NOTICE OF FORM CHANGE NO. 05-011

TO: County Welfare Director  
Supply Clerk / Forms Coordinator

FROM: Forms Management Unit  
(916) 657-1907

☑ Community Care Licensing District Offices  ☐ District Attorney
☐ Private and Public Adoption Agencies  ☐ 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)

<table>
<thead>
<tr>
<th>ORDER UNIT</th>
<th>MASTER ONLY</th>
<th>ESTIMATED PRICE</th>
<th>INITIAL SUPPLY SENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Free</td>
<td>☐ Sold</td>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

☐ New  ☑ Revised  

DATE OF FORM: 11/04  
REPLACES: 7/02  

☑ No Change Permitted  ☐ Substitute Permitted With Prior DSS Approval  ☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  
Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

☐ Use until exhausted  ☐ Destroy

☐ 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

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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at 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 #

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.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI/SSP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary/Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Amount/Month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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
### Parental Information

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Parent 2</th>
<th>Parent 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Citizen (yes or no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran (Branch, Years in Service, Serial #)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Deprivation -- Initial and Redetermination

**A. Is either the mother or father deceased?**

- **Yes**, fill-in A1 and skip to #19. Deprivation exists, pending verification.
- **No**, PROCEED to B.

  A1. Deceased parent(s)' name: ____________________________________________
      - Location of death: ________________________________________________
      - Date of death: __________

**B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated (TPR)?**

- **Yes**, fill-in B1 and skip to #19. Deprivation exists, pending verification.
- **No**, PROCEED to C.

  B1. Relinquishing/TPR parent(s): _________________________________________
      Date of Relinquishment(s) TPR(S): ________________

**C. Are the mother and father living together?**

- **No**, skip to #19. Deprivation exists, pending verification
- **Yes**, PROCEED to D.

**D. Is either the mother or father physically or mentally incapacitated?**

- **Yes**, skip to #19. Deprivation exists, pending verification.
- **No**, PROCEED to E.

**E. Is either parent unemployed?**

- **No**, go to #19.
- **Yes**, go to #19.

### Verification

- **Child Support Referral**

### Documentation in File:

- CA 341 (Medical report)
- Written statement from physician
- Other substantiation (EAS 41-430)

### To Be Completed by County Welfare Department at Redetermination Only

**19. Redetermination of Deprivation - Good Faith Efforts**

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.

- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________

**Good Faith Efforts Made?**

- **Yes**
- **No**
### 20. Parental Financial Information

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

### Parental Income

- Family Income
- Parental Income
- Parental Pending Income
- Parental Resources

### Verification

**Parental Pending Income**

- Court Order Findings Jurisdictional Date: ___________
- Dispositional Date: ___________
- Petition/Other Date: ___________

**Finding a:**
- Continuance in the home is contrary to the welfare of the minor.

**Finding b:**
- Placement and care is vested with the county.

**Finding 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
### 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.