

**NOTICE OF FORM CHANGE NO. 05-011**

DATE

01/11/2005

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE FC 2 (11/04) - Statement of Facts Supporting Eligibility For AFDC-Foster Care (FC)

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/04	REPLACES 7/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

## USE NEW FORM

When supply available in DSS Warehouse  Use new form effective \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only

Attached is a Reproducible Copy

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)**

**INSTRUCTIONS:** Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

- Not available       Not cooperating       Deceased       Incapacitated

1. Child Name \_\_\_\_\_ 2.  Male  Female

3. Address \_\_\_\_\_

4. Birth date \_\_\_\_\_ 5. Birthplace \_\_\_\_\_

6. Social Security # \_\_\_\_\_ Applied For?  Yes  No

7. Citizen of U.S.?  Yes  No 8. Alien Status: \_\_\_\_\_

9. Does the child have medical insurance?  Yes  No

If yes, list policy number, company name, and name of policy:

10. Does the child have real or personal property?  Yes  No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

11. Does the child have income?  Yes  No  Unknown\*  
If yes, list amounts below. If application pending, check associated box.

Income Type	Amount	Pending
Social Security		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

\* If unknown, please explain:

12. Name of School or Training Program: \_\_\_\_\_

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

13. If child has salary/wages, is the child attending school at least half-time?  Yes  No

14. Does the child have an Independent Living Program Plan?  Yes  No

**COMPLETE BELOW FOR CHILDREN 17 AND OLDER**

15. Does the child attend school on a full-time basis?  Yes  No

16. Expected graduation/completion before 19th birthday?  Yes  No

**ELIGIBILITY WORKER ONLY**

DATE: \_\_\_\_\_

APPLICATION  
 REDETERMINATION

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**VERIFICATION**

AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP/ALIEN STATUS \_\_\_\_\_

DHS 6155

CHILD'S PROPERTY \_\_\_\_\_

CHILD'S INCOME/PENDING INCOME \_\_\_\_\_

ILP \_\_\_\_\_

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE

GRADUATION

(17) PARENTAL INFORMATION			
	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Maiden Name			
Date of Birth			
Birthplace			
Social Security #			
Address			
Telephone #			
U.S. Citizen (yes or no)			
Veteran (Branch, Years in Service, Serial #)			

VERIFICATION
CHILD SUPPORT REFERRAL

(18) DEPRIVATION -- INITIAL AND REDETERMINATION	
A.	<p>Is either the mother or father deceased?</p> <p><input type="checkbox"/> yes, fill-in A1 and skip to #19. Deprivation exists, pending verification.</p> <p><input type="checkbox"/> no, PROCEED to B.</p> <p>A1. Deceased parent(s)' name: _____</p> <p><input type="checkbox"/> Location of death: _____</p> <p><input type="checkbox"/> Date of death: _____</p>
B.	<p>Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated(TPR)?</p> <p><input type="checkbox"/> yes, fill-in B1 and skip to #19. Deprivation exists, pending verification.</p> <p><input type="checkbox"/> no, PROCEED to C.</p> <p>B1. Relinquishing/TPR parent (s): _____</p> <p>Date of Relinquishment(s) TPR(S): _____</p>
C.	<p>Are the mother and father living together?</p> <p><input type="checkbox"/> no, skip to #19. Deprivation exists, pending verification</p> <p><input type="checkbox"/> yes, PROCEED to D.</p>
D.	<p>Is either the mother or father physically or mentally incapacitated?</p> <p><input type="checkbox"/> yes, skip to #19. Deprivation exists, pending verification.</p> <p><input type="checkbox"/> no, PROCEED to E.</p>
E.	<p>Is either parent unemployed?</p> <p><input type="checkbox"/> no, go to #19.</p> <p><input type="checkbox"/> yes, go to #19.</p>

DEPRIVATION
DOCUMENTATION IN FILE:
<input type="checkbox"/> CA 341 (Medical report)
<input type="checkbox"/> Written statement from physician
<input type="checkbox"/> other substantiation (EAS 41-430)

**TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY**

(19) REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS
<p>If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation.</p> <p>_____</p> <p>_____</p> <p>_____</p>

GOOD FAITH EFFORTS MADE?
<input type="checkbox"/> YES <input type="checkbox"/> NO

**DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.**

**20. Parental Financial Information**

	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts(checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto(Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

**21. What is the authority for the child's out-of-home placement?**

- Voluntary placement agreement (SOC 155) Date: \_\_\_\_\_
- Relinquishment - Mother Date: \_\_\_\_\_
- Relinquishment - Father Date: \_\_\_\_\_
- Termination of Parental Rights Date: \_\_\_\_\_
- Child/Agency Agreement Date: \_\_\_\_\_
- Nonrelated legal guardian Date: \_\_\_\_\_
- Court Order

**Check box to indicate in which court order the finding was made. Enter date of hearing/order.**

Court Order Findings	Detention Date: _____	Jurisdictional Date: _____	Dispositional Date: _____	Petition/Other Date: _____
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

COURT ORDER FINDINGS MADE?

- FINDING a:  YES  NO
- FINDING b:  YES  NO
- FINDING c:  YES  NO

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY			
Check appropriate box.	Yes	No	Insufficient Information
22. Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?			
23. Has the child lived with the parent or relative from whom removed within the last 6 months?			
PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.			
SIGNATURE OF PARENT/LEGAL GUARDIAN			
COUNTY WHERE SIGNED		DATE	
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)			
NAME OF AGENCY		DATE	
SIGNATURE OF ELIGIBILITY WORKER		DATE	
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR		DATE	

VERIFICATION	
POEM	<input type="checkbox"/> ELIGIBLE FACILITIES REQUIREMENTS MET <input type="checkbox"/> SERVICES REQUIREMENTS MET
	<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> FEDERAL <input type="checkbox"/> NONFEDERAL <input type="checkbox"/> OTHER

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-679) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.