the family member was born.

      **TWO-LETTER STATE ABBREVIATIONS**
      (As Authorized by U.S. Post Office)

      | State ABBREVIATION | State Name                     |
      |--------------------|--------------------------------|
      | AL                 | Alabama                        |
      | AK                 | Alaska                         |
      | AZ                 | Arizona                        |
      | AR                 | Arkansas                       |
      | CA                 | California                     |
      | CO                 | Colorado                       |
      | CT                 | Connecticut                    |
      | DE                 | Delaware                       |
      | DC                 | District of Columbia           |
      | FL                 | Florida                        |
      | GA                 | Georgia                        |
      | GU                 | Guam                           |
      | HI                 | Hawaii                         |
      | ID                 | Idaho                          |
      | IL                 | Illinois                       |
      | IN                 | Indiana                        |
      | IA                 | Iowa                           |
      | KS                 | Kansas                         |
      | KY                 | Kentucky                       |
      | LA                 | Louisiana                      |
      | ME                 | Maine                          |
      | MD                 | Maryland                       |
      | MA                 | Massachusetts                  |
      | MI                 | Michigan                       |
      | MN                 | Minnesota                      |
      | MS                 | Mississippi                    |
      | MO                 | Missouri                       |
      | UK                 | Unknown                        |
      | MT                 | Montana                        |
      | NB                 | Nebraska                       |
      | NV                 | Nevada                         |
      | NH                 | New Hampshire                  |
      | NJ                 | New Jersey                     |
      | NM                 | New Mexico                     |
      | NY                 | New York                       |
      | NC                 | North Carolina                 |
      | ND                 | North Dakota                   |
      | OH                 | Ohio                           |
      | OK                 | Oklahoma                       |
      | OR                 | Oregon                         |
      | PA                 | Pennsylvania                   |
      | PR                 | Puerto Rico                    |
      | RI                 | Rhode Island                   |
      | SC                 | South Carolina                 |
      | SD                 | South Dakota                   |
      | TN                 | Tennessee                      |
      | TX                 | Texas                          |
      | UT                 | Utah                           |
      | VT                 | Vermont                        |
      | VA                 | Virginia                       |
      | VI                 | Virgin Islands                 |
      | WA                 | Washington                     |
      | WV                 | West Virginia                  |
      | WI                 | Wisconsin                      |
      | WY                 | Wyoming                        |

Form CFS 1410 (5)
d. **County**

Enter one of the following codes that signify the county where the child was born.

<table>
<thead>
<tr>
<th>County Code</th>
<th>County Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Adams</td>
</tr>
<tr>
<td>002</td>
<td>Alexander</td>
</tr>
<tr>
<td>003</td>
<td>Bond</td>
</tr>
<tr>
<td>004</td>
<td>Boone</td>
</tr>
<tr>
<td>005</td>
<td>Brown</td>
</tr>
<tr>
<td>006</td>
<td>Bureau</td>
</tr>
<tr>
<td>007</td>
<td>Calhoun</td>
</tr>
<tr>
<td>008</td>
<td>Carroll</td>
</tr>
<tr>
<td>009</td>
<td>Cass</td>
</tr>
<tr>
<td>010</td>
<td>Champaign</td>
</tr>
<tr>
<td>011</td>
<td>Christian</td>
</tr>
<tr>
<td>012</td>
<td>Clark</td>
</tr>
<tr>
<td>013</td>
<td>Clay</td>
</tr>
<tr>
<td>014</td>
<td>Clinton</td>
</tr>
<tr>
<td>015</td>
<td>Coles</td>
</tr>
<tr>
<td>016</td>
<td>Cook (exc Chi)</td>
</tr>
<tr>
<td>017</td>
<td>Crawford</td>
</tr>
<tr>
<td>018</td>
<td>Cumberland</td>
</tr>
<tr>
<td>019</td>
<td>DeKalb</td>
</tr>
<tr>
<td>020</td>
<td>DeWitt</td>
</tr>
<tr>
<td>021</td>
<td>Douglas</td>
</tr>
<tr>
<td>022</td>
<td>DuPage</td>
</tr>
<tr>
<td>023</td>
<td>Edgar</td>
</tr>
<tr>
<td>024</td>
<td>Edwards</td>
</tr>
<tr>
<td>025</td>
<td>Effingham</td>
</tr>
<tr>
<td>026</td>
<td>Fayette</td>
</tr>
<tr>
<td>027</td>
<td>Ford</td>
</tr>
<tr>
<td>028</td>
<td>Franklin</td>
</tr>
<tr>
<td>029</td>
<td>Fulton</td>
</tr>
<tr>
<td>030</td>
<td>Gallatin</td>
</tr>
<tr>
<td>031</td>
<td>Greene</td>
</tr>
<tr>
<td>032</td>
<td>Grundy</td>
</tr>
<tr>
<td>033</td>
<td>Hamilton</td>
</tr>
<tr>
<td>034</td>
<td>Hancock</td>
</tr>
<tr>
<td>035</td>
<td>Hardin</td>
</tr>
<tr>
<td>036</td>
<td>Henderson</td>
</tr>
<tr>
<td>037</td>
<td>Henry</td>
</tr>
<tr>
<td>038</td>
<td>Iroquois</td>
</tr>
<tr>
<td>039</td>
<td>Jackson</td>
</tr>
<tr>
<td>040</td>
<td>Jasper</td>
</tr>
<tr>
<td>041</td>
<td>Jefferson</td>
</tr>
<tr>
<td>042</td>
<td>Jersey</td>
</tr>
<tr>
<td>043</td>
<td>JoDaviess</td>
</tr>
<tr>
<td>044</td>
<td>Johnson</td>
</tr>
<tr>
<td>045</td>
<td>Kane</td>
</tr>
<tr>
<td>046</td>
<td>Kankakee</td>
</tr>
<tr>
<td>047</td>
<td>Kendall</td>
</tr>
<tr>
<td>048</td>
<td>Knox</td>
</tr>
<tr>
<td>049</td>
<td>Lake</td>
</tr>
<tr>
<td>050</td>
<td>LaSalle</td>
</tr>
<tr>
<td>051</td>
<td>Lawrence</td>
</tr>
<tr>
<td>052</td>
<td>Lee</td>
</tr>
<tr>
<td>053</td>
<td>Livingston</td>
</tr>
<tr>
<td>054</td>
<td>Logan</td>
</tr>
<tr>
<td>055</td>
<td>Macon</td>
</tr>
<tr>
<td>056</td>
<td>Macoupin</td>
</tr>
<tr>
<td>057</td>
<td>Madison</td>
</tr>
<tr>
<td>058</td>
<td>Marion</td>
</tr>
<tr>
<td>059</td>
<td>Marshall</td>
</tr>
<tr>
<td>060</td>
<td>Mason</td>
</tr>
<tr>
<td>061</td>
<td>Massac</td>
</tr>
<tr>
<td>062</td>
<td>McDonough</td>
</tr>
<tr>
<td>063</td>
<td>McHenry</td>
</tr>
<tr>
<td>064</td>
<td>McLean</td>
</tr>
<tr>
<td>065</td>
<td>Menard</td>
</tr>
<tr>
<td>066</td>
<td>Mercer</td>
</tr>
<tr>
<td>067</td>
<td>Monroe</td>
</tr>
<tr>
<td>068</td>
<td>Montgomery</td>
</tr>
<tr>
<td>069</td>
<td>Morgan</td>
</tr>
<tr>
<td>070</td>
<td>Moultrie</td>
</tr>
<tr>
<td>071</td>
<td>Ogle</td>
</tr>
<tr>
<td>072</td>
<td>Peoria</td>
</tr>
<tr>
<td>073</td>
<td>Perry</td>
</tr>
<tr>
<td>074</td>
<td>Piatt</td>
</tr>
<tr>
<td>075</td>
<td>Pike</td>
</tr>
<tr>
<td>076</td>
<td>Pope</td>
</tr>
<tr>
<td>077</td>
<td>Pulaski</td>
</tr>
<tr>
<td>078</td>
<td>Putnam</td>
</tr>
<tr>
<td>079</td>
<td>Randolph</td>
</tr>
<tr>
<td>080</td>
<td>Richland</td>
</tr>
<tr>
<td>081</td>
<td>Rock Island</td>
</tr>
<tr>
<td>082</td>
<td>Saline</td>
</tr>
<tr>
<td>083</td>
<td>Sangamon</td>
</tr>
<tr>
<td>084</td>
<td>Schuyler</td>
</tr>
<tr>
<td>085</td>
<td>Scott</td>
</tr>
<tr>
<td>086</td>
<td>Shelby</td>
</tr>
<tr>
<td>087</td>
<td>Stark</td>
</tr>
<tr>
<td>088</td>
<td>St. Clair</td>
</tr>
<tr>
<td>089</td>
<td>Stephenson</td>
</tr>
<tr>
<td>090</td>
<td>Tazewell</td>
</tr>
<tr>
<td>091</td>
<td>Union</td>
</tr>
<tr>
<td>092</td>
<td>Vermilion</td>
</tr>
<tr>
<td>093</td>
<td>Wabash</td>
</tr>
<tr>
<td>094</td>
<td>Warren</td>
</tr>
<tr>
<td>095</td>
<td>Washington</td>
</tr>
<tr>
<td>096</td>
<td>Wayne</td>
</tr>
<tr>
<td>097</td>
<td>White</td>
</tr>
<tr>
<td>098</td>
<td>Whiteside</td>
</tr>
<tr>
<td>099</td>
<td>Will</td>
</tr>
<tr>
<td>100</td>
<td>Williamson</td>
</tr>
<tr>
<td>101</td>
<td>Winnebago</td>
</tr>
<tr>
<td>102</td>
<td>Woodford</td>
</tr>
<tr>
<td>103</td>
<td>Out of State</td>
</tr>
<tr>
<td>104</td>
<td>Unknown</td>
</tr>
<tr>
<td>105</td>
<td>City of Chicago</td>
</tr>
<tr>
<td>106</td>
<td>Out of Country</td>
</tr>
</tbody>
</table>

Form CFS 1410 (6)
e. Ver

Verification

1. Copy of birth certificate in case record.
2. Place of birth verified via the CFS 402; received and in case record.
3. Client declaration – This will not suffice for DPA eligibility or for verification of foreign-born children.
4. Unable to verify – This will not suffice for DPA eligibility.
5. For temporary or permanent residents, refugees and naturalized citizens – Citizenship papers, alien resident card, naturalization papers or verification from the Immigration and Naturalization Service (INS).

14. Address: Residence and Mailing

a. RS--Residence

The residence is the address of the main living quarters of the client. (For a child in placement, this is not the placement address of the child, but the address of the parent from which the child was removed.) Enter the appropriate Address Reference letter from the Residence/Mailing Address section at the bottom of this form. Each family member and significant other person who is listed must have an Address Reference letter even though the address may be unknown.

b. ML--Mailing

The mailing address is the address where the client receives his or her mail. Enter the appropriate Address Reference letter for the mailing address from the Residence/Mailing Address section for only those clients whose Residence and Mailing Addresses differ. If there is no difference, leave this section blank. (Do not enter the placement address of the child.)

15. Communication Requirement

Select and enter, for each client listed, the Communication Requirement code that indicates the primary language required for communication.

<table>
<thead>
<tr>
<th>Code</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>Albanian</td>
</tr>
<tr>
<td>AM</td>
<td>Armenian</td>
</tr>
<tr>
<td>AR</td>
<td>Arabic</td>
</tr>
<tr>
<td>BE</td>
<td>Bengali (India)</td>
</tr>
<tr>
<td>BU</td>
<td>Bulgarian</td>
</tr>
<tr>
<td>CA</td>
<td>Cantonese</td>
</tr>
<tr>
<td>CH</td>
<td>Chinese (Mandarin)</td>
</tr>
<tr>
<td>CR</td>
<td>Croatian</td>
</tr>
<tr>
<td>CZ</td>
<td>Czech</td>
</tr>
<tr>
<td>DA</td>
<td>Danish</td>
</tr>
<tr>
<td>DU</td>
<td>Dutch</td>
</tr>
<tr>
<td>LI</td>
<td>Lithuanian</td>
</tr>
<tr>
<td>LO</td>
<td>Lao</td>
</tr>
<tr>
<td>MI</td>
<td>Malaysian-Indonesian</td>
</tr>
<tr>
<td>NO</td>
<td>Norwegian</td>
</tr>
<tr>
<td>OT</td>
<td>Other</td>
</tr>
<tr>
<td>PE</td>
<td>Persian</td>
</tr>
<tr>
<td>PG</td>
<td>Portuguese</td>
</tr>
<tr>
<td>PO</td>
<td>Polish</td>
</tr>
<tr>
<td>PU</td>
<td>Punjabi (India)</td>
</tr>
<tr>
<td>RO</td>
<td>Romanian</td>
</tr>
<tr>
<td>RU</td>
<td>Russian</td>
</tr>
</tbody>
</table>
CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING

EN English  SE Serbian
FL Flemish  SI Sign Language
FR French  SH Swahili
GE German  SL Slovak
GR Greek  SP Spanish
HA Haitian  SW Swedish
HE Hebrew  TA Tagalog (Philippines)
HI Hindi (India)  TH Thai
HM Hmong
IC Icelandic  TM Tamil
IR Iranian  UD Urdu (Pakistan and India)
IT Italian  UR Ukrainian
JA Japanese  VI Vietnamese
KH Khmer (Cambodia)
KO Korean
LA Latvian

16.  Religion

Select and enter the appropriate Religion Code for each client listed.

