<table>
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<tr>
<th>Policy Subject:</th>
<th>Children with Disabilities - Voluntary Placement Agreements (VPAs)</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>December 1, 2019</td>
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<tr>
<td>Approved By:</td>
<td>Michelle L. Farr, LCSW-C, LICSW</td>
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<td></td>
<td>Executive Director</td>
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<td>Social Services Administration</td>
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<tr>
<td>Policy Number:</td>
<td>SSA-CW #20-03</td>
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<td>N/A</td>
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<td>Placement and Permanency</td>
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<td>Program Affected:</td>
<td>Family Preservation; Placement and Permanency; Child</td>
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<td>Support Administration</td>
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Legal Information & Purpose:

This policy supersedes Policy Directive SSA-CW #15-22 and provides guidance and clarity about Voluntary Placement Agreements (VPAs) for children who have either a documented developmental disability or mental illness.

The Children with Disabilities Voluntary Placement Act (Md. Code Ann., Family Law §5-525) ("the Act") was enacted to require that the parent(s) or legal guardian(s) of a child with a documented developmental disability or mental illness be given the opportunity to enter into a VPA with a Local Department of Social Services (LDSS) to have their child voluntarily placed when treatment needs cannot be met within the community or with home based interventions, and the parent needs placement funding assistance. The Act prohibits the LDSS from seeking custody of a child via a Child in Need of Assistance (CINA) petition based solely on the child’s developmental disability or mental illness.

The Act requires that the VPA be a binding written agreement “voluntarily entered into” between the LDSS and the parent(s) or legal guardian(s) of the child and that the VPA be approved by the Department of Human Services (DHS) and the Social Services Administration (SSA). If the parent(s) or legal guardian(s) is unwilling to agree to the terms of the VPA, the LDSS cannot offer a VPA for the child.

The Act also requires that after placement, a court hold a VPA hearing prior to the 180th day of placement and at regular 6 month intervals, thereafter. The purpose of the judicial hearing is to determine if continuation of placement is in the child’s best interest and to qualify the child for Title IV-E reimbursement.

Policy:

Consistent with the Act, prior to entering into a VPA, the LDSS will work with the parent or legal guardian(s) of a child with a documented developmental disability or mental illness to make reasonable efforts to stabilize the child and preserve the child in their family setting to prevent a placement. The LDSS shall present all VPA requests at the Local Care Team (LCT) meetings prior to requesting approval of a VPA from SSA.

Although the parent(s) or legal guardian(s) retains legal custody of the child while placed, the VPA gives the LDSS is given the responsibility to determine the most appropriate placement for the child based on the treatment recommendations. A Residential Treatment Center or Diagnostic Facility may be the most appropriate placement for a child who has a sole diagnosis of a mental illness. The placement decision should be based on the child’s treatment recommendations, clinical and service needs and whether the recommended services could be provided in the home.

The goal of a VPA is reunification. It is expected that treatment be completed within a six (6) month timeframe.
**Definitions:**

"Parent": means a natural or adoptive parent whose parental rights have not been terminated.

"Legal Guardian": means a person(s) to whom guardianship of a child has been given by order of court, including a court other than the juvenile court.

"Child with Disabilities Voluntary Placement Agreement (VPA)": means an agreement between a local department of social services and the parent or legal guardian of a child who is voluntarily placed in the physical custody of the local department in order to receive treatment for a developmental disability or mental illness that the child is not able to receive in his or her own home.

"Child in Need of Assistance (CINA)": means a child who requires court intervention because (1) the child has been abused, has been neglected, or has a developmental disability, or a mental disorder; and (2) the child's parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child's needs.

"Developmental Disability" (DD): means a severe chronic disability that: (1) is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairment; 2) is manifested before the individual attains the age of 22; (3) is likely to continue indefinitely; 4) results in the inability to live independently without external support or continuing and regular assistance; and 5) reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are planned and coordinated for that individual.

"Mental Illness" (MI): means a behavioral or emotional illness that results from a psychiatric disorder, including a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another. Mental illness does not include an intellectual disability.

"Residential Treatment Center" (RTC): means a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require a self-contained therapeutic, educational and recreational program in a residential setting.

"Local Care Team (LCT)": means a forum for families of children with intensive needs to receive assistance with the identification of individual needs and potential resources to meet those needs. It provides interagency discussion and problem solving for individual, child, family, and systemic needs; and refers children and families to Care Management Entities when appropriate and to local and community resources. The LCTs are intended to support families in accessing services and supports when there is no identified lead agency, or a family does not meet eligibility for a particular service. LCTs include representatives of the local/regional child and family serving agencies, such as the Local Core Service Agency, the local school system, the
Department of Juvenile Services, the local departments of social services, the local
developmental disabilities office, and Addictions Services, as well as youth and family members.
The LCT is required to discuss a request for a VPA.

“Diagnostic Facility”: means a short-term (90-day) residential program with a structured
environment where children under 18 receive therapy, treatment planning, and psychiatric and
psychological services. The facility completes a comprehensive assessment and assists with
identifying the child’s future service needs.

“Developmental Disabilities Administration (DDA) Group Home”: means a residence
owned, leased, or operated by a licensee that (a) provides residential services for individuals
who, because of a developmental disability, require specialized living arrangements; (b) admits
at least four, but not more than eight individuals; and (c) provides 10 or more hours of
supervision per week. COMAR 10.22.01.01B (25)

“Successful Treatment”: means that the child’s treatment goals have been met/achieved during
the VPA and the child is ready for discharge home.

