

# YOUTH SERVICES POLICY

<b>Title:</b> Placement of Youth in Residential Facilities	<b>Type:</b> D. Community Based Services <b>Sub Type:</b> 9. Placement, Transfer, Termination and Removal Process <b>Number:</b> D.9.1
<b>Page 1 of 10</b>	
<b>References:</b> United States Constitution, Fifth Amendment, Adoption and Safe Families Act of October 2000; Fostering Connections to Success & Increasing Adoptions Act of 2008; Social Security Act, Title IV, Part E, Section 471(a)(31); La. R.S. 36:408 (H) 2(b) and (c), 15:901 (G); LA. Children's Code Arts. 780, 897 D, 899 D and 905; DCFS Bureau of Licensing Child Residential Standard 7113 A; ACA Standards 2-7106, 2-7112, 2-7115, 2-7116, 2-7117, 2-7118, 2-7119, 2-7120, 2-7121, and 2-7123 (Juvenile Probation and Aftercare Services); YS Policy Nos. C.2.11 "Prison Rape Elimination Act (PREA)"; D.9.7 "Financial Assessment, Medicaid Eligibility and Parental Contributions"; D.10.32 "SAVRY – Community Based Services"; and D.11.1 "Predisposition Investigation and Social History"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>E. Dustin Bickham, JD, Interim Deputy Secretary</i>	<b>Date of Approval:</b> 06/26/2020

## I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To establish uniform policy and broad procedures regarding the process of placing a youth in a non-secure residential facility.

## III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, General Counsel, Regional Directors, Regional Managers, and all CBS employees.

## IV. DEFINITIONS:

***Adoption and Foster Care Analysis and Reporting System (AFCARS)*** - The system collects case-level information from state and tribal IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement. Examples of data reported in AFCARS include demographic information on the foster child as well as the foster and adoptive parents; the

number of removal episodes a child has experienced, the number of placements in the current removal episode, and the current placement setting. Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.

**Agency** - Youth Services, Office of Juvenile Justice.

**Central Office Program Manager** - Responsible for administering comprehensive statewide programs.

**Community Based Services (CBS)** – A division of the Office of Juvenile Justice formerly known as the Division of Youth Services, consisting of the regional probation and parole offices located throughout the state.

**Department of Children and Family Services (DCFS)** – A state agency responsible for programs and services, etc. for children and their families.

**Emergency Placement** - a placement resulting from emergent circumstances which require the immediate removal of a youth from their home.

**Financial Assessment Transaction Form (FAST) I** - FAST I is a form utilized by OJJ, the Department of Children and Family Services (DCFS), and Public Safety Services/Office of Management of Finance (PSS/OMF) to determine eligibility for federal reimbursement, Medicaid and the amount, if any, of parental contributions.

**Financial Assessment Transaction Form (FAST) II** – FAST II is a form utilized by OJJ that outlines the requirement of contribution for the cost of care or the application of any benefits being received on behalf of the child being applied toward the cost of care while in OJJ custody.

**Financial Assessment Transaction Form (FAST) III** – FAST III is a form utilized by OJJ and DCFS to report changes in placement and periodic reviews for continued eligibility.

**Individual Service Plan (ISP)** – An individualized plan developed by the assigned PPO/J to achieve the desired results for change. The plan is accomplished through the collaborative effort of the PPO/J, youth and parent/guardian. The plan shall contain specific, measurable goals to address the risks, needs and protective factors. The SAVRY, Probation Order, psychological evaluation and other pertinent information shall be used to develop the plan. The ISP is modified throughout supervision as need areas are identified.

**Juvenile Electronic Tracking System (JETS)** - The centralized database utilized to track all youth under OJJ supervision or in OJJ custody and to record all case record activity.

**Level I Youth** – Youth placed in OJJ custody that do not meet criteria on the Residential Level Determination Form to be eligible for Level II residential care.

**Level II Youth** – Youth placed in OJJ custody and determined to be eligible for Level II residential care based on scoring utilizing the Residential Level Determination Form.

**Multidisciplinary Treatment Team (MDT)** – A group of individuals, including the youth, parent/guardian, facility representative, assigned PPO/J, administrative review panelist, as well as other involved parties, who provide comprehensive consultation and assessment to identify the goals of the individual treatment/intervention plan.

**Non-Secure Residential Facility** - a residential community-based facility licensed by the Department of Social Services/Bureau of Licensing, providing services to youth in the custody of the OJJ.

