

Life of the Case Guide

Identifying Information (Include all children)

Child(ren):	DOB:	FACS ID:	SID:	SSN:	Parent 1:	Parent 2:
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Current Placement Information

Child's Name	Placement Type	Placement Name	Placement Address	Phone/Email

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This form can be completed per family, but each child must be addressed throughout.

Are siblings placed together? ☐ Y ☐ N

If no, why not?

Identify any other siblings/half-siblings/siblings with TPR of the children and/or important relationships (FACS and PCRL)

What efforts are being made for continued interactions between siblings?

What efforts are being made for continued interactions between children and family members (grandparents, aunts/uncles, adult siblings, etc)?

Is current placement interested in being a long term placement option? (Address for each child)

Is current placement licensed? (Address for each child)

Has each non-licensed placement been referred to RRTS (licensing)?

What supports are the placements receiving: (CCA, SNAP, FIP, KCP, Kinship Navigation)

Legal Information

JVJV Numbers:	County of Court:
County Attorney:	Judge:
Mother's Attorney:	Father's Attorney:
GAL:	CASA:
Removal Date:	Removal Hearing Date:
Adjudication:	Disposition/Dispo Review:
Permanency Hearing/Permanency Review:	Permanency Recommendation:
Date TPR Petition filed and JVJV Numbers:	Date of TPR Hearing:
Date TPR Ordered for Parent 1:	Date TPR Ordered for Parent 2:
Date of Appeal Parent 1:	Date of Appeal Parent 2:
Date of Next Court Hearing:	45-Day Report Due:

Required Tasks/Documentation for EACH CHILD:

Paternity Established: ☐ Y ☐ N

Status:

[Certified Birth Certificate](#) ☐ Y ☐ N

Status:

Death Certificate (for parent) ☐ Y ☐ N ☐ N/A

Status:

ICAR Referral Completed ☐ Y ☐ N

Status:

Is Child IV-E eligible (Check JARVIS IV-E) ☐ Y ☐ N

Status:

Is Child eligible for SSI/SSD? ☐ Y ☐ N

Status:

Who is Payee?

Amount per month?

Immigration Status for each child:

Complete ICPC and ICWA sections if applicable on the last page.

Are all relative notices, responses, SWCM contacts, and placement option status documented in comment section of JARVIS Relative Notice Page? ☐ Y ☐ N

If no, efforts to locate relatives:

If the child(ren) has re-entered an out-of-home placement, Relative Notices must be re-sent.

Complete this section FOR EACH identified relative/fictive kin/suitable other:

Name:	Relationship:	Placement Option: <input type="checkbox"/> Y <input type="checkbox"/> N If not, why not?
Have criminal/child abuse checks been completed? <input type="checkbox"/> Y <input type="checkbox"/> N Issues/barriers for placement?	Referral to Kinship Navigator? <input type="checkbox"/> Y <input type="checkbox"/> N Referral to RRTS? <input type="checkbox"/> Y <input type="checkbox"/> N	Has a Home Study been completed? <input type="checkbox"/> HHS <input type="checkbox"/> ICPC <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption
Connections (What efforts has HHS made to continue connections to this person (visits, phone calls, FaceTime, etc.):		

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Connections (What efforts has HHS made to continue connections to this person (visits, phone calls, FaceTime, etc.):		

Concurrent Staffing Notes:

30 Day Staffing

Date:

Participants:

Notes:

Include information on each child and their special needs, background of the family and case history, and non-resident parents.

Genogram completed and uploaded to JARVIS?

Foster Care behavioral checklist completed:

☐ Y ☐ N

Current Permanency Goal:

Concurrent Plan:

Full Disclosure:

Does family understand the reason for removal, what needs to be done to reunify, and permanency options/timelines?

☐ Y ☐ N

Does the family understand the Concurrent Plan? ☐ Y ☐ N

How has this been explained to them (i.e. during monthly visits, in Court, through attorneys, etc.)?

Has the Concurrent Plan been discussed with the current placement? ☐ Y ☐ N

Next Steps:

What needs to be done?	Who is Completing?	By When?

90 Day Staffing

Date:

Participants:

Notes:

Include information on each child and their special needs, background of the family and case history, and non-resident parents.

Review of relatives (notices, contact, home studies, etc.)

Current Permanency Goal:

Concurrent Plan:

Full Disclosure:

Does family understand the reason for removal, what needs to be done to reunify, and permanency options/timelines?

☐ Y ☐ N

Does the family understand the Concurrent Plan? ☐ Y ☐ N

How has this been explained to them (i.e. during monthly visits, in Court, through attorneys, etc.)?