Procedural Guidance:

1. Considerations Prior to Determining the Appropriateness of a VPA:

   - If the child’s placement is based upon a currently documented finding of
     abuse or neglect and the parent’s inability or unwillingness to provide
     proper care and attention, a CINA filing is the appropriate method to
     effectuate the removal. The existence of previous CPS findings has no
     bearing on the LDSS decision about moving forward with a VPA.
     The LDSS must assess whether all community resources have been exhausted
     for the family before considering a VPA.

   - The LDSS shall not initiate the VPA process for a child in need of an RTC if:
     - the child currently receives Medical Assistance (MA) and the local school system has
       approved funding for such a placement;
     - the RTC will send the child to the public school system for the child’s education;
     - Under these scenarios, the Local Core Service Agency is charged with being the lead
       agency for children who are on MA entering a residential treatment center (RTC) and
       who are not in the custody of a State agency. Therefore the LDSS shall refer the
       parent to the Core Service Agency for sending out packets, securing the placement,
       and providing case management services during the placement.

   - A VPA shall only be appropriate when a child is assessed to have a high level of clinical
     needs that require residential interventions that cannot be provided in the home and
     either:
     - The local school system’s Individualized Education Program (IEP) team has not
       agreed to the need for a non-public school placement (NOTE: The LDSS shall assist
       the family in appealing the denial of a non-public school placement through the
       school system); OR
• The local school system’s IEP team will approve the child attending a non-public school, but the child is not currently eligible for MA (NOTE: The LDSS shall apply for MA for the child following placement).

• The most appropriate initial placement is:
  • A residential treatment center or a diagnostic facility for a child with a documented mental illness; or
  • A DDA residential program for a child with a documented developmental disability.

The VPA shall be terminated if these scenarios change. For example, if the IEP team subsequently approves funding for non-public school placement and/or the child qualifies for MA after the placement, then the case shall transfer to the Core Service Agency for ongoing case management and discharge planning.

2. **Who May Request a VPA**

   **Parent or Legal Guardian**
   A parent or legal guardian can request a VPA by contacting their LDSS via telephone or in writing to make a request for a “Child with Disabilities VPA.” The parent or legal guardian shall apply in the county where they reside, even if the child currently resides in a different county or state. The parent is responsible for making a plan for the child while the LDSS conducts the assessment.

   A request may not be initiated by a third party, such as a hospital or treatment provider. For example, if a hospital or other facility contacts the LDSS because the parent(s) or legal guardian(s) refuses to take the child home and the facility staff report that the child is ready for discharge but the parent is stating that they cannot pick up the child because of a reasonable fear for the safety of the child, or other family members, the LDSS shall assess the situation to determine whether the alleged fear is reasonable under the circumstances. If it is determined that the fear is reasonable, the LDSS will conduct a VPA assessment and may not use the circumstances as the basis for an indicated neglect finding. If the LDSS determines that the fear is not reasonable and the parent still refuses to take the child home, the LDSS may use the circumstances as a basis for a CINA petition and a neglect finding.

   **The Court**
   If after conducting a hearing in accordance with the Maryland Code Annotated Courts & Judicial Proceedings §§ 3-815, 3-817 or 3-819, the court makes a finding that the LDSS made reasonable efforts to prevent placement of the child in the LDSS’s custody and determines that the LDSS could have placed the child in accordance with a VPA under Maryland Code Annotated Family Law § 5-525 (b)(1) (iii), the court may hold a hearing to determine whether the child is eligible for placement through a VPA. If the court finds that the child is not in need of assistance and the child is eligible for a VPA placement, the court may order the LDSS to offer to place the child in accordance with a VPA.
3. LDSS Assessment of a VPA Request

- The LDSS shall schedule an assessment meeting to be held within 5 working days of the VPA request. The LDSS will provide to the parent(s) or legal guardian(s) an introduction letter that includes the appointment date and location of the assessment meeting and a checklist of necessary materials the parent(s) or legal guardian(s) must submit for a Child with Disabilities VPA.

- The LDSS shall document reasonable efforts to prevent placement. For example, all DDA In-Home Services should be exhausted for a child with developmental disabilities and all community behavioral health services should be exhausted for a child with behavioral health issues before considering a VPA.

- The LDSS shall engage both parents in the decision to enter into a VPA. If the child is in the physical custody of one parent, the LDSS shall determine the whereabouts and status of the non-custodial parent to meet the child’s needs without a VPA. The LDSS shall include both parents in all planning meetings, unless there is a court order to the contrary. If the identity or current whereabouts of the non-custodial parent is unknown, the LDSS may proceed with planning with the custodial parent, and the LDSS should continue to make reasonable efforts to locate the absent parent and other family members.

- The LDSS shall provide the following information and guidance to parents or legal guardians to prepare them for the assessment process:
  - An explanation of the role of the agency, the requirements of the Child with Disabilities VPA, including a disclosure that entering into a VPA does not transfer legal custody to the LDSS.
  - A description of the placement process and an explanation that decisions will be made by the child placement agency regarding the acceptance or denial of the child and where the child will be placed.
  - An explanation that the goal of the VPA is reunification with the family at the conclusion of treatment. The parent(s) are responsible for engaging in the treatment at the facility in which the child is placed.
  - An explanation that the parent’s obligation to pay monthly child support in accordance with the Maryland Child Support Guidelines pursuant to the Annotated Code of Maryland Family Law §12-201 through §12-204, and that a child support order will be enforced under applicable federal and state laws, and that the failure to pay may result in termination of the VPA. The parents also have the obligation to pay for the child’s clothing and other items needed by the child during the placement. Legal guardians do not have an obligation to pay child support during a VPA.
  - An explanation that any Social Security entitlement benefits or other retirement or disability dependency benefits received by the child must be disclosed to the Child Support Administration (CSA). The parents could request that the entitlement benefits go to the LDSS as part of the child support payments, if that is approved by the CSA. The LDSS must have a discussion with the parent and the CSA before any decision is made regarding application to become the child’s representative payee.
  - An explanation that an adoption subsidy benefit must be disclosed to the CSA because it is considered part of a parents’ income.
An explanation of the purpose of the Local Care Team (LCT). The parent(s) or legal guardian(s) may sign a waiver of their right to 10 days’ notice, to allow for immediate scheduling of the LCT.

