

### FOSTER CHILD'S DATA RECORD AND AFDC-FC CERTIFICATION

A 1. Submittal Date		2. Caseworker ID			3. Eligibility Worker ID			4. Agency Resp.	5. Sealed	6. ILP	
B 1. Case Number / State ID			2. Case Number Change			3. Case Name (optional)					
C 1. Child's Last Name			2. Child's First Name			3. MI	4. Date of Birth		5. Social Security Number		
D 1. Adop. Status	2. Health Cond.	3. Gender	4. Ethnicity	5. Removed from Home Date	6. Pri. Reason	7. Sec. Reason	8. Removed from Rel.	9. Name of Person from whom Child Removed			
E 1. Petition Date		2. Detention Order Date		3. Disposition Order Date		Legal Authority 4. Code 5. Date		6. Number of Placements in Episode			
F 1. Placement Start Date		Last End-Dated Placement 2. Reason 3. Date		Placement Episode Termination 4. Reason 5. Date		Transferring to 6. Date		7. County		8. Agency Resp.	
G 1. Placement Facility Name			2. Primary Substitute Care Provider				3. SCP Relationship to Child				
H 1. Child's Street Address			2. Child's City			3. State	4. ZIP		5. County		
I 1. Facility Type	2. License Status	3. License Number	4. Basic Rate	5. Specialized Care Increment	6. County Funds Y/N	7. AFDC-FC Effective Date		8. AFDC-FC Termination Date			
J 1. Payee Name						2. Payee is: Placement Worker <input type="checkbox"/> Child <input type="checkbox"/>					
K 1. Payee's Street Address				2. Payee's City			3. State		4. ZIP		
L 1. Date of Last Case Plan	2. Pre-placement Preventive Services		3. Case Plan Goal	4. Date of Last In-person Contact with Child		5. Date of Last 6-month Review Hearing		6. Date of Last PP Hearing		7. Current Service Program	
M 1. Child Ever Adopted?	2. Child's Age at Adoption	3. Family Structure		4. Year of Birth 1st Caretaker		5. Year of Birth 2nd Caretaker		6. Mom's Rights Termination Date		7. Dad's Rights Termination Date	
N FOR APPROVED HOMES: 1. <input type="checkbox"/> This home is suited to meet the child's needs.						FOR GROUP HOMES: 2. <input type="checkbox"/> Group home placement is necessary to meet child's treatment needs and this facility offers needed services.					
O 1. Rationale Description											

**I certify that all 45-201.4 services requirements have been met and all information recorded on this form is true and correct to the best of my knowledge.**

SIGNATURE OF PLACEMENT WORKER

DATE

AGENCY

ADDRESS/LOCATION

WORKER PHONE NUMBER