BU Buddhism
CA Catholicism
CS Christian Science
HI Hinduism
IS Islam
JU Judaism
JW Jehovah's Witnesses
NO None
OT Other
PR Protestantism
SH Shintoism
UK Unknown

17.  Marital: Status and Verification

a.  Status

Select and enter the appropriate Marital Status code for each adult client listed. You may enter a marital code for children if you wish to note a marital status. If nothing is entered, it will be assumed that the child is unmarried.

DV Divorced
MA Married
NM Never Married
SE Separated-legally or by client declaration-If this code is used you still must verify the marriage if this is by client declaration.
WD Widowed
UK Unknown
b. Verification

Select and enter the appropriate Verification code for each client listed.

1. Verification Letter sent to appropriate county
2. Verification received from county records and in case file
3. CFS 402
4. Client Declaration
5. Unable to Verify
6. Divorce Decree

18. Disabilities

A disability, as defined in the Americans with Disabilities Act of 1990 (ADA), means either:

- a physical or mental impairment that substantially limits one or more of an individual's major life activities;
- a record of such an impairment; or
- being regarded as possessing such an impairment.

“Major Life Activities” are those basic activities that the average person can perform with little or no difficulty. These include walking, seeing, hearing, speaking, breathing, learning and working.

Disability Codes

Select and enter for each child and parent or head of household, the appropriate disability code(s) (1-38). A limited number of dual diagnosis codes have been included.

- The primary disability code is required; the second and third disability codes are optional.
- If the primary disability code is = 31, 16 or 32, no additional codes may be entered.
- The values 31, 16 or 32 are reserved for the primary disability code only.
- The disability codes 1-15 and 17-29 can be used in the primary or supplemental codes, as long as the codes are not duplicated.

Note: Codes 1-15, 17-29, 30 and 33-38 may be entered only when written documentation exists in the case record that a client has a disability as diagnosed by a duly licensed or credentialed professional.
31. There are no indicators and no diagnosis by a Duly Licensed or Credentialed Professional (DLCP) that a disability exists.

16. Although there is no diagnosis by a DLCP, there are indicators that a disability exists. A referral will be made to a DLCP for a diagnostic evaluation. (This code must be revised no later than 60 days after case opening to reflect the results of the evaluation.)

32. The suspected disability of (A) a parent; or (B) a child in an intact family, cannot be confirmed or refuted by diagnostic procedures as the parent(s) is (are) refusing to consent to the necessary diagnostic evaluation. Refusal to cooperate is documented in the case note in the case record. Various casework methods/interventions will be used to try to persuade the parent(s) to consent to a diagnostic evaluation. Also, this code will be used in instances where the whereabouts of the child or a parent is unknown.

NOTE: When a child who was previously being served as part of an intact family is placed in substitute care, the disability code for the child shall be updated, if necessary, within three working days of the worker's receipt of the result of the comprehensive assessment.

When adding a new client on a blank line, up to three disability codes can be placed on the form as follows: the primary disability code should be placed in the white area in the HNDCP CODE column, the second disability code should be placed directly underneath the primary disability code in the pink area of the HNDCP CODE column, the handicap verification code should be placed in the white area of the HNDCP VER column as usual, and the third disability code should be placed directly underneath the handicap verification code in the pink area of the HNDCP VER column.

NOTE: A disability code may be placed in the space designated for the third code only if a code has been entered for the second disability.

For clients already entered in the system the HNDCP column on the turnaround document will contain an asterisk (‘*’) and up to three disability codes will be printed in the LAST NAME column (in the pink correction area) as follows: “*HNDCP = <primary disability>, <second disability>, <third disability>”. Both disability corrections and last name corrections can be listed in any blank area on the form with an arrow indicating that changes have been made.

1. **Adult With a Mental Disorder**

   Parent exhibits a mental disorder, which manifests a substantial functional impairment requiring treatment intervention and support likely to be of long duration. They may have a history of psychiatric hospitalizations or sustained treatment by a community mental health agency. Their primary diagnosis may meet the DSM-IV criteria of a mental disorder.
2. **Autism**

Autism is a developmental disability which affects interpersonal relationships, socialization skills, ability to learn, and may create some unusual behaviors or stereotypic behaviors and/or rituals. It can prevent an individual from properly understanding what they see, hear and sense. Autism is behaviorally defined.

3. **Blood Born Diseases * **

Contagious diseases transmitted by exposure/contact with blood or blood products that are contaminated by the disease. HIV is the most prominent example of this disease. It is usually characterized by being a progressively degenerative disease until interrupted by death. This code should be used for all blood born diseases even if there is also a developmental disability or mental illness.

4. **Cerebral Palsy**

The parent or child exhibits manifestations of cerebral palsy to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self-direction, capacity for independent living. They require services similar to those required by an individual with mental retardation. (If the condition does not meet this level of severity, consider using the "Physically Disabled" code).

5. **Child in Need of Mental Health Services**

A child under the age of 21 years has a substantial impairment in role functioning as indicated by a DSM-IV diagnosis (including V-Codes) and who demonstrates behavioral and/or emotional responses so different from generally accepted age appropriate, ethnic or cultural norms as to result in significant impairment in self-care, social relationships, educational progress and behavior, work adjustment and/or family (or equivalent) adjustment.

6. **Deaf**

The child's or parent’s sense of hearing is non-functional for the ordinary purposes of life and prevents the processing of linguistic information through hearing with or without amplification and adversely affects educational performance.
7. **Deaf/Blind**

The child or parent has concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational problems that precludes him/her from proper accommodation in special education programs solely for the deaf or visually handicapped.

8. **Developmentally Disabled/Substance Abuse**

The parent or child exhibits the combination of a developmental disability and substance abuse.

9. **Developmentally Disabled/Child in Need of Mental Health Services**

The child exhibits the combination of a developmental disability and a severe emotional impairment.

10. **Developmental Disability/Mental Disorder (Adult)**

The parent exhibits the combination of a developmental disability and a mental disorder.

11. **Developmentally Delayed**

This code may be used for children; ages 0 - 3, where no other exceptional characteristic has been identified and they exhibit significant delay in meeting developmental milestones. These children may be enrolled in Early Intervention programs.

12. **Mild Mental Retardation**

The child's or parent’s intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a mild degree with IQ functioning in the 50-69 range.

13. **Moderate Mental Retardation**

The child's or parent’s intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a moderate degree with IQ functioning in the 35-50 range.

14. **Severe Mental Retardation**

The child's or parent’s intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a severe degree with IQ functioning in the 20-35 range.
15. **Profound Mental Retardation**

The child's or parents' intellectual functioning is impaired to profound degree with IQ functioning in the 0-20 range.

16. **Indicators of a Disability/No Diagnosis by a DLCP**

See primary disability codes at the beginning of this section.

17. **Mental Retardation/Physically Disabled**

The child or parent exhibits mental retardation and one or more physical disabilities.

18. **Medically Complex/Developmentally Disabled * **

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caregivers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code, the child must also be diagnosed developmentally disabled.)

19. **Epilepsy**

The parent or child exhibits manifestations of epilepsy (seizure disorder) to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self-direction, capacity for independent living. They require services similar to those required by an individual with mental retardation.

20. **Hard of Hearing/Hearing Impaired**

The child's or parents' residual hearing is not sufficient to enable him/her to understand the spoken word and to develop language, thus causing extreme deprivation in learning and communication.

21. **Medically Complex/Not Developmentally Disabled * **

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caregivers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code the child must not be diagnosed developmentally disabled, but may have a mental illness.)
22. **Physically Disabled**

The child or parent exhibits an orthopedic impairment, which interferes with his/her learning and/or requires adaptation of the physical plant. The term includes impairments caused by congenital anomaly, disease or other causes including epilepsy, spinal bifida, cerebral palsy, amputations, fractures, or burns which cause contracture. The term also includes individuals who exhibit other health impairments, either temporary or permanent, which interfere with learning.

23. **Specific Learning Disability**

The child or parent exhibits a disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Such term includes conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

24. **Speech and/or Language Impairment**

The child or parent exhibits deviations of speech and/or language processes which are outside the range of acceptable deviation within a given environment and which prevent full social or educational development.

25. **Alcohol Abuse**

The child or parent exhibits frequent use of alcohol, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

26. **Drug Abuse**

The child or parent exhibits frequent use of drugs, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

27. **Traumatic Brain Injury**

An injury to the brain not of a degenerative or congenital nature, but an injury caused by an external physical force that may produce a diminished or altered state of consciousness which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be temporary or permanent and cause partial or total functional disabilities or psychosocial maladjustment.
28. **Visual Impairment**

The child's or parents' visual impairment, even with correction, adversely affects his/her social and/or educational performance. The term includes both partially sighted and blind.

29. **Substance Abuse**

The child or parent exhibits frequent use of drugs or alcohol, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

30. **Diabetes**

Diabetes is a clinical condition characterized by the excessive excretion of urine and persistent thirst. The excess may be caused hyperglycemia (elevated blood sugar) as seen in diabetes mellitus or a deficiency of an antidiuretic hormone as in diabetes insipidus.

**Diabetes mellitus:**

This condition is generally inherited and characterized by elevated levels of glucose (sugar) circulating in the blood stream. It is caused by the inability of the pancreas to produce or secret enough insulin to regulate the level of glucose in the body.

**Types of diabetes mellitus:**

- **Insulin dependent (iddm) or Type 1 diabetes:** This type of diabetes may also be called “juvenile-onset diabetes”, “ketosis-prone diabetes”, or “brittle diabetes”. The onset of this type of diabetes is typically found in childhood and adolescence but can be at any age. This condition is more common in children than adults. Type 1 diabetes always requires insulin for treatment and control.

- **Non-insulin dependent (niddm) or Type 2 diabetes:** This type of diabetes may be called “adult-onset diabetes”, “maturity onset diabetes”, “non-ketosis diabetes”, or “stable diabetes”. Adolescents with this form of diabetes are obese. Often Type 2 diabetes can be controlled through losing weight, improved nutrition and exercise alone, but many people may need oral medications and/or insulin to control their diabetes.

**Diabetes insipidus:** This condition can be acquired through head trauma, brain tumors, inherited conditions, or kidney abnormalities.
31. **No Indicators of a Disability/No Diagnosis by a DLCP**

See primary disability codes at the beginning of this section.

32. **Suspected Disability/Refusal to Cooperate with Diagnostic Procedures**

See primary disability codes at the beginning of this section.

33. **Asthma**

Asthma is a condition in which the airways of the lungs become either narrowed or completely blocked through increased mucus, spasms or swelling of the air tubes and thus impede normal breathing. With asthma this obstruction of the lungs is reversible, either spontaneously or with medication. Genetic factors, allergic factors, infections and acute and chronic stress can each individually or combine together produce this disease. Asthma can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

34. **Asperger’s Disorder**

Asperger's Disorder is a developmental disability, which affects social interaction, occupational performance and/or other areas of functioning. The disorder produces restricted repetitive and stereotyped patterns of behavior, interest and activity. According the DSM-IV there are no clinically significant delays in language, cognitive development or in the development of appropriate self-help skills.

35. **Pervasive Developmental Disorder**

According to the DSM-IV, this category should be used "when there is a severe and pervasive impairment in the development of social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder."
36. **Genetic Disorder**

Genetic Disorder: is a condition caused by the absence of a gene or the product of a defective gene. The genetic makeup of individuals, as members of a larger group, influences the degree to which he or she is susceptible to a disorder or disease organism. This may be the result of an inherited lack of resistance to a disease; a trait that is advantageous in one environment, but disadvantageous in another; or the result of intermarriage within a relatively small range of geographic, ethnic or religious restrictions. A genetic disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

37. **Substance-Related Disorder**

Substance-Related Disorder: may result from exposure to a wide range of chemical substances such as alcohol and drug abuse, medication side effects and poisonous toxins taken intentionally or unintentionally. Typically someone with substance-related disorder would exhibit an impairment of cognition or moods but the disorder is also associated with anxiety, hallucinations, delusions or seizures. Physical manifestations such as seizures are also possible. A substance-related disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

38. **Medication-Induced Disorder**

Medication-Induced Disorder: is a disorder thought to be caused by exposure to medication when the medication side effects become the main focus of clinical attention. A medication-induced disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

* Examples of medically complex illnesses include Nutrition, Pulmonary, Neuromuscular, Kidney, Endocrinological, Cancer, Hematology, Infectious Diseases, Orthopedic and Cardiac problems. Notable conditions that are included are: Burns, Ventilator Dependent, Gastrostomy, Drug Addicted at Birth, On an Apnea Monitor, Cystic Fibrosis, Colostomy, Hepatitis, Diabetes, and Spina Bifida. Behavioral and emotional maladjustments are commonplace with these ailments.

At the first ACR, after the child goes into placement, the ACR reviewer shall confirm with the worker the accuracy of the disability code for the child and shall, if necessary, advise the worker to change the code in the CYCIS system if the ACR reviewer determines that the Code has not been changed to reflect the results of the comprehensive assessment.
b. Verification

Select and enter the appropriate Verification code for each Handicap code entered.

D   Diagnosed by a Professional and documentation in record
S   Suspected by worker

19. Subject ID

When opening a child case as a result of a pending or indicated child abuse or neglect investigation, the investigator will be required to have a subject I.D. on each child case opened. The subject I.D. must be data entered into CYCIS for the case to be opened.