An explanation that a VPA does not circumvent the obligation of the LDSS to investigate any allegations of child maltreatment and to act upon the results of the investigation, as prescribed by statute;

An explanation that the LDSS assumes financial responsibility for the placement after the VPA is signed and the child is placed; and

An explanation of the appeal process for a denial of a VPA (outlined in section 4 below).

The LDSS shall complete a SAFE-C and Maryland Family Risk Assessment of the child’s home as part of the determination of the appropriateness of a VPA. The LDSS shall also seek the family’s participation in the assessment of both strengths and needs, and complete initial service agreement.

During the assessment meeting, or Family Involvement Meeting (FIM), the LDSS shall obtain the following information from the parent(s) or legal guardian:

A signed release of information form.

The reason for the VPA request, child’s placement history, family’s strengths and limitations, and services the child has previously received to prevent placement.

A letter from a provider (medical doctor, psychologist or psychiatrist) documenting that the child has a developmental disability or mental illness that requires a placement because of the child’s treatment needs that the parent is unable to provide in the home.

Relevant medical information, court orders pertaining to custody, the child’s birth certificate, social security card, and disclosure of educational history and status, including any 504 or IEP plans.

The LDSS shall complete and submit the referral packet to the LCT and ensure that the case is placed on the schedule for the next LCT meeting. If the next scheduled meeting is more than 7 days after the request, an emergency LCT meeting shall be convened. LCT approval is not needed to enter into a VPA.

The LDSS shall ensure that an assessment meeting and LCT review have taken place prior to signing a VPA agreement. A Family Involvement (FIM) is mandatory only when a request is made to modify the terms of the VPA, placements are changed, or prior to a VPA court review hearing. In addition, the LDSS is required to conduct a FIM if the court orders a VPA.

4. VPA Decision

The LDSS shall render a written decision regarding eligibility within 5 working days of the LCT meeting and send this decision to the parent(s) or legal guardian(s).

The LDSS shall send the VPA checklist (Attachment A) to the DHS/SSA Permanency and Placement Unit for review and approval. The checklist shall be signed by SSA, indicating approval or disapproval of the VPA. SSA shall fax the signed checklist back to the LDSS within 2 business days.
Accepted:
- The VPA (Attachment B) cannot be signed until the child has been accepted and is ready to be placed in an appropriate placement.
- When a child entering into a VPA is attending a special education nonpublic school program, the LDSS shall notify the local school system non-public office to assure that the transition does not result in an interruption of services.

Denied: Within 5 calendar days of the denial, the LDSS shall send the Family Services Intended Action Letter DHS/SSA 1068 (Attachment C) to the parent(s) or legal guardian(s) including the reason(s) why the request was denied and offer any additional services the LDSS can provide to assist the family.

Appeal Process: To appeal a denial, the parent(s) or legal guardian(s) shall first request a supervisor conference in writing. The request shall be made within 10 days of receiving the Family Services Intended Action Letter.
- The conference shall be held within 10 days of the request, and the purpose is to disclose the reason for the decision and provide the parent/guardian with an opportunity to ask questions relating to the decision.
- If the parent(s) or legal guardian(s) disagrees with the conference outcome, the LDSS shall provide necessary forms and assist the parent with formally appealing the decision to the Office of Administrative Hearings (OAH). The parent(s) or legal guardian(s) has 90 days from the decision notification date to file DHS/FIA 334 - A Request for an Administrative Hearing with the Office of Administrative Hearings (Attachment D).

5. Rights and Responsibilities under a VPA Agreement

- Parent or Legal Guardian and LDSS Responsibilities are listed in VPA Agreement (Attachment B).
- Child Support Responsibilities:
  - Each LDSS shall establish procedures to ensure prompt handling of VPA referrals by the local child support office and the exchange of information between child welfare staff and child support staff throughout the VPA process. This includes making sure that CSA has a copy of the most recent VPA agreement and policy.
  - The child welfare staff at the LDSS shall notify the CSA 2 weeks prior to the placement date by using Change Notice–Child Support Enforcement Notice DHS/SSA 957 FC (Attachment E). The top of the child support application shall indicate “VOLUNTARY PLACEMENT”.
  - $15.00 application fee shall be waived.
  - If child support payments are being made by a non-custodial parent, the custodial parent shall assign to the State all rights to receive said payments while the child is under a VPA.
0 Legal guardians are not required to contribute child support. If the guardian is receiving child support, those payments shall be assigned to the State as long as the child is in a placement.

0 The child welfare staff at the LDSS can sign the VPA with the parent under the following conditions:

- If the parent(s) cooperate with CSA and agree to pay the child support payments determined by the CSA guidelines, a proposed consent order shall be signed requiring the parent to pay child support beginning at the date of the child’s placement;
  - If the parents request a hearing, the CSA shall file a complaint for support with the Clerk of the Court and request a court hearing on the next available court date. Once a court determines the amount that the parent(s) is required to pay, the parent(s) will be responsible for the child support payments effective from the date established in the court order.

0 The CSA will let the child welfare staff know whether the parent(s) signed a proposed consent order or whether a complaint for support will be prepared.