Has the Concurrent Plan been discussed with the current placement? ☐ Y ☐ N

Next Steps:

What needs to be done?	Who is Completing?	By When?

180 Day Staffing:

Date:

Participants:

Notes:

Include information on each child and their special needs, background of the family and case history, and non-resident parents.

Review of relatives (notices, contact, home studies, etc.)

Current Permanency Goal:

Concurrent Plan:

Full Disclosure:

Does family understand the reason for removal, what needs to be done to reunify, and permanency options/timelines?

☐ Y ☐ N

Does the family understand the Concurrent Plan? ☐ Y ☐ N

How has this been explained to them (i.e. during monthly visits, in Court, through attorneys, etc.)?

Has the Concurrent Plan been discussed with the current placement? ☐ Y ☐ N

Next Steps:

What needs to be done?	Who is Completing?	By When?

365 Day Staffing:

Date:

Participants:

Notes:

Include information on each child and their special needs, background of the family and case history, and non-resident parents.

Current Permanency Goal:

Concurrent Plan:

Review of relatives (notices, contact, home studies, etc.)

Full Disclosure:

Does family understand the reason for removal, what needs to be done to reunify, and permanency options/timelines?

☐ Y ☐ N

Does the family understand the Concurrent Plan? ☐ Y ☐ N

How has this been explained to them (i.e. during monthly visits, in Court, through attorneys, etc.)?

Has the Concurrent Plan been discussed with the current placement? ☐ Y ☐ N

Next Steps:

What needs to be done?	Who is Completing?	By When?

Additional Staffings (including MCM, Transition Planning, Reunification Staffing if applicable):**Monthly Supervision Notes:**

Date:

Updates:

Permanency Achieved:

- ☐ Family Reunification
- ☐ Guardianship
- ☐ Subsidized Guardianship
- ☐ APPLA
- ☐ Transfer Custody to Other Parent
- ☐ TPR and Adoption*

*** If TPR Petition has been filed, start SWCM to Adoption Transfer Process.**

Adoption Case Planning

20 Day Staffing	Date of Adoption Transfer Staffing	Date Information uploaded to File Manager

20 Day Staffing Notes: (Include information on each child and their special needs, background of the family and case history, barriers to licensure of the placement, tasks needing to be completed, etc.)

File/Case Transfer Guide**(Following Termination of Parental Rights)**

Petition for Termination of Parental Rights in File ☐ Y ☐ N

Special Instructions in TPR Order:

Date of next FCRB meeting:

- ☐ TPR Order emailed to adoption supervisor and child added to Guardianship List (per service area protocol)
- ☐ Copy of all Court Orders including appeal notice by parents
- ☐ IV-E current in JARVIS (FCTL, Change Forms, REVL 506)
- ☐ Brief memo sent and TPR order sent to the local CSRU office
- <https://secureapp.dhs.state.ia.us/customerweb/offices>
- ☐ Community Access (IM) notified of TPR

Case Planning:

Is a final visit planned? ☐ Y ☐ N Status:

Behavioral Checklist(s) in File for each child? ☐ Y ☐ N

Foster child Level of Care:

☐ New Case Plan created in JARVIS and Case Permanency Plan reflects new permanency goal of ADOPTION.

☐ Case Plan with adoption goal uploaded to EDMS.

☐ Current Providers listed in Child Placement Plan with contact information

TOP (Wellness Check) Entries completed ☐ Y ☐ N ☐ N/A

☐ All volumes of service case files are transferred:

Is there a need for FCS services to remain open? ☐ Y ☐ N ☐ N/A

Is JARVIS Narrative Complete? ☐ Y ☐ N

Date of last visit:

Schedule and complete warm handoff visit Date:

Warm Handoff Note Complete ☐ Y ☐ N

Handoff Waived: ☐ Y ☐ N

Adoption Selection/Placement Planning

Is current placement interested in adopting? ☐ Y ☐ N

Are there other families interested in adopting? ☐ Y ☐ N

Approved: ☐ Y ☐ N

Multi-Family Selection Staffing Needed: ☐ Y ☐ N

What is the concurrent plan for placement of the child if the interested adoptive family cannot provide long-term care?

Additional Staffing Notes: (Update since TPR occurred)

Additional Information for File

[JARVIS Electronic Filing Guide for Ongoing Child Welfare Cases \(Date first\).pdf](#)

☐ Social History – 470-3615 (must be typed)

☐ Child Study – 470-3698 (Complete within 20 days of TPR Order Filing; Includes diagnosis/special needs with documentation from provider. Send completed Child Study to Adoption SWCM in Word format via email)

☐ Photo of child

☐ Current Immunization Record

☐ Medical Record from Primary Care Physician(s) and any Specialists

- ☐ Medical Record from Hospital(s), including birth records
- ☐ Dental Record
- ☐ Vision Record
- ☐ Psychological Reports (children and parents)
- ☐ Psychiatric Reports (children and parents)
- ☐ School Records:
 - Transcripts
 - Behavioral Referrals
 - IEP Reports/504 Plan

Who is Surrogate Parent for IEP planning?