**Placement Staffing** – A meeting held to identify the most appropriate program referrals. The youth, parent/guardian, PPO/J, PPS, Regional Manager and unbiased party are required participants

**Probation and Parole Officer 1, 2, and 3/Juvenile (PPO/J)** - PPO/J's assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/J's shall coordinate case management services in accordance with need assessments, as well as monitor, compliance with the services provided and court ordered requirement while the youth is in the custody or under the supervision of YS.

**Regional Director** - A position that serves as the Deputy Assistant Secretary for secure facilities and community based services (Juvenile Probation and Parole) under the direction of the Assistant Secretary and has administrative line authority over all Juvenile Probation and Parole Regional Managers and youth facility Directors in their assigned region.

**Residential Level Determination Form** – Form used by OJJ and the Department of Children and Family Services (DCFS) to determine the level of residential care and billing reimbursement.

**Structured Assessment of Violence Risk in Youth (SAVRY)** - An evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. The SAVRY utilizes a structured, professional judgment method of assessment, meaning that the individual completing the assessment rates the youth on a number of evidence-based risk factors and then weighs all the information to come to a final determination that the youth has a Low, Moderate or High Summary Risk Rating for future reoffending. (Refer to YS Policy B.2.14)

**V. POLICY:**

It is the Deputy Secretary's policy that, when placement is necessary, a youth should be placed in a program which is most appropriate to meet their needs, in the least restrictive environment, and in close proximity to their home.

The Central Office Program Manager shall notify all OJJ regional offices by close of business every Monday with a listing of all residential placement for the week based on the vacancies and waiting lists for each contracted residential program. This will allow all regions to coordinate transports for the week.

**VI. PROCEDURES:**

- A. When making a recommendation to the Court regarding the disposition of a youth, the PPO/J shall recommend the least restrictive disposition which meets the youth's needs while protecting the public. When a youth is placed in custody with a recommendation for non-secure residential placement, the following steps shall be taken:
1. The PPO/J shall secure immediate placement in either a detention or residential facility. If the PPO/J is unable to secure immediate placement, the Court may choose to allow the youth to return home until an out of home placement slot becomes available. When this occurs, the written court order must specify the maximum number of days, not to exceed thirty (30) days, the Agency will be allowed to maintain the youth at home. A certified copy of the order placing the youth in the OJJ/YS custody with the "contrary to the welfare/reasonable efforts" wording shall be obtained from the court by the placing PPO/J.
  2. The "Family Orientation Community Residential Care" video shall be shown to the parent/guardian. The PPO/J shall address any questions/concerns of the parent/guardian as well as any needs the youth may have at the time of the placement (e.g. clothing, medication, etc.). The "Prison Rape Elimination Act" information shall be reviewed with the youth. The "Youth's Confirmation of Receipt" (refer to YS Policy C.2.11(a)) shall be created in JETS and signed by the youth. The "AFCARS" form shall be completed in JETS and signed by the youth and parent/guardian.
  3. The PPO/J shall meet with the youth and their parent(s) to secure copies of the youth's Birth Certificate, Social Security Card, Immunization Record, and educational information, and to discuss the placement process. The PPO/J shall also obtain the information necessary to complete the FAST I and II (refer to YS Policy D.9.7), "SAVRY Social History" or "Supplemental Social" (refer to YS Policy

D.11.1) and the SAVRY assessment if applicable (refer to YS Policy D.10.32). This information shall be gathered prior to an out-of-home placement except in cases of an emergency placement.

4. Reasonable efforts shall be made to place siblings removed from their home in the same non-secure placement, unless such a joint placement would be contrary to the safety or well-being of any of the siblings. Siblings not placed together in the same foster care placement shall be given the opportunity for frequent visitation or other interaction between the siblings, unless such visitation would be contrary to the safety or well-being of any of the siblings.

When a youth is placed in YS custody, inquiries shall be made to determine if there are siblings and if the siblings were removed from their home and placed in DCFS custody. If there are siblings placed in DCFS care, arrangements shall be made to schedule visitation unless doing so would be detrimental to the siblings.