Subject I.D.'s are assigned by the State Central Register upon receipt of the report. Subject I.D.'s of known subjects come preprinted on the CANTS 2 and on the CFS 1410, Case Registration Form. If the CANTS 2 or the CFS 1410 have not yet been received by the investigator and a subject I.D. is immediately needed to open a CYCIS case, the investigator may obtain the information in the following ways:

- A “Look-Up” screen has been added to the Investigative Caseload Management System (ICLM) for child protection and specified follow-up staff to look up involved subject identification numbers from the CANTS system. Any subject who is known to the CANTS system will have a subject I.D. available on the ICLM. By entering the SCR number and sequence, a list of subjects in the investigation will appear. Identifying information such as name, age, subject I.D., CYCIS I.D. and involvement code will appear.

- If for some reason the ICLM system is not available (such as after hours or weekend), the investigator should contact the SCR data entry line at (217) 782-6937 to obtain the subject number of a known subject. If the data entry line is not available, the SCR field line at 1-800-847-2152 should be contacted.

If the investigator plans to open a case on a child who was not originally a subject of the CA/N report but is being added to the report, the following process should be followed:

- Contact the SCR data entry line at (217) 782-6937 and request to add a subject to a “pending” investigation. The data entry staff person will require that you provide the SCR number and name in which the report is registered. They will also need identifying information about the child to be added including the name, birth date, race, involvement, allegation(s) and whether protective custody was taken. SCR data entry staff will immediately, whenever possible, provide a subject number.

- If a child case is to be opened in such an “add on” situation and there was no DCP report on the particular child, the case should be opened using the Reason for Case Opening Codes for Child Cases found in Section B.3 of these procedures.

*If the allegations are unfounded, cross out the Subject I.D. number.*

Form CFS 1410 (18)
20. **Add Ref**

Address Reference - Enter letter "A" by the first address listed, a letter "B" by the second address listed and so on.

21. **Residence/Mailing Address**

Enter each different Residence and Mailing Addresses for the clients listed. Make certain that the State, ZIP Code and County are listed for each address. Also make certain to list the corresponding Home Telephone number, including the Area Code. If the address is unknown, print "unknown" in this area.

**NOTE:** If all the clients listed share the same address, list the address once.

22. **Work Telephone Numbers**

If any of the clients has a work telephone number, enter the appropriate Client Reference number and that client's telephone number at work. Make certain to include the Area Code.

23. **Also Known As**

If a client has one or more aliases (names, other than the one listed, which he or she has used), enter the client's Reference number and his/her alias. If there are more than eight aliases for the family, use a new IL-418 1410, Registration/Case Opening. Enter all client maiden names in this area. *Do not enter an adopted child's former name as an alias.*

24. **Death Notification**

If any client listed at the top of the page is dead, enter that client's Reference Number, and the 6-digit date of death. If the date is unknown, enter 01/01/01. Enter the city, state, and county codes for where the death is registered.

**Verification Codes**

1. Death certificate in case record
2. Medical records
3. Written statement from undertaker or cemetery official
4. Social Security records
5. Veterans Administration records
6. DPA 97
7. CFS 402
8. Unable to verify
25. **Relationship Matrix**

Enter the Ref Number of each child client down the left side of the matrix. Enter the Ref Number of each adult/caretaker across the top of the matrix. For each adult/caretaker:

- Enter the appropriate Relationship code for each client.
  - AU Aunt/Uncle
  - GP Grandparent
  - LP Legal Parent
  - NP Natural Parent
  - NR Not Related
  - PF Putative Father
  - PS Non-related Parent Substitute
  - OR Otherwise Related
  - SP Step-parent

- Put a check mark in the "PR" box only if that adult/caretaker has legal parental rights to that child/client.

- If you are entering more than four caretakers and/or more than ten children, use another Case Registration/Case Opening Form(s).

**CASE OPENING**

This part of the form may be used to open one (1) family case and/or nine (9) child cases. If there are more children, use an additional Case Registration/Case Opening form. Enter the family name and worker name on the additional form.

**A. To Open a Family Case**

If a family case is to be opened, complete the sections of the CFS 1410 as described below. In addition, if an intact family is to be opened for an abuse or neglect reason, enter the head of the household CANTS Subject ID onto the CYCIS screen CR-03 to link the CANTS and CYCIS cases.

If the head of household is not a subject of the report and does not have a Subject ID such as in the case of a school report, contact SCR and ask to add the adult head of household as a non-involved subject on the CANTS report.

**NOTE:** Use the first line of each column (across).

1. **Reference Number**
   
Enter an "F" in this box.

2. **Open Date**
   
Enter the 6-digit numerical month, day and year date on which the case is opened.
3. **Reason for Case Opening**

Select and enter the appropriate Reason code. If the reason for continued services changes, the change is to be indicated on the CFS 1420, Case Review Form.

- **AB** Abuse – The Child Protection Investigation staff has a pending investigation or has indicated an allegation of abuse (excludes sexual abuse) in the family and services are needed in order to protect the child.

- **AD** Adoption – The parents wish to surrender the child for adoption.

- **CA** Court-Ordered Abuse Services – The court has ordered services to the family because of abuse to the children.

- **CB** Child's Behavior Problem – The family and/or child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MRAI, status offenders, and runaway children from other states.

- **CI** Child's Illness or Handicap – The family and/or child is in need of service because the child's physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care for the child without help. This refers to physical and emotional illnesses.

- **CN** Court-Ordered Neglect Services – The court has ordered services for the family because of neglect of the children.

- **DF** Donated Funds

- **DP** Dependency – The family and/or child is in need of service because the family is unable to provide care for the child(ren) because of circumstances, which are beyond their control, e.g. parental death, illness or incarceration.

- **NG** Neglect – The family and/or child is in need of service to protect the child due to a neglectful situation, which has been indicated by the Child Protection Investigation staff or for which there is a pending investigation.

- **PA** Post Adoption – Post adoption services are being provided to an adoptive family to support the adoptive placement and reduce the risk of adoption dissolution.

- **PC** Parent-Child Relationship Problems – The family and/or child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.
PF  Putative Father – A man is in need of Department services because he is or will be the father of a child born to a woman to whom he is not married and the situation may create a problem in caring for the child.

PS  Preventive Services – Services are being provided to the family in order to prevent abuse or neglect from occurring. An allegation of abuse or neglect has not been founded.

SA  Sexual Abuse – The Division of Child Protection has a pending investigation or has indicated an allegation of sexual abuse (18, 19, 20, 21) in the family and services are needed in order to protect the child.

SO  Services to Other Agency – Services are provided to a family at the request of another agency.

UM  Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in the child's care, if she is a child, or in the child's care.

YI  Governor's Youth Initiative – The family and/or child is in need of services under the Governor's Youth Initiative program.

The following reason codes are to be used for case openings when an intact family is being served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling. If these services are terminated but the case is to remain open for other Department services, indicate the reason for continued services on the CFS 1420, Case Review Form.

AF  Investigation staff have a pending investigation or have indicated an allegation of abuse in the family and purchased services involving full case responsibility are being provided.

DA  DASA Services – An intact family case is opened due to either an indicated or unfounded report of child abuse or neglect in which alcohol or other substance abuse is a major factor in the family situation and the family has been referred for services to a Office of Alcoholism and Substance Abuse (OASA) funded program.

IF  An investigation of alleged child abuse, neglect or sexual abuse is in process, a final finding has yet to be made and purchased services involving full case responsibility are being provided.

NF  Investigation staff have indicated a pending investigation or have indicted an allegation of neglect in the family and purchased services involving full case responsibility are being provided.
SF  Investigation staff have a pending investigation or have indicated an
allegation of sexual abuse in the family and purchased services involving
full case responsibility are being provided.

UF  Unfounded Family Preservation – Investigation staff have unfounded the
report alleging child abuse, child sexual abuse or neglect, and purchased
services involving full casework responsibility which have been initiated by
investigative staff will continue because the family can benefit from the
services and has agreed to continue receiving them.

The following reason codes are to be used when at least one child is being served
by Family Reunification services:

AR  Investigation staff have a pending investigation or have indicated a report of
child abuse in the family and purchased services involving full case
responsibility are being provided to facilitate the return home of the child.

NR  Investigation staff have a pending investigation or have indicated a report of
neglect in the family and purchased services involving full case
responsibility are being provided to facilitate the return home of the child.

SR  Investigation staff have a pending investigation or have indicated an
allegation of sexual abuse in the family and purchased services involving
full case responsibility are being provided in order to facilitate the return
home of the child.

UR  Unfounded Family Reunification – Investigation staff have unfounded a
report of child abuse/neglect in the family and purchased services involving
full case responsibility are being provided to facilitate the return home of
the child.

4. **Prior Eligibility Indicator**

Make no entries in this section for a family case. This space is to be used only for
child cases that are opened for adoption assistance.

N  None-If the child was not eligible prior to adoption for Aid to Families with
Dependent Children, -- foster care (AFDC-FC) -- and was not eligible for
SSI benefits.

A  If the child was eligible for Aid to Families with Dependent Children-foster
care (AFDC-FC) prior to adoption.

S  If the child was eligible for SSI benefits prior to the adoption.
5. **Region/Site/Field**
   - Enter the appropriate 2-digit code for the Region where the worker is located who carries responsibility for the family case.
   - Enter, in Region 2B only, the appropriate 2-digit code from the Site where the worker is located who carries responsibility for the family case.
   - Enter the appropriate 2-digit code for the field office where the caseworker is located who carries responsibility for the family case.

6. **Assigned Caseworker**
   Enter the full name--last name and then first name--ID Number of the worker assigned to the Family Case.

**B. Child Case**

For each Child Case opened, the following sections must be completed. The child case may not be opened unless the Department has a legal relationship with the child and the CFS 1425L is accompanying this form (except for unwed mothers and for children for whom the Department is subsidizing an adoption).

1. **Reference Number**
   Enter the Client Reference Number (as listed at the top of this form) of the child for whom a Child Case is being opened.

2. **Open Date**
   Enter the 6-digit month, day and year date on which the case is opened.

3. **Reason for Case Opening**
   Select and enter the appropriate Reason for Case Opening code. If the reason for continued services changes, the change is to be indicated on the CFS 1420, Case Review Form.

   - **AA Adoption Assistance** – The child is opened to CYCIS because he or she has been adopted under the adoption assistance program.
   - **AB Abuse** – Department services are needed in order to protect the child or children from abuse (excludes sexual abuse). This allegation of abuse must have been indicated by Child Protection Investigation staff or CPS has an investigation pending.
   - **AD Adoption** – The child is in need of services as surrenders of parental rights (one or two parents) to the Department has occurred
CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING

CA  Court-Ordered Abuse Services – The court has ordered services because of the abuse of children.

CB  Child's Behavior Problem – The child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MINS, status offenders, and runaway children from other states.

CH  Cuban/Haitian Unaccompanied Minor – An unaccompanied Cuban/Haitian refugee minor who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Education Assistance Act of 1980.

CI  Child's Illness or Handicap – The child is in need of service because the child's physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care from the child without help.

CN  Court-Ordered Neglect Services – The court has ordered services because of neglect of the children.

DP  Dependency – The child is in need of service because the family is unable to provide care for the child(ren) because of circumstances which are beyond their control, e.g. parental death, illness, incarceration, or mental retardation.

NG  Neglect – The child is in need of service in order to protect the child due to a neglectful situation that has been indicated by Child Protection Investigation staff or CPSW has an investigation pending.

PC  Parent-Child Relationship Problems – The child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.

RA  Refugee Assistance for Unaccompanied Minors – An unaccompanied refugee minor (excluding Cuban/Haitian unaccompanied minors) who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Act of 1980.

SA  Sexual Abuse – Department services are needed to protect the child/children from sexual abuse (allegations #18, 19, 20, 21) as indicated by Child Protection Investigation staff or CPS staff has an investigation pending.
CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING

 UM Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in her care, if she is a child, or in the child's care.

 YI Governor's Youth Services Initiative – The child is in need of services under the Governor's Youth Services Initiative program.

The following reason codes are to be used for case openings when a family is being served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling and at least one child is being served by Family Reunification services. If these services are terminated but the case is to remain open for other Department services, indicate the reason for continued services on the CFS 1420, Case Review Form:

 AR Investigation staff have indicated a report of child abuse in the family or CPS staff has an investigation pending and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

 NR Investigation staff have indicated a report of neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child or CPS staff has an investigation pending.

 SR Investigation staff have indicated an allegation of sexual abuse in the family or CPS staff has an investigation pending and purchased services involving full case responsibility are being provided in order to facilitate the return home of the child.

 UR Unfounded Family Reunification - Investigation staff have unfounded a report of child abuse/neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

4. **Region/Site/Field**

   o Enter the appropriate 2-digit code for the Region where the Child Case will be carried.

   o In Region 2B, enter the appropriate 2-digit code for the Site where the Child Case will be carried.

   o Enter the 2-digit code for the field office of the worker who has responsibility for the child's case.
5. **Case Closing**

Do not enter any information here.

6. **Assigned Caseworker**

Enter the full name--last name, first name--and the ID Number of the worker assigned to each Child Case opening.

7. **Social Security Number Information**

   A. **Client ID**

      Client ID numbers will be pre-printed for all family members.

   B. **SSN**

      Enter the social security number of all of the individuals (both adults and children) within the family.

   C. **Corrections**

      Enter corrected Social Security Number if preprinted number is incorrect.
This page intentionally left blank.
CASE REVIEW FORM

PURPOSE: This form is used to report the results of all client service planning and non-administrative case review activity. The results of case review activity for administrative case reviews are reported through the computer generated review packet.