- ☐ [Foster Family Placement Contract, Form 470-0716](#)
- ☐ [Tangible Goods Form for Child Care, Form 470-3056](#)
- ☐ [Child Care Expense Statement Forms for all Child Care Payments, Form 470-5612](#)
- ☐ Clothing Allowance Receipts

Has a Life Book been started? ☐ Y ☐ N

If yes, where is it?

Who is responsible for it?

- ☐ Upload document to file manager at completion of case.

FACS Entries

See the FACS Training Manual [here](#).

RELL screen

End date the relationship of birth parents with date TPR was ordered
 Change parents to caretaker N, guardian N, custodian N, FCS ind N, and household ind N.
 Parent Visit Flag needs to be Y.
 End date the FCS relationship if FCS remains open.
 Use the FACS ID of 9999999 for unknown ICAR father and 9999998 for unknown ICAR mother.
 DO NOT delete biological parent relationships or change the relationship type.

In case of Deceased Parent, the date of death needs to be entered on that parent's PERD screen and their relationship should be end-dated on RELL.

Enter all information.

In Disposition field, enter 113 (TPR).

In Legal Status field, continue with 103 (CINA) and hit "enter". FACS will automatically update this field to 105 for you.

NOTE: If system does not allow change to 105, then birth parents are not on RELL screen.

CLTD screen

Enter birth parents' marital status at the time of child's birth
 Enter number of siblings including the client

CLTD-F6 SPND Complete Special Needs screen

Mark Age if age 5 or over

Membership in Sibling Group if 3 or more siblings

CLTD-F7 PRAH.

F10 allows you to type information.

Enter date of Request for Termination of Parental Rights if applicable

Enter date the TPR petition was filed.

Enter date of appeal, if applicable

Enter dates hearing began (from FCTL), ended and order filed.

Enter Y for HHS Guardianship.

Enter Y or N for Relative Placement.

Enter Y or N for Foster Family Placement.

Was it a new placement - leave N.

Enter date child study began and ended.

REVL screen

Enter a new "foster care review by court" (code 506) using the date of the TPR hearing.

Enter the Permanency Goal of 104 - Adoption.

Ensure prior REVL entries are complete (AFCARS).

Enter the following after the TPR order is received and HHS is NOT the Guardian:

Go to RELL screen. Add Guardian's name, relationship and FACS ID.

NOTE: If this person does not have a FACS ID you will need to obtain one.

Go to RELD screen. Enter YES for caretaker, guardian, custodian for this person.

At RELD also end date the relationship of birth parents with date TPR was ordered and change them to non-custodians, non-caretaker, non-family member.

Go to FCTL screen. Enter person granted Guardianship/custody.

ICWA

Does the child have Native heritage? ☐ Y ☐ N (If yes, complete ICWA section)

Who reported child had Native Heritage?

Reported Heritage: (List tribes below each parent is eligible for or enrolled in)

Bio Mother:

Bio Father(s):

Was a letter of inquiry sent to identified tribes? ☐ Y ☐ N

Date of letter(s)? Copy of letter in file? ☐ Y ☐ N

Was a letter sent to BIA? ☐ Y ☐ N Date? Copy in file? ☐ Y ☐ N

Were there responses to letters received? ☐ Y ☐ N Date?

Is the child eligible for enrollment in any tribe? ☐ Y ☐ N Tribe name:

Was all this information given to Juvenile Court? ☐ Y ☐ N

Is there a Judicial determination regarding ICWA applicability? ☐ Y ☐ N Date?

Was placement preference followed? ☐ Y ☐ N

Where is current placement in the preference order?

(Placement Preference in descending order: 1. A member of the Indian child's family, 2. Other members of the Indian child's tribe, 3. Another Indian family, 4. A non-Indian family approved by the Indian child's tribe, or 5. A non-Indian family that is committed to enabling the child to have extended family visitation and participation in the cultural and ceremonial events of the child's tribe.)

If placement is not first in placement preference how were other priority placements ruled out?

ICPC

Is ICPC applicable? ☐ Y ☐ N (If yes, complete ICPC section)

Referral Packet in File ☐ Y ☐ N

Sending State: Receiving State:

ICPC Worker Name: ICPC Worker Phone: ICPC Worker Email:

Status:

Type of ICPC home study requested:
