

Iowa Department of Health and Human Services Life of the Case Guide

Identifying Information (Include all children)

		T =			_	
Child(ren):	DOB:	FACS ID:	SID:	SSN:	Parent 1:	Parent 2:
		ı			1	<u> </u>
Current Placei	ment Inform	ation				
Child's Name	a Dlace	ement Type	Dlacom	ent Name	Placement	Phone/Email
Criliu's Nami	e Flace	ement Type	FlaceIII	ent name	Address	FIIONE/EIIIali
		l-				
This fames age	h l - 4	l f : l	h4	al b a . a . a		4
	<u>-</u>		but each chil	u must be ac	ddressed througho	ut.
Are siblings pla	ced together?	☐Y ☐N				
If no, why not?						
Identify any oth	er sihlings/hal	f-sihlings/sihling	s with TPR of th	ne children and	/or important relations	hips (FACS and PCRL)
dentity arry our	ioi sibiii igs/iidi	1-315111193/31511119	3 With Tr TC Or ti	ic criliaren ana	or important relations	nips (i Aoo and i Orte)
VA (1) - 4 - 654		6				
What efforts are	e being made	for continued int	eractions betwe	en siblings?		
			eractions betwe	en children an	d family members (gra	andparents,
aunts/uncles, a	auit siblings, e	etc)?				
Is current place	ement intereste	ed in being a lon	g term placeme	nt option? (Add	dress for each child)	
-					,	
Is current place						
.o oarront place	ment licensed	l? (Address for e	each child)			
	ement licensed	? (Address for e	each child)			
	ement licensed	? (Address for e	each child)			
Hannach or a			ŕ			
Has each non-l		? (Address for e	ŕ	censing)?		
Has each non-l			ŕ	censing)?		
	icensed place		red to RRTS (lid	C,		

Legal Information

CWA	
mmigration Status for each child:	
Vho is Payee? mount per month?	
s Child eligible for SSI/SSD? Y N Status:	
s Child IV-E eligible (Check JARVIS IV-E)	
CAR Referral Completed	
Status:	
Status: Death Certificate (for parent)	
Certified Birth Certificate ☐ Y ☐ N	
Paternity Established: Y N N	
Required Tasks/Documentation for EACH CHILD:	
Date of Next Court Hearing:	45-Day Report Due:
Date of Appeal Parent 1:	Date of Appeal Parent 2:
Date TPR Ordered for Parent 1:	Date TPR Ordered for Parent 2:
Date TPR Petition filed and JVJV Numbers:	Date of TPR Hearing:
Permanency Hearing/Permanency Review:	Permanency Recommendation:
Adjudication:	Disposition/Dispo Review:
Removal Date:	Removal Hearing Date:
GAL:	CASA:
Mother's Attorney:	Father's Attorney:
County Attorney:	Judge:
JVJV Numbers:	County of Court:

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?
Were there responses to letters received?
Is there a Judicial determination regarding ICWA applicability?
(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?
ICPC Worker Name: ICPC Worker Phone: ICPC Worker Email: Status:
Type of ICPC home study requested:
Are all relative notices, responses, SWCM contacts, and placement option status documented in comment section of JARVIS Relative Notice Page?

Who reported child had Native Heritage?

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

Name:	Relationship:	Placement Option:
		If not, why not?
Have criminal/child abuse checks been completed? Y N Issues/barriers for placement?	Referral to Kinship Navigator	 ? Has a Home Study been completed? ☐ HHS ☐ ICPC ☐ Foster Care ☐ Adoption
Connections (What efforts has FaceTime, etc.):	HHS made to continue connect	ions to this person (visits, phone calls,
Name:	Relationship:	Placement Option: Y N If not, why not?
Have criminal/child abuse checks been completed? Y N Issues/barriers for placement?	Referral to Kinship Navigator? Y N Referral to RRTS? Y N	Has a Home Study been completed? HHS ICPC Foster Care Adoption
FaceTime, etc.):	HHS made to continue connect	ions to this person (visits, phone calls,
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If more than three relative/fictive kin/suitable others are identified, please use additional entry boxes at the end of the document.

Concurrent Staffing Notes:

30 Day Staffing		
Date: Participants:		
ranicipants.		
Notes: Include information on each child and the parents.	heir special needs, background of the fa	mily and case history, and non-resident
Genogram completed and uploaded to	JARVIS?	
Foster Care behavioral checklist compl	eted:	
Current Permanency Goal:		
Concurrent Plan:		
Full Disclosure: Does family understand the reason options/timelines? Y N	for removal, what needs to be done to r	reunify, and permanency
Does the family understand the Cor	ncurrent Plan?	
How has this been explained to the	m (i.e. during monthly visits, in Court, th	rough attorneys, etc.)?
Has the Concurrent Plan been disc	ussed with the current placement?	_Y
Next Steps:		
What needs to be done?	Who is Completing?	By When?
90 Day Staffing Date: Participants:		
Notes: Include information on each child and the parents.	heir special needs, background of the fa	mily and case history, and non-resident
Review of relatives (notices, contact, ho	ome 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? \[\sum Y \sum N \]	
Does the family understand the Concurrent Plan?	
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?	
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-residuarents.	dent
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?	
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?	
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-residen parents.	ıt
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?	
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?	
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	
Family Reunification Guardianship	
Family Reunification	

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

Adoption Case Planning

20 Day Staffing	Date of Adoption Transfer Staff	ffing Date Information uploaded to File Manager
·	ude information on each child and the	neir special needs, background of the family and case completed, etc.)
File/Case Transfer Guide		
(Following Termination of Parer	ntal Rights)	
Petition for Termination of Parel		
Special Instructions in TPR Ord	-	
Date of next FCRB meeting:		
☐ Copy of all Court Orders incl ☐ IV-E current in JARVIS (FCT	uding appeal notice by parents L, Change Forms, REVL 506) rder sent to the local CSRU office <u>httr</u>	uardianship List (per service area protocol) tps://secureapp.dhs.state.ia.us/customerweb/offices
Case Planning:		
Is a final visit planned?	☐ N Status:	
Behavioral Checklist(s) in File for	or each child?	
Foster child Level of Care:		
Case Plan with adoption	goal uploaded to EDMS. hild Placement Plan with contact info completed	□ N/A
Is JARVIS Narrative Complete?	Y N	
Date of last visit:		
Schedule and complete warm h	andoff visit Date:	
Warm Handoff Note Complete	□ Y □ N	
470-0017 (04/24)		8

Handoff Waived: Y N
Adoption Selection/Placement Planning
Is current placement interested in adopting?
Are there other families interested in adopting?
Approved: Y N
Multi-Family Selection Staffing Needed:
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?
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.

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