WHO COMPLETES IT: The primary worker for the family is responsible for completing and submitting this form immediately after the development of each service plan and/or after each non-administrative case review.

SPECIAL NOTES: This form is completed manually only at the time of the initial (30-day) service plan. The primary worker will receive a computer printed turnaround to be used to report results of future service planning and non-administrative case review activity, including the permanency hearing. In addition, changes in the permanency goal, the planned achievement date for the permanency goal, the court set indicator for permanency goal, or the target removal date are to be reported via this form when these changes occur outside of the administrative case review. A CFS 1420, Case Review Form, does not have to be completed when the case is closed. The final permanency goal evaluation information is submitted directly on the CFS 1425, Change of Status Form.
1. **Family Name**

Enter the family name (last name first) in which the case is registered on the Registration/Case Opening form.

2. **ID**

Enter the family identification number as given on the Registration/Case Opening form.

3. **Caseworker Name and ID**

Do not enter anything in this area.

4. **RG/ST/FD**

Do not enter anything in this area.

5. **Identifying Information**

This information will be preprinted for you if you request it for the first review. It will come automatically for six month case reviews. If you need to complete the first one before you receive a preprinted copy, follow these instructions:

   a. **Client Reference Number**

      Enter a “1” for the first name listed, a “2” for the second name and so on. These have no relationship to the reference numbers on any other form. It does not matter if the client reference number for the same client is different on each form.

   b. **Client Name**

      Enter open child case names here which are being reviewed, e.g. they are in placement.

   c. **Client ID**

      For each child listed, enter the client identification number as shown on the Case Registration/Case Opening form.
d. Client Region/Site/Field

○ Enter the two digit code for the region of the worker who has responsibility for the client’s case.

○ In Regions 6A, 6B, 6C, or 6D only, enter the two digit code for the site office of the worker who has case responsibility for the client’s case.

○ Enter the two digit code for the field office of the worker who has case responsibility for the client’s case.

6. Permanency Goal Information

a. Client Reference Number

Enter an “F” for the family. Enter the reference number for each child who has an open case record who has been reviewed.

b. Effective Date

Enter the six-digit month, day and year date of the case review which you are reporting here. Use this section also to report Planned Achievement Date and Target Removal Date changes.

c. Type

Enter the 2-digit code below for each client which describes the type of case review being reported. Administrative case reviews are completed on most children placed in substitute care. Non-administrative or regular case reviews are completed for intact families, children living with their family, in the armed services, attending a college or university, in a guardianship arrangement, or living with adoptive parents.

01 Initial Service Plan
02 Non-administrative case review
03 Unscheduled review/Goal Revision
04 Administrative Review
05 45 day review (No longer effective)
06 Permanency Hearing
// 07 3 Month review
// 08 Court ordered review
d. **Permanency Goals**

Enter the 2-digit code which indicates the permanency goal which has been selected for each child listed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Remain at Home – Enter this goal for a child for whom the Department has legal responsibility who is in his own home.</td>
</tr>
<tr>
<td>02</td>
<td>Return Home (no longer used as of 11/97)</td>
</tr>
<tr>
<td>03</td>
<td>Adoption (no longer used as of 11/97)</td>
</tr>
<tr>
<td>04</td>
<td>Family Placement: Foster Parents (no longer used as of 11/97)</td>
</tr>
<tr>
<td>05</td>
<td>Family Placement: Relatives (no longer used as of 11/97)</td>
</tr>
<tr>
<td>06</td>
<td>Independence (no longer used as of 11/97)</td>
</tr>
<tr>
<td>07</td>
<td>Long Term Care (no longer used as of 11/97)</td>
</tr>
<tr>
<td>08</td>
<td>Substitute Care Pending Court Decision Regarding Termination of Parental Rights (no longer used as of 11/97)</td>
</tr>
<tr>
<td>09</td>
<td>Relative Placement – Delegated Authority (This code may no longer be initiated after January 1, 1997.)</td>
</tr>
<tr>
<td>10</td>
<td>Subsidized Guardianship (no longer used as of 11/97)</td>
</tr>
<tr>
<td>20</td>
<td>Return Home – Concurrent Planning (no longer used or valid as of 2/17/98)</td>
</tr>
<tr>
<td>21</td>
<td>Return Home within five months</td>
</tr>
<tr>
<td>22</td>
<td>Return Home within one year</td>
</tr>
<tr>
<td>23</td>
<td>Return Home pending status hearing</td>
</tr>
<tr>
<td>24</td>
<td>Substitute Care pending court determination on termination of parental rights</td>
</tr>
<tr>
<td>25</td>
<td>Adoption, provided that parental rights have been terminated or relinquished</td>
</tr>
<tr>
<td>26</td>
<td>Guardianship</td>
</tr>
<tr>
<td>27</td>
<td>Independence (The minor over age 12 will be in substitute care pending independence)</td>
</tr>
<tr>
<td>28</td>
<td>Cannon be provided for in Home Environment (The minor will be in substitute care because he or she cannot be provided for in a home environment due to extreme or complicated physical or mental disabilities which cannot be controlled in a home environment, provided goals 21 through 26 have been ruled out.)</td>
</tr>
</tbody>
</table>

**Permanency Options**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>Relative Placement – Delegated Authority (This code may no longer be initiated after January 1, 1997.)</td>
</tr>
</tbody>
</table>
These codes are to be entered by the “F” or family line:

- **11** Maintain family intact – No DCFS legal responsibility for any child in the family.
- **99** DCFS has legal responsibility for one or more children in the family.

**e. Date Goal Established**

Enter the 6-digit month, day and year on which the permanency goal was established.

**f. Planned Achievement Date**

Enter the 6-digit month, day and year by which it is planned that the permanency goal will be achieved.

**g. Evaluation of Progress**

Enter the 2-digit code which most accurately describes the progress made over the past six months toward achievement of the permanency goal and the current status of that goal. Do not make an entry for the first service plan.

- **01** Satisfactory Progress/Maintain Goal
- **11** Satisfactory Progress/Revised Goal – Submit New Goal
- **02** Unsatisfactory Progress/Maintain Goal
- **12** Unsatisfactory Progress/Revised Goal – Submit New Goal
- **03** Goal Achieved/Maintain Goal
- **13** Goal Achieved/Revised Goal – Submit New Goal
- **23** Goal Achieved/Close Case – Submit Case Closing
- **14** Goal Not Achieved/Revised Goal – Submit New Goal
- **24** Goal Not Achieved/Close Case – Submit Case Closing
- **RV** Revise code from 99 to 11 (Family case only).

**h. Reason Code**

If the reason for Department services changes from the reason for case opening as reported on the Case Registration/Case Opening Form please enter the reason for continuing services here.

- **AA** Adoption Assistance – The child is opened to CYCIS because he or she has been adopted under the adoption assistance program.
AB  Abuse – Investigation staff have indicated an allegation of abuse in the family and services are needed in order to protect the child.

AD  Adoption – The parents wish to surrender the child for adoption.

CA  Court Ordered Abuse Services – The court has ordered services because of the abuse of children.

CB  Child’s Behavior Problem – The family and/or child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MINS and status offenders.

CH  Cuban/Haitian Unaccompanied Minor – An unaccompanied Cuban/Haitian refugee minor who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Education Assistance Act of 1980.

CI  Child’s illness or Handicap – The family and/or child is in need of service because the child’s physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care for the child without help.

CN  Court-Ordered Neglect Services – The court has ordered services because of neglect of the children.

DP  Dependency – The family and/or child is in need of service because the family is unable to provide care for the child(ren) because of circumstances which are beyond their control and which have nothing to do with parenting ability or child behavior, e.g. parental death or incarceration.

// GS  Guardian (Successor) – The case will remain open to provide a subsidy for a child placed with a successor guardian. (Not valid after 1/1/98)

NG  Neglect – The family and/or child is in need of service to protect the child due to a neglectful situation which has been indicated by investigation staff.
CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
June 1, 1998 – P.T. 98.10

PC Parent-Child Relationship Problems – The family and/or child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.

PF Putative Father – A man is in need of Department services because he is or will be the father of a child born to a woman to whom he is not married and the situation may create a problem in caring for the child.

RA Refugee Assistance for Unaccompanied Minors – An unaccompanied refugee minor (excluding Cuban/Haitian unaccompanied minors) who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Act of 1980.

PS Preventive Services – Services are being provided to the family in order to prevent abuse or neglect from occurring. An allegation of abuse or neglect has not been indicated.

SA Sexual Abuse – Investigation staff have indicated an allegation of sexual abuse in the family and services are needed to protect the child.

SG Subsidized Guardianship – The child case will remain open to provide a subsidy for a child placed with a subsidized guardian.

SO Services to Other Agency – Services are provided to a family at the request of another agency.

UM Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in her care, if she is a child, or in her child’s care.

YI Governor’s Youth Services Initiative – The family and/or child is in need of services under the Governor’s Youth Services Initiative program.

The following reason codes are to be used for those cases served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling. If the family is no longer receiving purchased services involving full case responsibility, but the case is to remain open for other Department services, the reason code must be changed accordingly.
AF Investigation staff have indicated an allegation of abuse in the family and purchased services involving full case responsibility are being provided.

DA OASA Services – An intact family case is opened due to either an indicated or unfounded report of child abuse or neglect in which alcohol or other substance abuse is a major factor in the family situation and the family has been referred for services to an Office of Alcoholism and Substance Abuse (OASA) funded program or the reason for involvement changes due to the need for OASA funded services.

IF An investigation of alleged child abuse, neglect or sexual abuse is in process and a final finding has yet to be made and purchased services involving full case responsibility are being provided.

NF Investigation staff have indicated an allegation of neglect in the family and purchased services involving full case responsibility are being provided.

SF Investigation staff have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided.

The following reason codes are to be used when at least one child is being served by Family Reunification Services:

AR Investigation staff have indicated a report of child abuse in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

NR Investigation staff have indicated a report of neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

SR Investigation staff have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided in order to facilitate the return home of the child.

i. Involvement Date

Enter the six-digit month, day and year date on which the reason code changed.
7. **Court Set Indicator**

- Y Indicates when permanency goal is ordered by the court
- N Indicates goal was set by DCFS without court involvement
- Blank Indicates goal not updated since conversion

// **NOTE:** Staff will be allowed to set the indicator to “Y” or “N”, except as follows:

1. The court indicator cannot be set when the goal is 01, Remain Home
2. The court indicator must be set when the goal is 23, Return Home Pending Status Hearing

When adding or changing a permanency goal with the court-ordered indicator, a copy of the court’s permanency order reflecting that permanency goal should be in the case file following the case note reflecting the reason for the change. A copy of the CFS 1420 with the supervisor’s signature should also be included in the case file.

8. **Participants and Signatures**

a. Enter the client reference number (an “F” for the family), as listed above, for the client whose case review is being reported.

b. Check each box which describes the participants in the review.

- Par-- One or more parents.
- Child-- One or more children.
- Par Rep-- A representative for the parent(s).
- Fos Par-- The child’s foster parents(s).
- Sub Prv-- A representative from the substitute care provider agency.
- Oth Prv-- Any other private agency representative.
- Oth-- Any other person not listed here.

c. **Caseworker**

- Enter the identification number of the DCFS worker who has responsibility for the case.
- The DCFS worker initials are entered here.
d. **Supervisor**

° Enter the identification number of the DCFS supervisor who has responsibility for the services to the case being reviewed.
° The DCFS supervisor’s initials are entered here.

e. **Private Caseworker**

° Enter the DCFS assigned identification number of the private agency worker working with this client. If there is not a DCFS assigned number available, enter nothing.
° The private agency worker initials here in order to indicate presence at the case review.

f. **Target Removal Date Category**

This item is no longer used by the Division of Information Systems, however, some Regions may be using it for their own information.

Circle a “u” for update or a “c” for correction as appropriate. Enter one of the following codes.

1 = Foster Family Care  
2 = Institutional Care  
9 = No Removal Date Required

**Foster Family Care**

FHA Foster Home Adoptive

0101 Department boarding homes  
0102 Private agency boarding homes  
0103 Intensive foster care  
0106 Home of relative  
0107 Reduced rate boarding home  
0109 Agency specialized foster care  
0114 Individual specialized foster care  
0115 Reduced Rate Relative Home
FHB Foster Home Boarding

0101 Department boarding homes
0104 Emergency foster care
0107 Reduced rate boarding home
0151 Cuban-Haitian refugee clients
0152 Other refugee clients

FHI Foster Home Indian

FHP Foster Home Boarding (Private Agency)

0102 Private agency boarding homes

FHS Foster Home Specialized

0103 Intensive foster care
0104 Emergency foster care
0109 Agency specialized foster care
0114 Individual specialized foster care

HMR Home of Relative

0102 Private agency boarding home
0106 Home of relative
0107 Reduced rate boarding home
0115 Reduced rate relative home
0136 Delegated Relative Authority - Department
0137 Delegated Relative Authority – Private Agency
0153 Cuban-Haitian refugee clients
0154 Other refugee clients

Institutional Care

The following living arrangement categories are considered code 2, institutional care.