5. Prior to placement, the PPO/J shall complete the "Case Staffing Report" form in JETS and invite the parent/guardian to a placement staffing in order to determine which non-secure residential facility will most appropriately meet the youth's needs. The youth and parent/guardian shall be given the opportunity to participate in the decision making process. A staffing shall be conducted with the youth and parent(s), Probation and Parole Officer, Regional Manager (or designee), and at least one unbiased staff member from the regional office. If possible, a Social Service Counselor shall be included.
6. Following the placement staffing, referrals should be made immediately. The packet shall include at least the following information: Referral Cover Letter, Birth Certificate, Social Security Card, Immunization Record and pertinent Medical Records, Custody Order, educational records (including IEP and evaluation if youth is in special education), psychological/psychiatric evaluation(s)(as appropriate), SAVRY Social history/PDI/Supplemental Social, and the "Residential Level Determination" form if applicable [see attachment D.9.1 (a)].

Note: If the SAVRY Social History/PDI does not include the most recent SAVRY assessment results, the PPO/J shall complete the "SAVRY Statement of Findings" form and include it in the packet. The SAVRY assessment form shall not be sent to the provider.

7. The PPO/J shall contact the provider to confirm receipt of the entire packet within one (1) working day. OJJ contracted residential providers shall return the referral cover sheet with notification of acceptance or denial of the youth into the program within three (3) working days. The PPO/J shall follow-up and contact the provider if the provider does not respond timely.
8. The Central Office Program Manager shall maintain the waiting list for the OJJ contracted residential providers. The PPO/J shall forward the referral cover sheet of youth accepted for placement to the Central Office Program Manager who will track the waiting lists of the contracted residential programs.

Any denials of youth shall be forwarded to the Program Specialist assigned to that specific region for tracking purposes.

Hard-to-place youth who are denied by multiple providers shall be staffed through an internal agency staffing consisting of: the assigned PPO/J, PPS/J, Regional Manager, Regional Director, Program Specialist, Program Manager, and OJJ Treatment Program Managers. A plan shall be developed regarding how to best meet the youth's needs during the staffing. A Residential Level Determination Form shall be completed by the PPO/J on all hard-to-place youth, youth who have been requested for removal or scheduled for a difficult child staffing by a provider. If Level II care is recommended, it shall be signed by the PPO/J and PPS/J and forwarded to the CBS Program Manager or their designee for signature. Once returned to the PPO/J, it will be provided to the facility where the youth is currently placed. The form shall be included in all referral packets once the youth is determined to be Level II.

Each week the Central Office Program Manager will determine, based on the waiting lists and the acceptance letters received, which youth shall be moved into the specific program vacancies. On Monday each regional office will be notified as to where to place their youth and on which day placement should occur.

9. The need for emergency placement of a youth shall be communicated to the Central Office Program Manager and appropriate Regional Director so those arrangements can be made if deemed appropriate.

10. Once the Central Office Program Manager determines placement, the parent or guardian is notified by the placing PPO/J.
11. The placing PPO/J notifies the Regional Office Transport Coordinator so that transportation is arranged. All pertinent documents for the youth shall be submitted to the facility.
12. The EP-06 form, "Authorization for Placement", shall be completed in JETS and signed by both the placing PPO/J and a facility staff member to document the date of placement.
13. Within 24 hours of a youth's placement in a program outside the region of origin, the Regional Manager of the supervising region shall be notified of said placement via email by the placing PPO/J or placing Regional Manager.

Within 24 hours of the youth's placement, the Master Record, Transfer screen, AFCARS screen and Placement Screen shall be created/updated in JETS by the placing PPO/J.

14. If the youth requires a special or court ordered service, such as sexual perpetrator therapy, the placing PPO/J shall forward documentation of its necessity to the supervising PPO/J (i.e. court order, psychological evaluation, assessment, etc.). The Placing Region shall be responsible for submitting the 156A to Central Office for approval and payment of said services.
15. Within three (3) working days after placement and any subsequent placements, the placing PPO/J shall complete the following: Create the "Placement Letter to the Judge" and forward to the court; Create the "Notification of Placement Letter" and "Kid-Med" form in JETS and send to the parent with the facility visitation policy. The PPO/J shall encourage the parent/guardian to maintain contact with the youth and program.

Within ten (10) working days of a youth's placement, the placing PPO/J shall complete the "Interdistrict Case Transfer" form in JETS and forward to the Supervising PPO/J with all pertinent case documents not available in JETS. Case documents not in JETS should be emailed/scanned to the receiving district and a read receipt should be utilized. Examples of placement packet case documents that should be forwarded to the receiving district are: documents that have signatures (court orders, service plan signature page, consent to release information, etc.); social history information that has not been entered into JETS; birth certificate; social security cards; and any

psychological or educational evaluations or assessments. Other documents not found in JETS but essential to providing appropriate case services may need to be sent to the receiving district as well.