6. Continuation of VPA

- In order to continue the VPA beyond the first 180 days or extend the VPA beyond the child’s 18th birthday (whichever occurs first), the LDSS shall file a petition to request a Voluntary Placement Hearing in order to obtain a judicial determination that the child’s disability continues to necessitate care or treatment in an out-of-home placement and continuation of the VPA is in the best interest of the child. The petition shall be filed timely to ensure that the court hearing occurs prior to the 180th day the child is in a placement or prior to the child’s 18th birthday, whichever occurs first.
  0 The petition shall be filed in the county where the parent(s) or legal guardian(s) resides.
  0 The court shall hold review hearings for a VPA every six months until the child is no longer under a VPA.
  0 The VPA may be extended up to the youth’s 21st birthday, but the VPA shall end on the day of the youth’s 21st birthday.
  0 The packet for submission to the court shall include: The VPA petition; a copy of the VPA; the child’s case plan; written documentation from a treatment provider that treatment and care continues to be needed due to the child’s developmental disability or mental illness; a request to appoint counsel for the child; and a proposed order.

- The court shall make one of the following findings pursuant to Md. Code Ann., Courts & Judicial Proceedings §3-819.1(b):
  0 That the voluntary placement is in the best interest of the child and the voluntary placement continues according to the agreement;
  0 That the voluntary placement is in the best interest of the child and the voluntary placement is continued with the agreement amended;
  0 That the LDSS file a CINA petition to ensure the care, protection, safety, and mental and physical development of the child; or
That the voluntary placement is terminated and the child will return home with or without supportive services.

7. Services under a VPA Agreement
   - Educational Services
     - All school aged children placed under a VPA are required to have their Individualized Education Program (IEP) implemented. If a change in school placement is required as a result of the VPA, the appropriate IEP team procedures shall be followed to assure that there is no interruption in the child’s IEP and related services.
     - A child under a VPA may be eligible for the Tuition Waiver under the following conditions:
       1. The child was under a VPA on his/her 18th birthday;
       2. The child was under a VPA in the State for at least 1 year on or after his/her 13th birthday and returned to live with his/her parents after the VPA ended.
   - Developmental Disability Services
     - If the child has a developmental disability and is not known to DDA, the parent(s) or legal guardian(s) shall immediately file an application to DDA.
   - Medicaid Waiver Program Services
     - For children with autism, developmental disabilities, or medically fragile conditions, the LDSS shall determine if the child is currently enrolled in a Medicaid Waiver program including the Autism Waiver, a Developmental Disabilities (DD) waiver (Community Pathways, Community Supports, or Family Supports) or the Model Waiver.

8. Terminating a VPA
   - After a VPA has been signed and prior to a voluntary placement hearing the VPA will be terminated under the following conditions:
     - When the parent(s) or legal guardian(s) provides the LDSS with a written revocation of the agreement, the child will be returned to the parent(s) or legal guardian(s) within 15 calendar days of the revocation notice. If the LDSS does not agree that return home is in the child’s best interest because the child’s safety will be compromised, a CINA petition shall be filed;
     - The child has completed needed treatment and is ready for discharge from an out-of-home placement with a recommendation to return home (if the parent refuses to take the child home, the LDSS must evaluate the need for a CINA petition);
     - The child has completed needed treatment and the clinical recommendation is something other than to return home (the LDSS must ensure that all recommended services that could be offered in the home have been exhausted and must evaluate the appropriateness of continued out-of-home care. If appropriate, the LDSS must determine the level of care, utilizing the procedural guidance in SSA/CW #10-11(Policy Regarding Placement of Children);
     - The parent(s) or legal guardian(s) who signed the agreement moves out-of-state;
     - The parent(s) or legal guardian(s) who signed the agreement fails to fulfill the terms of the agreement including the parent failing or refusing to pay child support in accordance with a child support order, and the LDSS provides to the parent(s) or legal guardian(s) 15 calendar days written notice which includes details of the reason for
rescission and an explanation of appeal rights and the LDSS has discussed available placement plans and options with the parent(s) or legal guardian(s);
  - Medical Assistance has been activated for a child placed under a VPA in a RTC and education funding is approved by the local school system. The VPA shall be terminated and case management responsibility transferred to the Core Service Agency. A LCT meeting will be held to effectuate transfer of case management responsibility prior to ending the VPA; or
  - Custody is transferred from the parent(s) or legal guardian(s) to another individual or child placement agency.

- If the family relocates to another jurisdiction in Maryland after the VPA has been signed, the LDSS shall determine, in consultation with the family and the jurisdiction where the family relocated, whether the child’s interests are best met by continuing the VPA with the initial jurisdiction or if the VPA should be transferred to the jurisdiction where the family resides.

- **Terminating the VPA after a VPA hearing has been held**
  Once the VPA hearing has been held, the agreement may not be rescinded without court approval. The LDSS will request that the court close the VPA and will provide notice to the parent(s) and all counsel simultaneously to the court filing.
  - The LDSS shall request that the court terminate jurisdiction and close the VPA if:
    - The child has completed treatment and is ready for discharge from out of home placement;
    - The parent(s) or legal guardian(s) fails to fulfill the terms of the agreement, including a parent’s failure or refusal to pay child support in accordance with a child support order, or moves out-of-state;
    - Custody is transferred from the parent(s) or legal guardian(s) to another individual or child placement agency.
  - The parent(s) or legal guardian(s) requests revocation of the VPA in writing.

- **Closing Procedures**
  - Prior to terminating a VPA, the LDSS shall assess the need for ongoing services and make appropriate referrals to support the child and family in the community.
  - The case will be closed on the date the child leaves the placement unless after-care services to the family are provided for support in the transition and connection to needed community services.
  - The LDSS shall initiate a redetermination of the child’s eligibility for medical assistance. If the child is not eligible, the Medical Assistance case will be closed.