GRH Group Home

0203 Private group home
<table>
<thead>
<tr>
<th>Institution Type</th>
<th>Identification Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF</td>
<td>0206</td>
<td>DCFS institution (allowance)</td>
</tr>
<tr>
<td>IDC</td>
<td>0207</td>
<td>DMH, DORS, DPH institution (allowance)</td>
</tr>
<tr>
<td>IMH</td>
<td>0207</td>
<td>DMH, DORS, DPH institution (allowance)</td>
</tr>
<tr>
<td>IPA</td>
<td>0201, 0901</td>
<td>Private institutions, Maternity home care</td>
</tr>
<tr>
<td>IRS</td>
<td>0207</td>
<td>DMH, DORS, DPH institution (allowance)</td>
</tr>
<tr>
<td>ILO</td>
<td>0204</td>
<td>Supervised independent living</td>
</tr>
<tr>
<td>NCF</td>
<td>0207</td>
<td>DMH, DORS, DPH institution (allowance)</td>
</tr>
</tbody>
</table>

**g. Removal Date**

Enter the six digit month, day and year on which it is planned to remove the child from the Living Arrangement type reported above. If the child is in a target removal date category which is coded “9”, enter 99/99/99.

**h. Case Review Administrator**

Not applicable
ACTIVITY/TRAVEL REPORT

PURPOSE: This form is used by homemakers, volunteers, adoption workers, workers, resource and licensing staff, and supervisors, to collect information on client contacts, record mileage information and provides documentation for preparation of travel vouchers.

WHO COMPLETES IT: This form must be completed by adoption workers, direct service, family development staff and child protective staff and supervisors. Homemakers and volunteers may complete the form.

SPECIAL NOTES: Staff are to record client contacts, arrival and departure times and mileage on the day it occurs. Workers, adoption staff, homemakers, volunteers, family development staff and supervisors record contacts and travel information from the beginning of the month to the end of the month using as many forms as necessary. You may record several days of interviews on one form – only beginning a new one when you run out of space. At the end of the week, send on copy of each sheet used to data entry and one copy to clerical staff who process travel vouchers.

Child protective staff use this form only to record travel and the SCR number of the client. They never enter a client name.

Travel during assessment activities also is recorded on this form.
1. **Direct Service**

Check this box if the report is being made by a direct service worker (CPS or CWS) or supervisor.

**Licensing**

Check this box if the report is being made by a family development specialist or supervisor.

**Resource**

Check the box marked “Resource” if the report is being made by a family development specialist, supervisor, adoption staff, homemaker staff or volunteer staff.

**DCP Investigation**

Check this box if the report is being made by child protective staff.

2. **ACT Code**

- For direct service workers, homemakers and volunteers:

  Enter the appropriate code for the type of contact:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI</td>
<td>Collateral contact In-Person. Use this code when you see any one on behalf of the children and family, excluding DCFS staff.</td>
</tr>
<tr>
<td>IP</td>
<td>In-Person contact with a member of a family with an open CYCIS record.</td>
</tr>
<tr>
<td>NS</td>
<td>No Service but travel recorded.</td>
</tr>
<tr>
<td>SO</td>
<td>Service to client from other agency recorded.</td>
</tr>
</tbody>
</table>

- Family Development staff enter one of the following codes for each contact instead of codes above:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Work on behalf of foster home</td>
</tr>
<tr>
<td>12</td>
<td>Work on behalf of institution</td>
</tr>
<tr>
<td>13</td>
<td>Work on behalf of day care home</td>
</tr>
<tr>
<td>14</td>
<td>Work on behalf of adoptive home</td>
</tr>
<tr>
<td>15</td>
<td>Group homes</td>
</tr>
<tr>
<td>16</td>
<td>Day care centers</td>
</tr>
<tr>
<td>17</td>
<td>Agencies</td>
</tr>
</tbody>
</table>
Family development and adoption staff enter one of the following activity codes:

- 21 Work on behalf of foster home
- 22 Work on behalf of institution
- 23 Work on behalf of day care home
- 24 Work on behalf of adoptive home
- 25 Work on behalf of group home
- 26 Work on behalf of day care center
- 27 Work on behalf of agency
- 28 Work on behalf of advocate or counselor
- 29 Work on behalf of homemaker
- 30 Work on behalf of volunteer

Child protective staff enter nothing in this area.

3. Case/Resource Name

Enter the last name and first initial of the client (case open to CYCIS) who was seen or for whose benefit someone else was seen. Staff should enter the provider name unless the work was general in nature, i.e. recruitment.

Child protective staff enter nothing in this area.

If no client was seen, all staff should enter a word which describes the reason for travel, e.g. staff development.

If you are recording travel during Assessment, put the client’s last name in the space. Assessment contacts are recorded on the Assessment form.

4. Case ID

Only direct service workers, supervisors, volunteers and homemakers enter information here. For all members of the family who are seen or for whose benefit a collateral was seen, enter the family ID number. When a child is seen or a collateral is seen for his benefit, enter the child’s case ID number.

Child protective staff enter the client’s SCR number here. When the client does not have a number, do not make an entry, e.g. for assessment contacts.

5. Date

Enter the six digit month, day and year on which this activity occurred.
6. **Time with Client**

Enter the number of hours and minutes during which the client or collateral was seen or talked with. Do not include travel time. Enter the number of hours, a dash and then the number of minutes.

For example, if you talked with the client for one hour and thirty minutes, the entry would be as follows: 1-30.

If the length of the interview was thirty minutes, enter the following: 0-30.

If you have seen more than one case during a time period, enter each case name on a separate line and assign a part of the time spent to each case.

7. **Departure Place**

When traveling, indicate the town of office from which you left in order to reach the client or collateral.

8. **Departure Time**

Enter the time you left the departure place.

9. **Arrival Place**

Enter the place you arrived in order to see the client or collateral. When traveling within the same town, enter “vicinity”.

10. **Arrival Time**

Enter the time which you arrived at the arrival place.

11. **Mileage**

Enter the number of miles traveled between the Departure Place and the Arrival Place.

12. **Additional Expenses**

Enter the reason for the expense, and the amount and the six digit month, day and year date on which the expense was incurred.

**NOTE:** Consult State Travel Regulations for those items for which you must keep a receipt for reimbursement.
13. **Worker**

Enter the worker’s name.

14. **Worker ID**

Enter the identification number of the worker.

15. **RG/ST/FLD**

Enter the two digit region number, the two digit site number for Region 2B only, and the two digit field office number.

16. **Date**

Enter the six-digit month, day and year on which this report was sent to data entry.
**GENERAL PURPOSE:** This is a multi-purpose form, which can transmit a case transfer or case closing.

**Case Transfer Section:** The purpose of this section is to notify CYCIS of case transfer and to document in the case record that responsibility for a case has been transferred from one DCFS worker, region, site and/or field office to another.

This form must be completed even when case responsibility is changing from one worker to another in the same office. This is necessary even when transferring a reassigned worker's caseload to other staff.

**Case Closing Section:** The purpose of this section is to report to the CYCIS system case closing and termination of Department services.

**WHO COMPLETES IT:** The child welfare worker responsible for case management shall complete and submit the CFS 1425. For case transfers, however, both the worker transferring the case and the worker receiving the case must complete portions of the case transfer section. The receiving Region sends the form to data entry after acceptance of the case.

**SPECIAL NOTES:** The Change of Status form can be used to report changes of status for more than one child in the same family. The worker may not change the status of children from different families on the same form. The Change of Status form is not a turnaround. However, a new CFS 1410, Registration/Case Opening will be generated when a Change of Status form has been submitted.
Family Name

Enter the family name.

Family ID

Enter the family identification number.

CASE TRANSFER SECTION

1. Case ID

Enter the case identification number for each case to be transferred. If you are transferring the family, enter the family number. You do not need to enter individual numbers for the parents or children unless the children are open and you are transferring them also.

2. Case Name

Enter the name of the child or family whom you are transferring.

3. Sending

This section is completed by the sending worker and a copy is kept by that worker.

   o Region/Site/Field

      Enter the two digit code for the region of the worker who has responsibility for the case being transferred.

      Enter the two digit code, in Regions 6A, 6B, 60, or 6D only, for the site office of the worker who has responsibility for the case being transferred.

      Enter the two digit code for the field office of the worker who has responsibility for the case being transferred.

4. Date Sent

Enter the date the case is actually sent to the receiving office/worker.
5. **Type of Transfer**

Check the appropriate box(es) which indicates the type of transfer(s) requested. You may select more than one. For example, if the case responsibility is changing from one region to another, it is also transferring from one field office to another and from one worker to another. You must check each type of transfer being made.

6. **Signatures, ID and Dates**

This form is signed by the worker responsible for the case being transferred and the ID entered. The supervisor indicates approval of the transfer and enters the date of approval.

7. **Receiving**

All information entered here is completed by the receiving regional person and the receiving worker. A copy is kept by both the regional person and the worker.

**Region/Site/Field**

Enter the two digit code for the region of the worker who will have responsibility for the case being transferred.

In Regions 6A, 6B, 60, or 6D only, enter the two digit code for the site office of the worker who will have responsibility for the case being transferred.

Enter the two digit code for the field office of the worker who will have responsibility for the case being transferred.

8. **Date Accepted**

The regional person responsible for monitoring incoming cases shall enter the six digit month, day and year date on which he or she approved the transfer. If the transfer is not approved, leave blank.

9. **Acceptance of Fiscal and Planning Responsibility** means that total case responsibility (money and service) is being accepted by the receiving region. One copy of this form is returned to the sending region.

**Agreement to Provide Service Only** means that service will be given by the receiving region but all payments will be made by the sending region. One copy of this form is sent to the sending region.
10. **Signatures, ID and Dates**

The worker who receives case responsibility for the case being transferred shall sign here and enter the ID number. The caseworker’s signature acknowledges that there is no pre-existing non-professional relationship that would indicate a conflict of interest with the assigned case. The supervisor’s signature acknowledges the above also. The supervisor who receives supervisory responsibility for the case being transferred shall sign here and enter the six digit month, day and year date on which he or she received the case record. A copy of the form is sent to data entry.

**CASE CLOSING SECTION**

1. **Case ID**

Enter the case identification number for each case open to MARS/CYSIS.

2. **Case Name**

Enter the name of each case to be closed. For child cases, enter the last name first. For family cases, only the last name needs to be entered.

3. **Reason for Closing**

Enter the 2-digit code for each client which most accurately describes the reason for closing the case:

- CA Completed Adoption
- CD Child Deceased
- CR Court Released
- CT Court Did Not Take Jurisdiction
- MA Moved From Area
- NA Non-Active Family and services no longer needed
- OA Other Agency Serving and DCFS service no longer needed
- OT Other Reason
- RA Adoption by Relative
- RM Reach Maturity (age of independence)
- SC Service Completed
- UL Unable to Locate
- VW Voluntary Withdrawal

4. **Close Date**

For each client, enter the 6 digit month, day and year on which his or her case was closed.
NOTE: For child cases, the case closing date may never precede the date on which the Department’s legal relationship to the child was terminated by the court.

5. Release To

This section is completed for child cases only. Enter, for each child, the 2-digit code (below) which most accurately describes the person or situation to which the child was released.

FA Father
MO Mother
PA Parents
// GS Guardian (Successor) (No longer a valid entry after January 1, 1998)
SG Subsidized Guardian
OA Other Agency
OR Own Responsibility
OT Other Person Not Shown
RE Relative
UK Unknown

6. Legal Status

This section is completed for child cases only. A child’s case may not be closed until the legal relationship has ended. So enter “No” on the appropriate line for each child case being closed.

7. Legal Status Date

Enter the 6-digit date (month/day/year) on which each child’s current legal status was decided by a court or on which a Voluntary Placement Agreement was terminated.

8. Docket Number

If the current legal status is a result of a court order, enter the docket number here.

9. Guardian

BP Both Parents
FA Father
GA Guardianship
// GS Guardian (Successor) (No longer a valid entry after January 1, 1998)
SG Subsidized Guardian
10. **Permanency Final Goal Evaluation**

   23  Goal Achieved-Close Case  
   24  Goal Not Achieved-Close Case

11. **Final Permanency Goal Evaluation Date**

    Enter the six digit month, day and year on which the Final Permanency Goal Evaluation was effective.
LEGAL HISTORY MAINTENANCE FORM

GENERAL PURPOSE: The purpose of this form CFS 1425L, Legal History Maintenance Form is to report changes in a child's legal status during the life of the case. This form will be used to record the outcome of a court hearing. It will also be used to record legal responsibility at case opening and next hearing information. If the case has a Downstate County of Jurisdiction, this form must be completed at case opening, when a court hearing is completed, when the Department is given custody of a child by surrender, consent, consent to a specified person, or voluntary placement, and to show receipt of a 30-day initial case plan. If the case has a Cook County of Jurisdiction, this form must be completed at case opening, and when the Department is given custody of a child by surrender consent, consent to specified person, or voluntary placement.

WHO COMPLETES IT: Downstate: The worker responsible for the case shall complete and submit the form.

Cook County: The worker responsible for the case shall complete and submit this form only at case opening and when the legal status of the case changes with a consent, consent to specified person, surrender or voluntary placement accepted outside of the courtroom. All other Cook transactions will be applied automatically to CYCIS from the Clerk’s System at Juvenile Court.

SPECIAL NOTES: This form can be used to record legal changes for more than one child if the children are from the same family unit and the outcome of the hearing is the same for all children listed. If on the same order/hearing date the outcome is different for different children, each outcome should be recorded on a separate form, i.e. the outcomes coded at the bottom of the form should apply only to the child/children listed at the top of the form. At case opening, this form will be used to record the legal information and is attached to the CFS 1410, Registration/Case Opening form.