16. Within fourteen (14) days of the youth's initial placement, the placing PPO/J shall complete the FAST I and FAST II and submit the forms, along with the birth certificate, Social Security Card, Custody order, and Proof of income, to the DCFS Social Services Analyst for that Region and to the Public Safety Services/Office of Management and Finance (PSS/OMF) for review (Refer to YS Policy D.9.7).

Upon receipt of the FAST IV from the DCFS/SSA [refer to attachment (b)], the PPO/J shall enter the funding source on the JETS placement screen within seven (7) working days.

The PPO/J shall complete a FAST III form whenever there is a change in financial status, physical location, and/or early release from custody within seven (7) days of the change and submit to DCFS/SSA and PSS/OMF.

17. The PPO/J shall complete the ISP "Service Plan Placement" form within fourteen (14) days of the youth's initial placement in a non-secure residential program (residential, foster care, transitional living program or state psychiatric program), and include input from the multidisciplinary treatment team (MDT). All members of the MDT must sign and date the plan to document participation the plan is not considered complete until all signatures are obtained. The plan shall describe the interventions which will be used to address the youth's individual/specific needs. A copy of the full plan shall be given/mailed to the youth, parent/guardian, facility and court within 30 days of the initial date of placement.

The PPO/J shall develop a plan to ensure the educational stability of the youth. Whenever possible, the youth should be allowed to remain in the school they attended prior to their removal from the home. When it is not possible for the youth to attend their home school, the PPO/J shall document why it is in the youth's best interest to attend a different school. For example, the youth's special needs cannot be met at their home school or the youth was placed outside of their home school district.

18. If available, the PPO/J shall provide the parent/guardian with a written description of the program(s) to which the youth is being referred. The youth and the parent/guardian shall be encouraged to visit the program prior to the youth's placement. When applicable, a pre-placement interview with the youth and their parent may be conducted at the facility to familiarize them with the program and to allow participation in the decision-making process.



- B. The PPO/J shall adhere to the following timelines and criteria when placing youth in non-secure residential programs:

1. If a SAVRY assessment was completed within the same calendar month (January, February, etc.) of the initial placement, the next review date will be changed to coincide with the Administrative Review date without completing a new SAVRY. If the most recent assessment was completed prior to this, a new SAVRY reassessment shall be completed. The next review date will coincide with the next Administrative Review date.

Within fourteen (14) days of a youth's placement in a non-secure facility, a "Supervision Level Change" form shall be completed in JETS changing the supervision level to PL1 or PL2.

2. An Administrative Review shall be held within six (6) months of a youth's initial date of placement in a non-secure residential facility. The PPO/J shall complete the "Administrative Review Appointment" form in JETS and send to the parent/guardian, facility and youth's attorney via certified mail or verified personal service, at least fifteen (15) days prior to the date the Administrative Review is scheduled to be held.

The PPO/J shall document the Administrative Review on the "Administrative/Case Review Report" form in JETS and update the ISP. A SAVRY reassessment and "Supervision Level Change" shall be completed by the placing PPO/J in conjunction with the Administrative Review. The SAVRY next review date will coincide with the date of the next Administrative Review. The SAVRY reassessment results shall be reported on the "Administrative/Case Review Report".

The PPO/J shall complete a FAST III form for the Recertification/Reassessment of the financially responsible person's financial condition and a copy shall be sent to DCFS/SSA and PSS/OMF.

3. Within fifteen (15) days of the review, the PPO/J shall complete the "ISP Letter" form in JETS and send with the completed Administrative Review Report and updated ISP to the parent/guardian, facility, clerk of court, judge and child's attorney, by either certified mail, verified personal service or email.

If certified mail is used, the return receipt shall be retained in the case file; if personal service is used, the signed Verification of Personal Service form shall be retained in the case file.

4. If the youth remains in placement following the six (6) month Administrative Review, a second review shall be held within five (5) months of the date of the initial administrative review. Subsequent Administrative Reviews shall be held every six (6) months until the youth's release from custody. The ISP shall be updated during the subsequent Administrative Reviews. A FAST III and SAVRY reassessment shall be completed by the placing PPO/J each time an Administrative Review is conducted. The SAVRY next review date will coincide with the next Administrative Review date.
5. A formal judicial review, the Permanency Planning Hearing, shall be held within the initial twelve (12) months of the initial date of placement and every twelve (12) months thereafter while the youth remains in a non-secure placement. Written and/or verified personal notification of the hearing, the ISP, and a copy of the Administrative Review Report shall be provided to the parent/guardian, facility, and the child's attorney at least fifteen (15) days prior to the hearing by either certified mail or verified personal service. If certified mail is used, the return receipt shall be retained in the case file; if personal service is used, the signed Verification of Personal Service form shall be retained in the case file.