9. **Administrative Issues**
- Each LDSS shall designate (from existing staff) a person to administer/track requests for VPAs for children with developmental disabilities or mental illness.
- DHS shall offer 3 hours of training each year for LDSS staff who are responsible for completing assessments. The training will cover current policies and practices and updates to ensure consistency across jurisdictions.
• Each LDSS shall continue to maintain and report information on a quarterly basis to SSA regarding VPA requests, including any VPA denials at the LDSS level and the reason for the denials. This information shall be entered on a spreadsheet located on the Google Drive.

MD CHESSIE:
  o All requests for voluntary placement shall be entered into CHESSIE/CJAMS as Non-CPS requests for service “Voluntary Placement Request”.
  o A service case shall be opened with a program assignment of “Auxiliary Services – VP (Request) Services” for all clients.
  o When the VPA is signed and placement is made, the worker shall update MD CHESSIE/CJAMS to indicate VPA placement. Removal type is “child with disabilities voluntary placement” and legal custody is “VPA agreement to DSS.” MD CHESSIE/CJAMS will automatically create program assignment “Out-of-Home Placement” for the child. The parent(s) or legal guardian(s) shall be opened in the program assignment “Auxiliary – Parent(s) or legal guardian(s) of a child in out of home”. If there are any children remaining in the home, they get a program assignment only if the LDSS is providing services to the family on behalf of that child.

• Forms:
  Attachment A – VPA checklist
  Attachment B – Voluntary Placement Agreement
  Attachment C – Family Services Intended Action Letter (1068)
  Attachment D – VPA DHS/FIA Form 334 – Request for an Administrative Hearing
  Attachment E – Change Notice – Child Support Enforcement Notice DHS/SSA 957

• Related Information:
  See SSA/CW #10-11 (being replaced with 19 Referrals for Placement Services)
State of Maryland  
Department of Human Services  
Children with Disabilities Voluntary Placement Checklist/Approval

NAME OF CASEHEAD/FAMILY:  
CASEHEAD/FAMILY ID#:  
DATE OF REQUEST TO SSA:

LOCAL DEPARTMENT AND FAX NUMBER:

GUARDIAN/CUSTODIAN

Guardian/Custodian Names  
Date Of Birth- Age  
Current Address

Child’s Name  
Date Of Birth- Age  
Current Address

CHECKLIST

<table>
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| 1.  |   | Assessment of family’s needs completed.
| 2.  |   | LDSS demonstrated reasonable efforts were made to prevent placement.
| 3.  |   | Interagency team provided decision about resources decision in writing. **DATE OF MEETING:**
| 5.  |   | Documented child met voluntary placement criteria for Developmental Disabilities and/or Mental Illness.
| 6.  |   | LDSS determined reason for placement was appropriate.
| 7.  |   | Child Support Requirement (Respond to only 7A or 7B).  
| A.  |   | Date that the Binding Agreement was signed by parent: OR
| B.  |   | Child welfare staff was notified by CSEA that parents request a court hearing ___ (just check if applicable).
| 8.  |   | Please identify the placement __________________________ (A placement needs to be identified prior to SSA approving the VPA).

☐ EXCEPTION: This request is for SSA to authorize the local department of social services to sign a VPA prior to obtaining the placement because Medical Assistance is needed to secure the placement and the above criteria has been met. Initial Request:
The local department must explain the following in the space below: (1) If the child is currently in a psychiatric facility or in another placement, have the parent(s) been involved in visiting the child and involved in the treatment? Please explain. (2) What reasonable efforts were made to prevent placement; and (3) Why treatment in an out-of-home placement for this child is necessary. A response that solely depends on the treatment provider’s recommendation will not be accepted.

SUBMISSION OF THIS SIGNED DOCUMENT TO THE SOCIAL SERVICES ADMINISTRATION (SSA) INDICATES THAT ALL OF THE ABOVE REQUIRED ITEMS FOR VOLUNTARY PLACEMENT ARE COMPLETED

<table>
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<th>AUTHORIZATION</th>
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<tr>
<td>WORKER Printed Name &amp; Telephone Number:</td>
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<td>Signature:</td>
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Fax (410) 333-6556 Completed Form to Helene Hornum, SSA for Approval

SSA Designee Printed Name:

SSA Approval Signature: Date:
THE STATE OF MARYLAND
DEPARTMENT OF HUMAN SERVICES
CHILDREN WITH DISABILITIES
VOLUNTARY PLACEMENT AGREEMENT

Case Number

I (We) ___________________________, residing at ____________________________

Parent(s) or Legal Guardian of ____________________________

born on ____________________________, request the ____________________________

Department of Social Services to accept for out-of-home placement services ____________________________,

hereinafter referred to as my (our) child.

I (We) affirm that my (our) child has a diagnosed developmental disability of ____________________________,

and/or mental illness of ____________________________ as defined by the Children with Disabilities – Voluntary Placement Agreements Act of 2007, as amended. This voluntary placement agreement seeks to obtain treatment and/or care related to my (our) child’s disability/mental illness that I (we) am (are) unable to provide.

I (We) understand that the local department will not seek custody or guardianship of my (our) child solely because I (we) am (are) financially unable to provide treatment or care for my (our) child who has a developmental disability or mental illness.

I (We) accept that the execution of this agreement shall not abrogate my (our) rights to legal custody of my (our) child.

I (We) am accepting that I (we) am (are) giving the local department responsibility for the placement and care of my (our) child during the duration of this voluntary placement agreement.

I (We) agree to work cooperatively with the local department in the selection of an out-of-home placement for my (our) child.

I (We) grant permission to the local department to identify a placement resource for my (our) child that the local department determines to be suitable. Further, I (We) understand that if no mutually acceptable placement is identified, the local department will have the right to select an out-of-home placement for my (our) child.