For a guide in completing this form see:

- Appendix “A” Example of Legal Entries - Illustrates examples of legal entries in the form.
- Appendix “B” Combination Edits - Illustrates what can be entered for legal/order.
CHILD WELFARE CASE RECORD ORGANIZATION
& UNIFORM RECORDING REQUIREMENTS
March 1, 2021 – P.T. 2021.02

- Appendix “C” Legal Status Sequencing Edits - Explains what subsequent legal status can be entered after the current legal status has been entered.
- Appendix “D” Legal Finding Sequencing Edits - Explains what other findings can be entered after the current finding in a case has been entered.

INSTRUCTIONS: Fill out the form as directed below if the County of Jurisdiction is Downstate. If the County of Jurisdiction is Cook (016) do not complete the "Next Hearing Section".

CASE ID
Enter the child’s CYCIS client identification number as shown on the Case Registration/Case Opening form. (This is a required entry.)

CASE NAME
Enter the last name and first name of the child for whom you are reporting court hearing information.

DOCKET NUMBER
If the current legal status is a result of a court order, enter the docket number here. (This is a required entry if recording a court hearing or a next hearing date.)
The format for a docket number is YYAANNNNN.

YY Two position year.
AA Alpha character, usually "JA" or “JD”.
NNNNN Five-character number.

COUNTY OF JURISDICTION
If the current legal status is the result of a court order, enter the numerical county code whose court has jurisdiction over the case. The 3-digit codes are found in Administrative Procedure 5, Appendix D, CFS1410. (This is a required entry if recording a court order or a next hearing date.)

NEXT HEARING SECTION (CM-45 Entry)
This section is used to record the next scheduled court hearing date, time, and hearing type if a hearing has been set. This information will be available through the CM-45 screen and will be used to produce a report by next hearing date for case managers as a planning tool. The "Next Hearing Section" may be completed whether or not the "Legal Status Section" is completed.
ACTION

Enter an “A” for add, “C” for change or “D” for deletion of a legal entry. Deletion or Change requires an authorizing signature.

NEXT HEARING DATE

Enter the date of the next scheduled court hearing for this docket number. The required format is six digits (-/-/-/-) for month, day, year.

NEXT HEARING TIME

Enter the time associated with the Next Hearing Date. The required format is 2 digits for hours and minutes.

NEXT HEARING TYPE

Enter the type hearing associated with the Next Hearing Date and Time for this docket number.

   AJ  Adjudicatory
   DP  Dispositional
   OT  Other
   TC  Shelter Care
   TP  Termination of Parental Rights
   CF  Court Family Conference (added effective 11/97) Cook Only
   PH  Permanency Hearing (added effective 11/97)
   ST  Status (added effective 11/97)
   PR  Progress (added effective 11/97)
   JD  Judicial Determination (added effective 11/97) Cook Only
   CA  Completion of Adoption (added effective 11/97) Cook Only

LEGAL STATUS SECTION (CM-13)

This section is used to record the results of a court order, legal information at case opening, Department custody by surrender, consent, consent to a specified person, or voluntary placement, and court receipt of the Downstate 30-day initial case plan.

Legal Status, Findings/Rulings, Guardian, Reasonable Efforts, Visitation, and Permanency Goal are associated with an order type. Select only one order type, then select a valid combination of settings on the same line.

ACTION

Place an “A” for add, “C” for a change, or “D” for a deletion of a legal entry. A deletion or change will require an authorizing signature.
ORDER/ACTION DATE

Enter the six-digit month, day, year on which this legal action was effective. If this action was the result of a court hearing, this is the date the hearing was held, not the file date or date of the judge’s signature. (Required entry)

ORDER TYPE

Select the correct order type.

Order Type

AJ  Adjudicatory Order
DP  Dispositional Order
IP  Initial Service Plan
NH  No hearing or case opening
OT  Other types of hearings not specifically noted
PH  Permanency Order
TC  Shelter Care/Temporary Custody Order
TP  Termination of Parental Rights
FR 18-month supplemental or 427 dispositional (no longer used 11/97)
60  Qualified Residential Treatment Program (QRTP) Order

NOTE: The Termination of Parental rights hearing is composed of two hearings, an adjudicatory and a dispositional. The hearing type of "TP" represents the dispositional hearing only. Hearing results will not be tracked for the Termination of Parental Rights Adjudicatory hearing, although the "Next Hearing Section" may be completed for all hearings.

LEGAL STATUS

NC  Use this code to indicate that this action has not changed the legal status. A legal relationship through the court has been established at an earlier date and that legal status has not been changed by the current legal action. (Valid for hearing types of AJ, DP, NH, OT, PH, TC, TP and 60.)

CU  Custody - Use this code to indicate that DCFS has a legal responsibility, but does not have court involvement or a legal relationship through a court hearing.

Use only with a finding/ruling of surrender by mother (SM) or surrender by father (SF) when a legal relationship has not been previously established. If both parents have surrendered, use legal status SB, not CU.

Valid for hearing/order type NH only.
AR  Guardianship and Adoptive Rights

A legal status of "AR" can occur in the following ways and can only occur after BOTH parents’ rights have been severed. If only one parent’s rights have been severed, status should be NC (No Change):

1) one parent consents or surrenders a child and the other parent's rights are terminated;

2) parental rights of one biological or legal parent are terminated or a consent is received at one time and the other's rights are terminated or a consent is received at a later date;

3) both parents' rights are terminated;

4) both parents previously surrendered a child but still have a "TP" hearing. (Valid for hearing type TP only.)

5) both parents sign a consent for adoption of their child by a specified person. The specified consent becomes voidable after 1 year, if an adoption petition has not been filed. The parent must file a motion in order to void the consent.

Effective January 1, 2013, the specified consent is no longer voidable whether a petition for adoption has been filed or not.

Specified consents are automatically voided if the child is removed from the provider specified in the consent.

6) both parents sign a general consent for adoption of their child.

7) One parent's rights are severed by termination, surrender or consent and the other parent is deceased.

Valid for order types DP, NH, OT, or TP

GO  Guardianship only - The entry of "GO" from an OT order type may indicate the Appellate Court reversed a previous decision to terminate parental rights or that Guardianship was given at a motion or review hearing that was not a dispositional hearing (Valid for hearing types of DP and OT.)

NO No legal relationship - At case opening, enter this code only for Adoption Assistance, Unwed Mothers, Youth Initiative, or Deaf Education.

Otherwise, this code is used only when an existing DCFS legal relationship is vacated. (Valid for hearing types of AJ, DP, NH, OT, TC, and TP.)
PC  Temporary Protective Custody as assumed by DCFS
     Valid for order type NH.

SB  Adoptive Surrender by Both Parents - Finding/ruling of SM and/or SF must be recorded. A legal status of "SB" can occur three different ways:
     1) both parents surrender a child;
     2) when one of the parents surrenders a child at one time and the other surrenders a child at a later date; or
     3) one parent surrenders a child and the other parent is deceased.
     Valid for order types DP, NH, OT, or TP.

TR  Temporary Custody with the right to consent to major medical treatment.
     Valid for order types OT or TC.

TW  Temporary Custody without the right to consent to major medical treatment.
     Valid for order type TC only.

VP  Voluntary Placement Agreement
     Valid for order type NH only.

FINDINGS/RULINGS

Enter up to three findings/rulings.

AC  Case closed due to the adoption of the minor. Valid for order type - legal status combination of OT - NO.

CF  Specified consent for adoption granted by the father of the minor. The specified consent becomes voidable after 1 year if an adoption petition has not been filed. The parent must file a motion in order to void the consent.

Effective January 1, 2013 a specified consent is no longer voidable whether a petition for adoption has been filed or not.

Specified consents are automatically voided if the child is removed from the provider specified in the consent.

Valid for combination of order types-NH - AR, OT - AR, TP - AR, or TP - NC.
CH Permanency hearing continued. Valid for order type PH only.

CM Specified consent for adoption granted by the mother of the minor. The specified consent becomes voidable after 1 year, if an adoption petition has not been filed. The parent must file a motion in order to void the consent.

Effective January 1, 2013 the specified consent is no longer voidable regardless whether a petition for adoption was filed or not.

Specified consents are automatically voided if the child is removed from the provider specified in the consent.

Valid for combination of order types- NH - AR, OT - AR, TP - AR, or TP - NC.

FD Father Deceased

MD Mother Deceased

CS Continued under Supervision. Valid for combinations of order types AJ - NC, AJ - NO, or OT - NO.

GF General consent for adoption granted by the father of the minor. Valid for a combination of order types - NH - AR, OT - AR, TP - AR, or TP - NC.

GM General consent for adoption granted by the mother of the minor. Valid for a combination of order types, NH - AR, OT - AR, TP - AR, or TP - NC.

MF Missing Father (Single mother adoption)

MM Missing Mother (Single father adoption)

SF Adoptive Surrender by Father. Valid for a combination of order types - DP - NC, DP - SB, NH - CU, NH - SB, OT - AR, OT - SB, TP - AR, TP - SB, or TP - NC.

SM Adoptive Surrender by Mother. Valid for a combination of order types DP - NC, DP - SB, NH - CU, NH - SB, OT - AR, OT - SB, TP - AR, TP - SB, or TP - NC.

XF Termination of Father's Parental Rights. Valid for a combination of order types - DP - AR, DP - GO, DP - NC, OT - GO, TP - AR, or TP - NC.

XM Termination of Mother's Parental Rights. Valid for a combination of order types - DP - AR, DP - GO, DP - NC, OT - GO, TP - AR, or TP - NC.
CO Hearings Continued (Valid for hearing type FR only and for legal status code of No Change.) This entry is no longer valid effective 8/98.

Adjudication Findings

The following codes are valid for order type AJ only and for legal status code of NC or NO:

AB Abuse
AD Addicted Minor
CS Continued Under Supervision
DP Dependency
DQ Delinquent

MR Minor Requiring Supervision
NF No Fault Dependency (Downstate Only)
NG Neglect
SA Sexual Abuse

Qualified Residential Treatment Program (QRTP) Findings

The following codes are only valid for order type 60 and for legal status code of NC:

AG Judge Agreed With Placement
DA Judge Disagreed With Placement

GUARDIAN

Enter one of the following codes to indicate who is the child’s guardian. If there is no change of guardian do not make an entry.

BP Both Parents
FA Father
GA DCFS Guardianship Administrator. Valid only with a combination of order types - DP - AR, DP - SB, DP - GO, OT - AR, OT - GO, OT - SB, OT-TR, TP - AR, or TP - SB.
GS Guardian (Successor)
MO Mother
NR Not Reported
OA Other Agency
OT Other Person
PO Probation officer
RE Relative other than parent
SF Self (Independence)
SG Subsidized Guardian
REASONABLE EFFORTS

If the current legal status is a result of a court order, check the appropriate box for the reasonable effort determination from this hearing only. This field records only efforts made by DCFS or the Probate Agency responsible for case management. It does not apply to efforts made by parents. (Required entry on order types PH, TC, and DP order type NH with a legal status VP)

Y (Yes) - The order reflects a finding of Reasonable Efforts.
N (No) - The order reflects a finding of No Reasonable Efforts.
U (Undetermined) - The order reflects no determination regarding Reasonable Efforts.

CONTRARY TO THE WELFARE

If the current court order addresses “contrary to welfare”, the appropriate code must be entered. (This is a required entry for order types TC and DP and is optional for all other order types)

Y (Yes) - The order reflects a finding that it was contrary to the welfare of the child to remain in the home.
N (No) - The order reflects a finding that it was not contrary to the welfare of the child to remain in the home.
U (Undetermined) - The order does not reflect a finding.

PLACEMENT AND CARE AUTHORITY

If a current court order addresses the authority to place the child, the appropriate code must be entered. (This is a required entry for order types TC and DP and is optional for all other order types).

Y (Yes) - The order reflects that DCFS has the authority to place the child.
N (No) - The order reflects that somebody other than DCFS has the authority to place the child.
U (Undetermined) - The order does not reflect placement authority.

VISITATION

If the current legal status is the result of a court order, check the appropriate box for visitation from this hearing only. These codes should only be entered when the court order specifically addresses visitation.

D DCFS Discretion
N Denied/Terminated
The terms elastic overnight, and elastic day are court terms meaning that the visitations are at the discretion of the case worker within the specific limits of the court order.

**ORDER RECEIVED**

If the current legal status is the result of a court order, check here to indicate if an order has been received. This field is required and for Downstate Counties only.

- Y Yes, court order has been received.
- N No, court order has not been received. (No hearing information should be entered if the court order has not been received)

**PERMANENCY GOAL**

The following permanency goals are valid goals which can be set by a court order. These codes are valid for order type PH. These codes are not allowed with entry of finding CH (Continued Hearing).

- 21 Return Home within five months
- 22 Return Home within one year
- 23 Return Home pending status hearing
- 24 Substitute Care pending court determination on termination of parental rights
- 25 Adoption, provided that parental rights have been terminated or relinquished
- 26 Guardianship
- 27 Independence (The minor over age 12 will be in substitute care pending independence)
- 28 Cannot be provided for in Home Environment (The minor will be in substitute care because he or she cannot be provided for in a home environment due to developmental disabilities or mental illness or because he or she is a danger to self or others, provided goals 21 through 25 have been ruled out.)
- 29 Continued foster care (Long term foster care)

**JUVENILE ARREST WARRANT (JAW)**

This field is optional with any order type.