After the Permanency Planning Hearing, the PPO/J shall complete a FAST III form documenting the hearing was held. The FAST III and Permanency Hearing order shall be sent to DCFS/SSA.

6. The Administrative Review Report and ISP shall be filed with the court at least ten (10) days prior to the Permanency Planning Hearing.
7. If there is no permanent plan in place, the PPO/J shall request a staffing with DCFS as soon as possible.
8. In the fifteenth (15<sup>th</sup>) month of non-secure placement, if there is no permanent plan in place, the court will hold a Termination of Parental Rights Hearing. Terminations of Parental Rights Hearings are handled by DCFS. If a permanent plan is in place, the PPO/J shall submit a Status Letter to notify the Court that the hearing will not be necessary.

**Previous Regulation/Policy Number:** D.9.1

**Previous Effective Date:** 11/18/2019

**Attachments/References:** D.9.1 (a) Residential Level Determination Form March 2018  
D.9.1 (b) FAST IV Form March 2018.pdf

RESIDENTIAL LEVEL DETERMINATION FORM

DATE OF CURRENT SCREEN		DATE OF NEXT SCREEN	
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Section 1. Identifying Information

Name	TIPS/JETS	
Age; DOB	Gender (Male, Female, Transitioning)	
Region of Origin (Court of Jurisdiction)		
Current Case Worker Name/ Supervisor		
Current Placement		
Only if in Foster Care	Current Total TBH & date completed:	PTSD: ADHD: Internalizing Symptoms: Externalizing Symptoms:

Section 2. Characteristics ( check all that apply)

Child 0-10 y/o	Child is 10-15
Older Youth (>15 yrs)	Developmentally Delayed
Maladaptive Behavior	Trafficked
LGBTQ	History of sexual aggression
Bizarre/Unusual behaviors Specify:	History of physical aggression

Section 3. Residential Discharge History (check all that apply)

Has a treatment provider (IPH, PRTF, TGH) ever requested removal due to behavior: specify (state provider & specific behaviors)
Has had 3 FC/NMGH placements disrupt in the last 60 days due to behavior : specify

Section 4. Behavior factors Endorse all that apply

Yes	Value		If yes, specify
	10	Score this box for Child Welfare only: The child/adolescent has a history of being charged for criminal behavior, involving injury or threat of injury to self/others/property	
	5	In the last 90 days, the child/youth has or has attempted to sexually assault or molest another person (excluding behavior that is developmentally typical and appropriate for the child's developmental stage)	
	5	In the last 90 days, the child/adolescent has been physically aggressive towards authority figures and adults: is physical or verbally threatening, or manipulates others to do so on his/her behalf.	
	5	The child/adolescent requires 6-16 hours a day of direct, focused, and enhanced supervision and behavior management in order to maintain the child in a community based living situation. (Persistent chaotic, impulsive or disruptive behavior; severe or frequent temper tantrums; major sleep disturbance; requires direction and supervision in all activities; requires total attention of caregiver; disruptive levels of activity; history of repeated runaway or runaway attempts...)	
	5	In the last 90 days, the child has attempted suicide	
	1	This child has a history of suicidal threats.	
	1	In the last 90 days, the child engages in risky behaviors that poses a threat to the safety of self or others (substance use, eating caustic substances, non-compliance with medical regimen, sexual promiscuity)	
	1	In the last 90 days, the child/adolescent is regularly (a minimum of one time a week) physically aggressive	

		towards peers: or intimidates them, verbally threatens them, or is able to manipulate others to do so on his/her behalf	
	1	In the last 90 days, the child/youth regularly breaks laws or rules that do not involve physical damage or injury to people or property ( <i>runs away; truant; steals; disobedient, repeated suspensions, does not follow medically necessary food regimen...</i> )	
		Total Score	