I (We) accept that by signing this agreement I (we) am (are) delegating certain rights and responsibilities necessary to continue to provide out-of-home placement for my (our) child under conditions agreed upon by all parties to this agreement.

I (We) understand that it is my (our) right and responsibility to plan with the Department towards my (our) child’s return home or to participate actively in making the least restrictive alternate plans.

I (We) acknowledge that my (our) child may only remain in an out-of-home placement under this voluntary placement agreement for more than 180-days if my (our) child’s disability necessitates care or treatment in the out-

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Initial(s) of Parent(s)/Legal Guardians
of-home placement and a juvenile court makes a finding that continuation of the voluntary placement is in the best interests of my (our) child.

I (We) understand that I (we) will have to contribute to the cost of services provided to my (our) child by paying child support, the amount to be determined by the Child Support Enforcement Administration ("CSEA") in accordance with Annotated Code of Maryland Family Law Article §12-201 – §12-204, or, in the event that I (We) do not agree with the amount determined by CSEA to be proper under the statutory Guidelines, CSEA shall file a child support complaint in the circuit court to determine the proper amount after a hearing.

I (We) understand that I (we) must cooperate with the CSEA by providing financial and other information necessary to establish an order for child support that will be enforced through applicable State and federal law.

I (We) understand that I (we) must cooperate with CSEA in efforts to establish paternity and obtain support from a non-custodial parent.

I (We) understand that I (we) have to apply for entitlement benefit(s) such as Supplemental Security Income (SSI) or Social Security Assistance (SSA) benefits for an eligible Child.

I (We) agree to assign any entitlement benefits or child support payments received for this child to the State for services provided to my (our) child.

I (We) understand that I (we) will continue to maintain and be responsible for any medical co-payments already required by my (our) medical coverage.

I (We) understand that the child is entitled to legal representation and that the court will hold either me (us) or the Department financially responsible for payment of services rendered by the child’s attorney.

I (We) understand that at this voluntary placement hearing, the court will make the final decision regarding the continuation of the voluntary placement of my (our) child beyond 180 days. Further, I (we) understand that the juvenile court may direct the local department to file a petition that alleges CINA (Child in Need of Assistance), which potentially could lead to an involuntary out-of-home placement.

I (We) understand that when I (we) want my (our) child discharged from an out-of-home placement, I (we) will request that my (our) child be returned by giving written notice to the Department fifteen (15) working days in advance of the desired date of return.

I (We) understand that once a voluntary placement hearing has been held, the local department must request an administrative closing of the case by notifying the court and all counsel. If there are no objections from the court the local department will promptly return my (our) child to my (our) care.

I (We) understand that if the local department opposes a request for return of my child a judicial determination must be sought in order for my child to remain in an out-of-home placement without my consent.

I (We) understand that this voluntary placement agreement does not circumvent the obligation of the local department to investigate and act upon allegations of child maltreatment as prescribed by statute.

I (We) understand that failure to meet my (our) obligations, as the parent/legal guardian, will lead to the termination of this voluntary placement agreement.
I (We) understand that the local department may terminate this agreement by giving written notice 15 working days in advance of the desired date of return, if a voluntary placement hearing has been held the local department will request that the court close the case administratively.

THE PARENT/LEGAL GUARDIAN HAS THE RIGHT:

- To ask the local department in seeking a placement to take into consideration the child’s religious affiliation, with the understanding that there are no guarantees;
- To participate in the selection of an out-of-home placement and to make decisions about major changes in the child’s life, unless those changes concern matters protected by the child’s privacy rights;
- To receive available assistance from the local department to enable the child to return home;
- To be notified of, and to attend, any judicial, administrative, or citizen reviews of the child’s voluntary placement;
- To appeal, pursuant to the fair hearing procedure in COMAR 07.02.11.33, if dissatisfied with the services or decisions reached by the local department;
- To have legal counsel, if the need should arise, at own expense;
- To participate in planned therapeutic services and visit or otherwise contact the child as planned for in the treatment plan.

OBLIGATIONS OF THE PARENT/LEGAL GUARDIAN:

1. To participate in the placement process by taking the child and going to preplacement interviews whenever possible, and by providing whatever information is necessary to facilitate the placement.
2. To participate in the development of a concurrent (dual) permanency plan;
3. To participate in the preparation of a service agreement concerning the child’s placement and permanency plans that will be reviewed with the caseworker every six (6) months;
4. To maintain contact with the caseworker, including keeping scheduled meetings in order to discuss the child’s treatment progress;
5. To develop (in conjunction with the local department and placement provider) and maintain a schedule for visitation that will be part of the service agreement. If visits are canceled, the local department will be given at least twenty-four (24) hours advanced notice.
6. To contact the local department to make arrangements for sibling visits, if appropriate;
7. To provide the local department with the following documents:
   a. Copies of medical and/or mental health records;
   b. Signed releases for medical and mental health information;
   c. Health insurance information, that includes:
      i. Name of policy holder;
      ii. Relationship to child;
      iii. Policy and Group Numbers;
      iv. Effective date and the insurance card; and
   d. Signed releases for educational information for the child;
   e. Parental income information, that includes:
      i. Name, address and telephone number of employer(s)
      ii. Income/benefits (pay stubs, workman’s compensation, social security, SSI, pension/retirement; union benefits; veteran’s pension, unemployment, trust funds, and other assets)
   f. Child’s income information, that includes:
      i. Pay stubs and/or child support payments;
      ii. SSI, social security benefits, trust accounts, and other non-earned income.
      iii. All other assets

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Initial(s) of Parent(s)/Legal Guardians
g. Legal (divorce decrees/custody orders, child support orders, etc.) documents

h. Child’s birth certificate

i. Child’s social security card

8. To maintain the child’s health care coverage or to enroll the child in a health care plan offered by the employer and provide the local department with the insurance card. Payment of co-pays will be the responsibility of the parent(s)/legal guardian.