- C Child Protection JAW Outstanding
- D Delinquency JAW Outstanding
- N JAW Quashed
APPENDIX A - EXAMPLE LEGAL ENTRIES
(LEGAL STATUS CODES, ORDER/ACTION TYPES, AND FINDINGS)

<table>
<thead>
<tr>
<th>XX - LEGAL STATUS CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC - NO CHANGE TO LEGAL STATUS</td>
<td>The Adjudicatory Hearing is for the judge to decide if the child should be made a ward of the Juvenile Court for any one or more of the reasons listed as possible findings. If a finding is made, a Dispositional Hearing will either follow instant or be set for a date in the near future. A finding will not change the legal status of the child’s case.</td>
</tr>
<tr>
<td>AJ - ADJUDICATORY ORDER</td>
<td></td>
</tr>
<tr>
<td>AB - ABUSE</td>
<td></td>
</tr>
<tr>
<td>AD - ADDICTED MINOR</td>
<td></td>
</tr>
<tr>
<td>CS - CONT UNDER</td>
<td></td>
</tr>
<tr>
<td>DP - DEPENDENCY</td>
<td>DCFS can be awarded Guardianship from a Dispositional Hearing. If one of the parent's rights are terminated, the legal status can still reflect GO; otherwise, if both parent’s rights are terminated, the legal status would reflect AR.</td>
</tr>
<tr>
<td>DQ - DELINQUENCY</td>
<td></td>
</tr>
<tr>
<td>MR - MINOR REQ SUPERVSN</td>
<td></td>
</tr>
<tr>
<td>NF - NO FAULT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XX - VALID ORDER/ACTION TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVSN</td>
</tr>
<tr>
<td>DP - DEPENDENCY</td>
</tr>
<tr>
<td>DQ - DELINQUENCY</td>
</tr>
<tr>
<td>MR - MINOR REQ SUPERVSN</td>
</tr>
<tr>
<td>NF - NO FAULT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XX - FINDINGS/RULINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPENDENCY</td>
</tr>
<tr>
<td>NG - NEGLECT</td>
</tr>
<tr>
<td>SA - SEXUAL ABUSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GO - GUARDIANSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP - DISPOSITIONAL ORDER</td>
</tr>
<tr>
<td>XM - TERMINATION OF MOTHER’S RIGHTS OR</td>
</tr>
<tr>
<td>XF - TERMINATION OF FATHER’S RIGHTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VP - VOLUNTARY PLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH - NOT FROM A HEARING</td>
</tr>
<tr>
<td>XX - NO VALID FINDINGS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CU - CUSTODY (NO LEGAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH - NOT FROM A HEARING</td>
</tr>
<tr>
<td>SM - SURRENDER MOTHER</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>SF - SURRENDER FATHER</td>
</tr>
</tbody>
</table>
**XX - LEGAL STATUS CODES**

**XX - VALID ORDER/ACTION TYPES**

<table>
<thead>
<tr>
<th>XX - FINDINGS/RULINGS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO - NO LEGAL RELATIONSHIP</td>
<td>Judge closed case. Case can be closed for guardianship vacated, TC vacated, or closed court hearings.</td>
</tr>
<tr>
<td>OT - OTHER ORDER ISSUED IN COURT</td>
<td>If case closed for adoption completed, the AC finding should be listed.</td>
</tr>
<tr>
<td>completed</td>
<td>If case will be continued under supervision, the CS finding should be listed.</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
</tr>
<tr>
<td>CS - CONT UNDER SUPERVISION</td>
<td>If the legal was vacated at an Adjudicatory hearing, the findings may be listed.</td>
</tr>
<tr>
<td>AJ - ADJUDICATORY ORDER</td>
<td>DCFS legal status can change to NO at DP, TC, and TP proceedings also.</td>
</tr>
<tr>
<td>optional, if entered must be</td>
<td>DCFS legal status may change to NO upon death of a child or emancipation.</td>
</tr>
<tr>
<td>AC - ADOPTION</td>
<td></td>
</tr>
<tr>
<td>DP - DISPOSITIONAL ORDER</td>
<td>If a permanency hearing is continued for any reason, the CH finding should be entered to show the continuance of the permanency hearing. If a permanency hearing is completed, do not include the CH finding.</td>
</tr>
<tr>
<td>TC - TEMPORARY CUSTODY ORDER</td>
<td></td>
</tr>
<tr>
<td>TP - TERMINATION ORDER</td>
<td></td>
</tr>
<tr>
<td>NH - NO HEARING</td>
<td></td>
</tr>
<tr>
<td><strong>XX - NO VALID FINDINGS</strong></td>
<td></td>
</tr>
<tr>
<td>NC - NO CHANGE TO LEGAL STATUS</td>
<td></td>
</tr>
<tr>
<td>PH - PERMANENCY HEARING ORDER</td>
<td>A Termination of Parental Rights order may result in one or both parents’ rights being terminated. If only one parent’s rights have been terminated, there will not be a change in the legal status. DCFS will retain guardianship.</td>
</tr>
<tr>
<td>CH - CONTINUED HEARING</td>
<td></td>
</tr>
<tr>
<td>NC - NO CHANGE TO LEGAL STATUS</td>
<td></td>
</tr>
<tr>
<td>TP - TERMINATION OF PARENTAL RIGHTS</td>
<td></td>
</tr>
<tr>
<td>RIGHTS</td>
<td></td>
</tr>
<tr>
<td>XM OR XF</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>CM OR CF</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>GM OR GF</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>SM OR SF</td>
<td></td>
</tr>
</tbody>
</table>
NC – NO CHANGE TO LEGAL STATUS

60 – QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

AG
DA

A QRTP order documents if the judge agrees or disagrees with the residential placement of the child.
## COMBINATION EDITS FOR LEGAL CODES
### CM13 PROPOSED
### APPENDIX B - COMBINATION EDITS

<table>
<thead>
<tr>
<th>ORDER TYPE</th>
<th>LEGAL STATUS</th>
<th>FIND/ RULE</th>
<th>GUARDIAN</th>
<th>COUNTY</th>
<th>RSN EFFORT</th>
<th>CTW</th>
<th>P &amp; C</th>
<th>VISITATION</th>
<th>ORDER RCVD</th>
<th>PERM GOAL</th>
<th>JAW</th>
<th>DOCKET NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ</td>
<td>NC</td>
<td>AB, AD, CS, DP, DQ, MR, NF, NG, SA, FD, MD, MF, or MM *1</td>
<td>not allowed</td>
<td>required</td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
<td>required</td>
<td>not allowed</td>
<td>optional</td>
<td>required</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>optional, if entered, must be: AB, AD, CS, DP, DQ, MR NF, NG, SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP</td>
<td>AR</td>
<td>XF or XM or both, MF, FD, MD, MM</td>
<td>optional - if entered must be GA</td>
<td>required</td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
<td>required</td>
<td>not allowed</td>
<td>optional</td>
<td>required</td>
</tr>
<tr>
<td></td>
<td>SB</td>
<td>SF or SM or both</td>
<td>optional - if entered must be GA</td>
<td></td>
<td>optional</td>
<td></td>
<td></td>
<td>optional</td>
<td>Not Allowed</td>
<td>not allowed</td>
<td>optional</td>
<td>required</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>not allowed</td>
<td>optional entry but not GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORDER TYPE</td>
<td>LEGAL STATUS</td>
<td>FIND/ RULE</td>
<td>GUARDIAN</td>
<td>COUNTY</td>
<td>RSN EFFORT</td>
<td>CTW</td>
<td>P &amp; C</td>
<td>VISITATION</td>
<td>ORDER RCVD</td>
<td>PERM GOAL</td>
<td>JAW</td>
<td>DOCKET NUMBER</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------</td>
<td>--------</td>
<td>------------</td>
<td>-----</td>
<td>------</td>
<td>------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>GO</td>
<td>optional</td>
<td>GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If entered must be: XF or XM - not both, MF, FD, MD, MM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>optional</td>
<td>optional</td>
<td>GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If entered must be only: (SF, SM, XF, XM, MF, FD, MD, MM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If entered must not be: GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>NC</td>
<td>not allowed</td>
<td>not allowed</td>
<td></td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>optional</td>
</tr>
<tr>
<td>NH</td>
<td>NO</td>
<td>Spaces, MM, MD, FD, MF</td>
<td>not allowed</td>
<td></td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>optional</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Spaces, CF, CM, GF, GM, SF, SM, MM, MD, FD OR MF</td>
<td>not allowed</td>
<td></td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>optional</td>
</tr>
<tr>
<td>PC, VP</td>
<td>Spaces, CF, CM, GF, GM, SF, SM, MM, MD, FD OR MF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AR</td>
<td>CF, CM, GF, GM, SF, SM, MM, MD, MF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORDER TYPE</td>
<td>LEGAL STATUS</td>
<td>FIND/ RULE</td>
<td>GUARDIAN</td>
<td>COUNTY</td>
<td>RSN EFFORT</td>
<td>CTW</td>
<td>P &amp; C</td>
<td>VISITATION</td>
<td>ORDER RCVD</td>
<td>PERM GOAL</td>
<td>JAW</td>
<td>DOCKET NUMBER</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------</td>
<td>--------</td>
<td>------------</td>
<td>-----</td>
<td>-------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>-----</td>
<td>---------------</td>
</tr>
<tr>
<td>CU</td>
<td>SM or SF - not both</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB</td>
<td>SF or SM or both, MF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT</td>
<td>AR</td>
<td>CF, CM, GF, GM or either SM or SF not both</td>
<td>optional, if entered must be GA</td>
<td></td>
<td>required</td>
<td></td>
<td>optional</td>
<td>optional</td>
<td>optional</td>
<td>required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GO</td>
<td>optional, If entered must be: XF or XM - not both, MF, MM, MD, FD</td>
<td>GA</td>
<td></td>
<td>optional</td>
<td></td>
<td>optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Spaces, CF, CM.GF, GM.SF.SM, MM.MD. MF, FD</td>
<td>not allowed</td>
<td></td>
<td>optional</td>
<td></td>
<td>optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB</td>
<td>SF or SM or both</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>optional, if entered must be AC or CS</td>
<td></td>
<td></td>
<td></td>
<td>optional, cannot be GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORDER TYPE</td>
<td>LEGAL STATUS</td>
<td>FIND/ RULE</td>
<td>GUARDIAN</td>
<td>COUNTY</td>
<td>RSN EFFORT</td>
<td>CTW</td>
<td>P &amp; C</td>
<td>VISITATION</td>
<td>ORDER RCVD</td>
<td>PERM GOAL</td>
<td>JAW</td>
<td>DOCKET NUMBER</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------</td>
<td>--------</td>
<td>------------</td>
<td>-----</td>
<td>-------</td>
<td>------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----</td>
<td>---------------</td>
</tr>
<tr>
<td>TR</td>
<td>not allowed</td>
<td>optional, if entered, must be GA</td>
<td></td>
<td></td>
<td>optional</td>
<td></td>
<td>optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>NC</td>
<td>not allowed</td>
<td>required</td>
<td>required</td>
<td>optional</td>
<td></td>
<td>optional</td>
<td>required</td>
<td>required</td>
<td>optional</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>CH</td>
<td>not allowed</td>
<td>required</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>optional</td>
<td>required</td>
</tr>
<tr>
<td>TC</td>
<td>NO</td>
<td>not allowed</td>
<td>optional, cannot be GA</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>not allowed</td>
<td>required</td>
<td>not allowed</td>
<td>optional</td>
<td>required</td>
</tr>
<tr>
<td></td>
<td>NC, TR, TW</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>required</td>
<td>not allowed</td>
<td>not allowed</td>
<td>required</td>
</tr>
<tr>
<td>60</td>
<td>NC</td>
<td>AG or DA</td>
<td>not allowed</td>
<td>required</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>required</td>
<td>not allowed</td>
<td>not allowed</td>
<td>required</td>
</tr>
</tbody>
</table>

* Additional combination edits:
If guardian, code is GS then legal must be NO and involvement code must be GS.
# APPENDIX C - LEGAL STATUS SEQUENCING EDITS

<table>
<thead>
<tr>
<th>CURRENT LEGAL STATUS</th>
<th>NEW LEGAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR</td>
<td>GO, NC, NO</td>
</tr>
<tr>
<td>CU</td>
<td>NC, NO, PC, SB, TR, TW, VP</td>
</tr>
<tr>
<td>GO</td>
<td>AR, NC, NO, SB</td>
</tr>
<tr>
<td>NC</td>
<td>AR, CU, GO, NC, NO, PC, SB, TR, TW, VP</td>
</tr>
<tr>
<td>NO</td>
<td>NC</td>
</tr>
<tr>
<td>PC</td>
<td>CU, GO, NC, NO, PC, SB, TR, TW, VP</td>
</tr>
<tr>
<td>SB</td>
<td>AR, GO, NC, NO</td>
</tr>
<tr>
<td>TR</td>
<td>AR, GO, NC, NO, SB, TW</td>
</tr>
<tr>
<td>TW</td>
<td>AR, GO, NC, NO, SB, TR</td>
</tr>
<tr>
<td>VP</td>
<td>NC, NO, PC, SB, TR, TW, VP</td>
</tr>
</tbody>
</table>

* opening legal order/action type cannot be IP or PH  
* opening legal status cannot be NO except if open reason code is AA or UM or YI  
* opening legal status cannot be NC

**Using this chart:**  
This chart reflects the types of legal status which can be entered subsequent to any given current legal status.  
For example: If the current legal status on a case is a NO, any legal status can be entered afterwards.