Section 5. Conditional factors   Endorse all that apply		
Yes	#	Specify condition and describe enhanced care required
		The child/adolescent has a chronic or progressive physical health condition that requires special service, frequent medical supports or appointment, and or a need for constant monitoring by an attending caregiver in order to live in a home-like setting. Specify condition and describe enhanced care required :
		OJJ: There is evidence this child/adolescent is a victim of human sex trafficking. DCFS: This child/adolescent is an Identified Sex Trafficking Victim as indicated by the DCFS Risk Screening For Sex Trafficking (Form CW Youth Screening FC)
		The child/adolescent has a developmental delay that requires special service, frequent medical supports or appointment, and or a need for persistent monitoring by an attending caregiver in order to live in a home-like setting. Specify condition and describe enhanced care required :

A child is eligible for Level II care in NMGH or TFC if :

1. At least one of the boxes in Section 3. **Discharge History** is checked and evidence is given to support it  
and  
The total score in Section 4. **Behavior Factors** is  $\geq 8$   
  
OR
2. The justification in Section 5. **Conditional Factors** supports the need for 6-16 hours a day of direct, focused, and enhanced supervision and behavior management in order to maintain the child in a community based living situation  
  
OR
3. Has utilized 21 or more days of One-to-One supervision in a 90 day period, at the NMGH Level 1.  
  
AND
4. Given criteria 1-3 and the justification supporting the scores, the custodial Agency endorses Level II status.

RECOMMENDED RATE LEVEL, PER DETERMINATION FORM: \_\_\_\_\_

State Agency Screeners <i>please print legibly</i>			
Name	Title	Signature	Date

Caregiving Screeners (most recent caregiver) <i>please print legibly</i>			
Name	Title	Signature	Date

TO: _____ Worker  _____ Office/Region  FROM: _____ Social Service Analyst  _____ Region	DATE: _____  RE: _____ Child  _____ TIPS #  _____ MEDS Person #
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☐ IV-E Eligible from \_\_\_\_\_ to \_\_\_\_\_

☐ SSI/IV-E Eligible from \_\_\_\_\_ to \_\_\_\_\_ **with** ☐ SSI Selected ☐ IV-E Selected

☐ Medicaid Eligible from \_\_\_\_\_ **with** ☐ SSI

☐ State Funded Only from \_\_\_\_\_ to \_\_\_\_\_

Reason child is Medicaid Ineligible \_\_\_\_\_

☐ Referred to SES: ☐ Mother ☐ Father ☐ Not applicable **Father unknown**

☐ Case Closed Effective:      ☐ CHANGES      ☐ DOCUMENTS/ACTIONS NEEDED

<input type="checkbox"/> Child Age 18/21	<input type="checkbox"/> Address Changed	<input type="checkbox"/> Social Security Card or SS-5
<input type="checkbox"/> Custody to Parents	<input type="checkbox"/> Placement Change	<input type="checkbox"/> Court Order
<input type="checkbox"/> Custody to Relatives	<input type="checkbox"/> Category Change	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Adoption Finalized, Non IV-E, Non XIX, or no subsidy	<input type="checkbox"/> Closed in <input type="checkbox"/> Opened in	<input type="checkbox"/> FAST II
<input type="checkbox"/> Redet Expired	<input type="checkbox"/> Swipe Requested	<input type="checkbox"/> Court Order from most recent Permanency Hearing
<input type="checkbox"/> Lack of documentation	<input type="checkbox"/> Other	<input type="checkbox"/> Judicial determination of reasonable efforts to finalize a permanent plan due
<input type="checkbox"/> Referred to DHH		<input type="checkbox"/> Advise relative to apply to SES, SSA, VA for benefits available to child.
<input type="checkbox"/> Other, specify:		<input type="checkbox"/> Other

☐ OCS   ☐ **OYD STATE OFFICE ACTION NEEDED:** (Asterisked items (\*) go to OCS State Office Eligibility Unit)

*Fiscal Adjustment – if IV-E eligibility changed or new IV-E	IV-E <input type="checkbox"/> Begin	End	Not IV-E <input type="checkbox"/> Begin:	End
	<input type="checkbox"/> Begin	End	Not IV-E <input type="checkbox"/> Begin:	End

Reason for Fiscal Adjustment:

\* ☐ **Federal Benefits OCS**

☐ Apply for SSI as payee  
☐ Apply for SSI  
☐ Suspend SSI payments  
☐ Suspend SSA payments  
☐ Apply for SSA as payee  
☐ Apply for VA payments  
☐ Other

### \* ☐ Parental Contributions OCS

☐ Begin Assessment  
☐ Change Assessment  
☐ Stop Assessment  
☐ Other

☐ Other

☐ ICAMA (Adoptions)  
☐ ICPC (Foster Care)