9. To be present for scheduled medical appointments that include the administration of certain immunizations, medical tests and treatments, including dental procedures;

10. To provide a telephone number that will provide the local department emergency contact (24 hours) for cases of medical, mental health and placement emergencies;

11. To inform the local department in writing within 48 hours of any change of address and telephone number;

12. To given the local department limited medical/mental health guardianship for use only in instances of emergency situations;

13. To notify the local department and, where applicable, the court of any changes in address, employment, living arrangements, or other matters that would affect the treatment for the child;

14. To provide the local department with information on the names, addresses, and phone numbers of the child’s maternal and paternal relatives and, if applicable, absent parent information;

15. To abide by the rules and regulations of the out-of-home placement services;

16. To complete and sign the child support application before the date of placement and the execution of the placement agreement. In the event that the parent(s)/legal guardian refuses to pay any child support, the local department cannot enter into a voluntary placement agreement. If the parent(s)/legal guardian does not agree with the amount of child support that was determined to be proper by CSEA, the local department may nevertheless exercise its discretion to enter into a voluntary placement agreement, provided that the local department has referred the case to CSEA for the filing of a child support complaint in the circuit court. Once the court has determined the amount that the parent(s)/legal guardian is required to pay, the requirement to pay child support payments shall be effective from the date of placement. If the parent(s)/legal guardian fails at any time to pay the full amount of child support that has been agreed upon or determined to be proper by the circuit court, the voluntary placement agreement may be rescinded and CSEA may pursue all remedies for payment as authorized by Maryland law.

17. To obtain entitlement benefit(s) such as Supplemental Security Income (SSI) or Social Security Assistance (SSA) for an eligible child. If the parent or legal guardian is the representative payee, the parent(s) or legal guardian agrees to assign benefits or child support payments to the State.

18. To abide by the determination of the court regarding the child’s treatment, placement, and support.

Specific Parent/Legal Guardian Obligations:
THE CHILD HAS THE RIGHT TO:

- Be told why he or she is being placed;
- Be told when he or she will be placed (if appropriate);
- Be placed in the least restrictive environment that meets his/her treatment needs;
- Be offered services, including therapeutic support, that will assist the child in making an adjustment to the out-of-home placement;
- Be given the opportunity to bring photographs, special blankets, or comfort toys to the out-of-home placement, as long as the placement provider agrees that the items can be kept on its premises;
- Be given the opportunity to bring his or her own clothes, shoes, personal items, and hygiene items to the out-of-home placement, as long as the placement provider agrees that the items can be kept on its premises;
- A signed service plan which clearly sets forth the goals, objectives, and time frames by which each service shall be completed;
- Mental health treatment;
- An appropriate, individualized education plan;
- Medical and dental assessments and treatment;
- Maintenance of all family relationships (if appropriate);
- Maintenance of all collateral relationships, including relationships with friends, teachers, clergy, or others (if appropriate);
- Representation by an attorney, if the placement continues after the filing of a voluntary placement petition.

OBLIGATIONS OF THE CHILD:

List obligations for the child only if he or she participates in the development of the voluntary placement agreement and acknowledges these obligations by signature, if possible.

Child participated [ ] Child did not participate [ ]

1. ____________________________________________

2. ____________________________________________

THE DEPARTMENT HAS THE RIGHT TO:

- Execute a voluntary placement agreement when an out-of-home placement is identified and available for the placement of the child and the parent/legal guardian has verification that the child support application has been completed;
- Determine the most appropriate out-of-home placement for the child based on the treatment recommendations;
- Authorize payments to the out-of-home care provider in accordance with the approved and established rates and in accordance with the provisions with local schools and/or other State agencies;
- Release information about the child and/or other family members as may be reasonably necessary in order to ensure that the child is being provided with appropriate services;
- Terminate the agreement, if the parent/legal guardian fails to abide by the terms of this agreement or the out-of-home placement providers are unable to meet the needs of the child.

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Initials of Parent(s)/Legal Guardians
OBLIGATIONS OF THE DEPARTMENT:

1. To provide care, supervision, room, board and clothing based on State standard rates;
2. To arrange for the provision of timely medical care, mental health, dental care and education, when appropriate; and, to the extent that these services are available from other agencies, notwithstanding what private health insurance covers;
3. To provide the name, address and telephone number of the placement provider to the parent/legal guardian; unless this presents a danger to the child, parent/legal guardian or provider;
4. To work with the parent/legal guardian in the development of a primary and secondary permanency plan and service agreement;
5. To help the parent/legal guardian establish an appropriate visitation schedule;
6. To keep the parent/legal guardian informed, through the placement provider, about the child’s treatment progress, development and health (other than routine health care);
7. To respond to any concerns the parent/legal guardian has about the care and services provided the child; and
8. To prepare the petition for a voluntary placement hearing when it appears the child will require out-of-home placement beyond 180 days or prepare a CINA petition, if necessary.

I (We) understand that the agreement may only be changed in writing and must be signed by all of the parties who signed the initial agreement.

I (We) understand that this agreement will continue until ___/___/___, which is six (6) months from the date noted above, unless (1) it is extended in writing by the parties, or (2) it is terminated sooner by either party giving the other party a written notice of termination.

I (We) have read, or had read to me, initialed each page of the agreement, and understand this voluntary placement agreement, which shall remain in effect during the time my (our) child requires an out-of-home placement.

Dated this ______________________ day of ______________________ 20___

Name and Signature of Parent or Legal Guardian

Name and Signature of Parent or Legal Guardian

Name and Signature of Parent or Legal Guardian’s witness

Name and Signature of Local Department Representative

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Revised 5/28/94

Initial(s) of Parent(s)/Legal Guardians
This agreement will be extended for the following reasons.