**Sample Entries:**  
3/10/98  PC <----- Entry being made to CM13  
1/10/98  NO <----- Current legal status
### APPENDIX D - LEGAL FINDING SEQUENCING EDITS

<table>
<thead>
<tr>
<th>NEW LEGAL STATUS</th>
<th>NEW FINDING</th>
<th>CURRENT FINDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR</td>
<td>CF or GF or XF</td>
<td>must be one of: CM, GM, SM, XM may also be: CF, GF, SF, XF</td>
</tr>
<tr>
<td></td>
<td>CM or GM or XM</td>
<td>must be one of: CF, GF, SF, XF may also be: CM, GM, SM, XM</td>
</tr>
<tr>
<td></td>
<td>CF or GF or XF and</td>
<td>not (CF or GF or XF) and (CM or GM or XM) may be one parent only but not both</td>
</tr>
<tr>
<td></td>
<td>CM or GM or XM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SF</td>
<td>must be one of: CM, GM, XM (NOT SM) may also be: CF, GF, SF, XF</td>
</tr>
<tr>
<td></td>
<td>SM</td>
<td>must be one of: CF, GF, XF (NOT SF) may also be: CM, GM, SM, XM</td>
</tr>
<tr>
<td>CU</td>
<td>SF</td>
<td>SF (NOT CM, GM, SM, XM)</td>
</tr>
<tr>
<td></td>
<td>SM</td>
<td>SM (NOT CF, GF, SF, XF)</td>
</tr>
<tr>
<td>GO</td>
<td>XF</td>
<td>(NOT CM, GM, SM, XM)</td>
</tr>
<tr>
<td></td>
<td>XM</td>
<td>(NOT CF, GF, SF, XF)</td>
</tr>
<tr>
<td>NC</td>
<td>CF or GF or SF or XF</td>
<td>(NOT CM, GM, SM, XM)</td>
</tr>
<tr>
<td></td>
<td>CM or GM or SM or XM</td>
<td>(NOT CF, GF, SF, XF)</td>
</tr>
<tr>
<td>SB</td>
<td>SF and SM</td>
<td>not SF and SM both may be SF only or SM only</td>
</tr>
<tr>
<td></td>
<td>SF</td>
<td>SM</td>
</tr>
<tr>
<td></td>
<td>SM</td>
<td>SF</td>
</tr>
</tbody>
</table>

This table reflects the order of findings which can be entered for specified consents, general consents, surrenders, and termination of parental rights. For example: If the current legal status being entered is AR with findings of SM, then a previously entered finding of CF would be appropriate; however, a previous finding of SF would be invalid. The previous value of SF would be invalid with the current entry of a legal status of AR, since the SM should create a legal status of SB.
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.12 (Amended)

ADMINISTRATIVE PROCEDURES #5 CHILD WELFARE CASE RECORD ORGANIZATION AND UNIFORM RECORDING REQUIREMENTS

DATE: November 22, 2016

TO: DCFS and POS Staff

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform Child Protection staff and DCFS/POS Child Welfare staff of changes to Administrative Procedures #5 that extend the timeframe for completing the initial Service Plan and the Integrated Assessment and instruct staff where information must now be documented due to the forms noted below having been rendered obsolete. These changes improve Child Welfare practice and implement the Department’s agreement to recommendations made by the Auditor General.

This Policy Guide, as amended, notes the 40 day timeframe for completion of the Integrated Assessment, as required in the new, enhanced Procedures 315.

II. PRIMARY USERS

The primary users of this Policy Guide are Child Protection Specialists/Supervisors, DCFS/POS Permanency Caseworkers/Supervisors and DCFS/POS Intact Caseworkers/Supervisors.

III. OVERVIEW

The purpose of uniform recording specifications is to ensure that decisions made by Child Welfare staff concerning assessment, case opening, service provision, service planning, client and collateral contacts, significant events, parent-child visitation, case transfer, worker reassignment and case closing are documented and maintained in a consistent manner statewide. Additionally, as the collection of data for computer entry via CYCIS/SACWIS is a critical element of recorded documentation, forms relating to those systems are discussed.
A comprehensive revision of *Administrative Procedures #5, Child Welfare Case Record Organization and Uniform Recording Requirements*, is in process. Proposed changes will include updates to Integrated Assessment, Service Planning, Case Record recording, as well as updates made to SACWIS.

In addition, this Policy Guide supersedes any other procedures to the contrary and in the coming months the Department will revise affected procedures to agree with this Policy Guide.

### IV. INSTRUCTIONS

Staff shall immediately cease the use of the forms rendered obsolete by this Policy Guide:

- The **CFS 1440 Family Assessment Factor Worksheet** has been replaced with the SACWIS Risk Assessment and will be removed from the T:drive.

- Parts I, II and III of the **CFS 497 Child Service Plan** have been replaced with the SACWIS Service Plan and are removed from the T:drive.

- The **Appendix A Social History Recording Format** has been replaced by the SACWIS Integrated Assessment and will be deleted from this procedure upon completion of the policy revision.

Staff shall immediately implement the revised timeframes for the initial Service Plan and Integrated Assessment:

- The timeframe for completing the initial Service Plan has been extended from thirty (30) calendar days to forty-five (45) calendar days from placement.

- The timeframe for completing the Integrated Assessment has been extended from thirty (30) calendar days to forty (40) calendar days from placement.

### V. QUESTIONS

Questions about this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook to OCFP – Mailbox.

### VI. FILING INSTRUCTIONS

This Policy Guide should be filed immediately following *Administrative Procedures #5, Child Welfare Case Record Organization And Uniform Recording Requirements.*
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2014.16

Recording of AFCARS Required Information
CFS 1410, Case Opening/Registration form
CFS 484, Adoption/Guardianship Tracking form
CFS 718-A and CFS 718-B, Authorization for Background Checks

DATE: December 8, 2014

TO: All DCFS and Private Agency Child Protection and Child Welfare Workers and Supervisors, CAPU Staff and Supervisors, Regional Clerical, Regional Adoption Coordinators and Staff, Licensing Staff and Supervisors, and Licensing Application Clerical Staff and Supervisors.

FROM: Bobbie Gregg, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform investigation and casework staff of revised requirements in recording Adoption and Foster Care Analysis and Reporting System (AFCARS) required tracking information, including but not limited to, client gender, race, and ethnicity, on the CFS 1410, CFS 718 A and CFS 718 B, and subsequently on the CFS 484 when the permanency goal changes to Adoption (25) or Subsidized Guardianship (26) in Department data systems such as SACWIS and CYCIS. New CYCIS and SACWIS codes are being added to more accurately reflect personal data gathered by staff and to correctly code when staff is unable to gather specific gender, race and ethnicity information. These new codes are to be used in CYCIS and SACWIS, including but not limited to, when entering and correcting individual information from the CFS 1410, CFS 718 A and CFS 718 B, and the CFS 484 form. These forms have been updated to reflect these changes.

Accurate data collection and recording is critical to child welfare planning, service delivery, internal and external reporting, and funding. Data must be reviewed, verified, collected and, if needed, corrected as early as possible from case opening and throughout the life of the case.

II. PRIMARY USERS

Primary users are DCFS and POS Child Protection Specialists, Child Welfare Staff, their Supervisors and Managers, CAPU Staff and Supervisors, Regional Clerical, Regional Adoption Coordinators and their Staff, Licensing Staff and Supervisors, and Licensing Application Clerical Staff and Supervisors.
III. BACKGROUND

It is widely recognized that data is utilized in child welfare organizations to make decisions, plan for programs and initiatives, measure outcomes and ultimately improve service delivery to children and families. In addition to data used to determine state level planning and service delivery for programs such as State funded adoptions and guardianship services, states are required to periodically provide data to the Administration of Children and Families (ACF) on state programs. Data reported to ACF is used to determine state level compliance with federal measures and to establish program improvement guidelines when improvements are necessary.

AFCARS collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Examples of data reported in AFCARS include demographic information on the foster child as well as the foster and adoptive parents, the number of removal episodes a child has experienced, the number of placements in the current removal episode, and the current placement setting. Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.

It is the expectation of the Department that critical data collected on children and families served by the Department is accurate and recorded in a timely manner. These instructions are intended to ensure that staff responsible for recording case level data is informed of the requirements for data entry.

IV. CFS 1410, CASE OPENING/REGISTRATION FORM INSTRUCTIONS

Before creating the CFS 1410, the following should be completed for each case member on their individual person management screens in SACWIS (items listed with * indicate required). Staff shall pay special attention and are responsible for the accurate and full completion of all required data. Please follow the instructions below in order to properly complete the “Gender,” “Primary Race”, and “Ethnicity” fields which have been defined by the Federal government.

a) Basic information Tab* Correct spelling of last and first name, middle name if available

1) * Gender

Enter the appropriate code for each client listed. CYCIS codes for gender are only a single alpha character.

F = Female
M = Male
UK = Unknown

“UK = Unknown” is to be selected in those instances where the worker is unable to determine the child’s gender and has not inquired as to the gender.
2) Date of Birth

3) Marital Status & verification, if known

4) * US Citizen & Citizenship Verified

5) * National Origin (if case member is American citizen, this will be ‘Not a National’)

6) Military Family Member (if known)

7) Religion (if known)

8) Place of Birth Information
   A) City, State, if known
   B) Country
   C) County
   D) Verification Code

9) * Primary Race

   Enter the client’s primary race and any other races that apply (i.e., most applicable or reported by the individual). In the case of young children, the care-giving person provides this information.

   NA = Native American/Alaskan (Indian or Eskimo)
   AO = Asian
   BL = Black/African American
   PI = Native Hawaiian/Pacific Islander
   WH = White
   UK = Unknown
   DI = Declined to Identify
   CV = Could not be Verified

   “UK = Unknown” is to be selected in those instances where the worker has not inquired as to the primary race.

   “DI = Declined to Identify” is to be selected in those instances where the worker does inquire about the primary race and the caller, client or caregiving person declines to provide the information.

   “CV = Could not be verified” is to be selected in the instance of an infant or very young child without a means to verify (i.e., caller is unsure the primary race of a child seen in a public setting or a child with no adult caregiver present to verify) or in the instance where a worker is unsuccessful in locating an individual.
10) Preferred Language

11) Interpreter needed, if 10) above is any language other than English

12) Other Race, if known

13) Other Language

14) * Ethnicity

Ethnicity currently relates only to Hispanic ethnicities. Enter the code that most accurately describes the individual’s Hispanic ethnicity. Enter NONE for non-Hispanic individuals.

NH = Not Hispanic (NONE)
HS = Hispanic South American
HM = Hispanic Mexican
HP = Hispanic Puerto Rican
HD = Hispanic Spanish Descent
HC = Hispanic Cuban
HA = Hispanic Central American
HN = Hispanic Dominican
HO = Hispanic Other
UK = Unknown
DI = Declined to Indentify
CV = Could not be verified

“UK = Unknown” is to be selected in those instances where the worker has not inquired as to the ethnicity.

“DI = Declined to Identify” is to be selected in those instances where the worker does inquire about the ethnicity and the caller, client or caregiving person declines to provide the information.

“CV = Could not be verified” is to be selected in the instance of an infant or very young child without a means to verify (i.e. caller is unsure the ethnicity of a child seen in a public setting or a child with no adult caregiver present to verify) or in the instance where a worker is unsuccessful in locating an individual.

15) SSN, enter any known numbers

16) AKA, specifically maiden names, other married names and nicknames

17) Tribe – ID

18) Reservation

19) Date SSN Applied for
b) **Contact Info Tab**

1) Phone, any numbers known

2) * Address
   A) Ensure correct residence address is entered and marked as ‘Primary’
   B) Expand all other / older addresses & ‘End Date’ to remove them from list

V. **CFS 718, Authorization for Background Check Forms**

The CFS 718 A, Authorization for Background Check - Foster Care and Adoption and CFS 718 B, Authorization for Background Check - Child Care have been revised to accommodate accurate identification and documentation of race and ethnicity. Prior to submitting the Authorization for Background Check form to the licensing worker or the Central Office of Licensing, as indicated in the instructions, for completion and entry into the BC-03 screen, the licensing or placement/adoption worker must check the form for completeness and accuracy, making sure that the race and ethnicity codes outlined on the form and under Section IV of this Policy Guide have been used correctly.

VI. **CFS 484, Adoption/Guardianship Tracking form**

When the permanency goal changes to either Adoption (25) or Subsidized Guardianship (26), the CFS 484 must be completed to document various AFCARS requirements established by ACF. The worker having responsibility for developing the adoption or guardianship packet is also responsible for thoroughly completing the CFS 484. The responsible worker is to use the gender, race, and ethnicity codes outlined under Section IV of this Policy Guide to capture the accurate data.

The completed CFS 484 will be submitted to the designated DCFS adoption unit at the point of submitting the adoption or guardianship packet for Department approval.

During the review of the adoption or guardianship packet, the DCFS adoption supervisor will ensure the CFS 484 is accurately and fully completed.

Following the DCFS adoption supervisor’s approval of the adoption or guardianship packet, a copy of the CFS 484 will be forwarded to the designated adoption clerical for data entry.

VII. **QUESTIONS**

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.
VIII. ATTACHMENT

CFS 484, Adoption/Guardianship Tracking form (Rev. 12/2014)
CFS718 A and CFS 718 B, Authorization for Background Check (Rev. 12/2014)

IX. FILING INSTRUCTIONS

File this Policy Guide immediately following Administrative Procedures #5, Child Welfare Case Record Organization & Uniform Recording Requirements.