

Iowa Department of Human Services  
**JCS REFERRAL FOR PAYMENT**

**New cases:** Complete all sections on the same day as the IFMC referral. Send to the DHS service unit. When applicable, send to Benefit Team Services, 4949 Westown Parkway, Suite 165-200, West Des Moines, IA 50266. Phone: 515-327-1200 or 1-800-707-9705 Fax: 515-327-0566

**Reviews and changes:** Fill in the JCO INFORMATION section, then only the parts that change. Check the box in the left margin of the sections with changes.

<input type="checkbox"/>	<b>JCO INFORMATION</b>	
Child's full name		
JCO name		County
Mailing address		
Phone number		Today's date
<b>CHILD'S DEMOGRAPHIC INFORMATION</b>		
<input type="checkbox"/>	Child's date of birth	Social security number
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/ethnicity		County of residence
<input type="checkbox"/>	Disability: <input type="checkbox"/> Mental retardation <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Deaf/hard hearing <input type="checkbox"/> Emotionally disturbed <input type="checkbox"/> Learning disability <input type="checkbox"/> Medical condition <input type="checkbox"/> Physically disabled <input type="checkbox"/> Conduct disorder <input type="checkbox"/> AIDS (obtain release) <i>Document disability. Make referral to BTS for determination of SSI eligibility if any box is checked.</i>	
<input type="checkbox"/>	<b>Mother's name &amp; address</b>	
Social security number		Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth		Race/Ethnicity
Marital status at time of birth (or adoption) of the child _____.		
Employment information (Including: Place of employment, hours worked per week and rate of pay)		
<input type="checkbox"/>	<b>Father's name &amp; address</b>	
Social security number		Paternity established: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth		Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity		Marital status
Employment information (Including: Place of employment, hours worked per week and rate of pay)		
<input type="checkbox"/>	<b>SCHOOL STATUS</b>	
In school: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not in school <input type="checkbox"/> Last grade completed:		
Current school		Last school
<input type="checkbox"/>	<b>REMOVAL/JUDICIAL FINDINGS</b> (Answer for this "episode" of care)	
County of current court order		County of financial responsibility
Date of adjudication order		Date of dispositional order
Date child was removed from home (most recent removal)		
Custody placed with: <input type="checkbox"/> JCS <input type="checkbox"/> DHS <input type="checkbox"/> Other:		

	Removal order contains language that the removal was in the best interest of the child or that remaining in the home was contrary to the welfare of the child. <input type="checkbox"/> Yes <input type="checkbox"/> No. Date of current initial removal order _____.		
	Court has made a finding indicating reasonable efforts were made to prevent removal within 60 days of the date the child was removed from the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A. Date of order _____.		
	Court has made a finding indicating reasonable efforts were made to achieve permanency within 12 months of the date the child was removed from the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A . Date of most recent order with this finding _____.		
<input type="checkbox"/>	<b>CIRCUMSTANCES OF REMOVAL</b> ("P" for primary, "X" all others)		
	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Child disability <input type="checkbox"/> Death of parent <input type="checkbox"/> Other:	<input type="checkbox"/> Child behavior problem <input type="checkbox"/> Delinquent act <input type="checkbox"/> Substance abuse (parent) <input type="checkbox"/> Substance abuse (child)	<input type="checkbox"/> Caretaker illness/incapacity <input type="checkbox"/> Caretaker inability to cope <input type="checkbox"/> Parental abandonment <input type="checkbox"/> Incarceration of parent
<input type="checkbox"/>	<b>CURRENT LIVING ARRANGEMENT</b> Effective Date _____		
	Provider name and address	Distance from home	Phone (     )
	Level of care: <input type="checkbox"/> Family foster care <input type="checkbox"/> Treatment family foster care		
	<input type="checkbox"/> Shelter care <input type="checkbox"/> Group care <input type="checkbox"/> PMIC		
	Type of care: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Community <input type="checkbox"/> Enhanced		
	Status of care: <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked		
<input type="checkbox"/>	<b>CURRENT PERMANENT PLACEMENT PLAN</b>		
	Select one: <input type="checkbox"/> Reunify with parents/relative <input type="checkbox"/> Guardianship to relative/suitable person		
	<input type="checkbox"/> Adoption <input type="checkbox"/> Another planned permanent living arrangement		
<input type="checkbox"/>	<b>FOSTER CARE ADMINISTRATIVE REVIEWS</b> (every 6 months)		
	Date of last review _____.	Type: <input type="checkbox"/> Court <input type="checkbox"/> FCRB <input type="checkbox"/> DHS administrative review	
	Has there been a court determination that reasonable efforts have been made to achieve the permanency goal? <input type="checkbox"/> Yes <input type="checkbox"/> No. Date of most recent court order _____.		
<input type="checkbox"/>	<b>CHILD'S FINANCIAL INFORMATION</b>		
	Does child receive any income? If yes, source: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If child receives Social Security, under whose name and number:		
	Does child own any resources? If yes, describe and indicate value: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does child own a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicated amount _____.	Does child have cash in excess of \$100? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicated amount _____.	
<input type="checkbox"/>	<b>FIP, SSI, AND PARENTAL SUPPORT INFORMATION</b> (Check all that apply.)		
	<input type="checkbox"/> Child received FIP in or for month in which court action leading to removal was initiated. <input type="checkbox"/> Child does <u>not</u> receive SSI currently. <input type="checkbox"/> Child is an unaccompanied refugee minor. <input type="checkbox"/> One or both parents are absent from the home from which the child was removed. <input type="checkbox"/> One or both parents are deceased. <input type="checkbox"/> Parental rights are terminated. <input type="checkbox"/> A parent is unable to work due to documented physical or mental reasons.		
<input type="checkbox"/>	<b>REMOVAL HOUSEHOLD</b> (Complete this section if child was not living with parent at time of removal.)		
	Name and address of caretaker(s):		
	Relation to child	If the removal household was not a relative, was the child living in the home of a parent or relative in the last 6 months. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>EXPLANATIONS OR ADDITIONAL INFORMATION</b>		
	(Examples are change in child's income or resources, runaway, return home, sibling information, change of placement, etc.)		