1. 

2. 

Specific Changes to the Parent/Legal Guardian Obligations:

1. 

2. 

Extensions: The agreement will be extended until / / , which is not more than 12 months from the date the initial agreement began, which was / / .

Name and Signature of Parent or Legal Guardian

Name and Signature of Parent or Legal Guardian

Name and Signature of Parent or Local Department Representative

The agreement will be extended until / / , which is not more than 18 months from the date the initial agreement began, which was / / .

Name and Signature of Parent or Legal Guardian

Name and Signature of Parent or Local Department Representative
Date

From:

Re: ___________________________ (Name)

To: ___________________________ (Case number)

(Specific Regulation Supporting Decision)

REASONS FOR INTENDED ACTION (Indicate as Appropriate)

☒ Service Being Effected
☐ Completion of Child Protective Services Investigation (CPS)
☐ Services to Families with Children-Central Intake (SFC-I) or Family Support Services (FSS)
☐ Services to Families-Continuing (SF-C)
☐ Intensive Family Services (IFS)
☐ Families Now
☐ Continuing Protective Services
☐ Consolidated Family Services
☒ Voluntary Placement Intake

☒ Reason for the Action
☐ Safety of the children is assured
☐ Service objectives have been achieved
☐ The family no longer wants service
☐ Family is not actively progressing toward meeting the objectives of the service agreement
☐ Agency related court involvement has been terminated
☐ Family cannot be located
☐ Family has moved to another jurisdiction
☐ Family referred to another service program
☐ Referral to another service program
☐ Other (specify) _________

Action to be Taken
☐ Close case
☐ Transfer case, (specify) _________

(Summarize how problems, if applicable were solved and specify follow-up services needed and recommendations.)

If additional services are needed in the future contact the local department of social services in the area where you reside or call toll free 1-800-332-6347 • TTY 800-925-4434 • www.dhr.state.md.us for assistance.

If you do not agree with this action or decision, please call the agency representative whose name is below. He or she can explain the basis for the action or decisions above and your right to appeal. Appeal procedures are on the back of this letter.

Sincerely,

______________________________

INSTRUCTIONS FOR THE FAMILY
WHAT TO DO IF YOU DON'T AGREE WITH THIS DECISION

If you disagree with the agency action or decision, you can call the telephone number on the other side of this letter and ask for a conference. An agency representative will be able to answer any questions you may have.

You can also file an appeal. Your local department has the necessary form and will assist you. The form you need for an appeal is the Request for Hearing form (DHR/FIA 334 - Request for Hearing form). Call the telephone number on the other side of this letter to obtain an appeal form and more information about how to file.
NOTE: THIS IS NOT THE APPEAL PROCESS IF YOU DISAGREE WITH A COURT DECISION.

WHAT HAPPENS WHEN YOU APPEAL

You must file your appeal within 90 days of the date of this letter. If the Department intends to reduce or terminate services, or has done so, and you file an appeal within 10 days of the date of this letter, services will be continued or reinstated until a decision is reached on your letter, unless continuing service would threaten the health or safety of any other persons.

The Office of Administrative Hearings conducts appeal hearings. Appeal hearings will be scheduled at a time and place convenient for you and the administrative law judge who will hear your case. You should come to this hearing. If you wish, a lawyer, or a friend or relative, can represent you.

At least six days before the hearing, the local department will send you a summary of the information used to reach its decision and copies of all documents it will present at the hearing. If you want any employees of the local department to be present at your hearing, you may notify the Office of Administrative Hearing and state why you want these employees to be present. You or your representative can look at your case record to help you prepare for the hearing, with the exception of information that the department must keep confidential.

At a hearing, you will have the right to present witnesses and documents to support your case. You will also be able to question witnesses presented by the local department.

An administrative law judge will send you a written decision, which will say whether the local department’s decision was correct within 90 days after receiving your appeal request.

If you have any questions about your right to appeal, please call your local department at the telephone number listed on the other side of this letter.

INSTRUCTIONS FOR THE AGENCY

This form shall be used for notifications of intended action or decision of the local department of social services. Identify the services and explain in appropriate language exactly what action is being taken, the service progress, and the need for other services or referrals for the family.

The Family Service Intended Action Letter should be mailed 10 days before the intended action or decision.

The family should not be notified of a referral to another service/jurisdiction without the prior written approval from that service/jurisdiction.

The Family Service Intended Action Letter should briefly describe your reasons for the intended action. State Administrative Hearing regulations require that notifications include: the decision, the basis for the decision, and the specific regulation supporting the decision. See the COMAR list (DHR/SSA Pub 1068) pertaining to closing services to assist you in identifying the specific COMAR provision forming the basis for the intended action or decision. An updated version of COMAR may also be accessed online at www.dsd.state.md.us, and select Division of State documents page.

If the client requests an appeal after reviewing this letter, mail them the DHR/FIA 334 - Request for Hearing form.
REQUEST FOR HEARING

Fill out this form ONLY if you disagree with a decision concerning your benefits. If you disagree with the action of the local department, you are entitled to discuss it with a supervisor. We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.

1. **Tell us who you are.** Fill in the blanks in this box and complete boxes 2-4. Please print clearly.
   - Name: ____________________________ Date of Birth: ____________________________
   - Address: _________________________________________________________________
   - City: __________________ State: ______ Zip Code: ______ Phone Number ( ) ____________________________
   - Your local office name: ____________________________________________ Your Social Security Number: ____________________________

2. **Which programs do you want to appeal?** (Check all that apply)
   - **Medical Assistance (MA)**
     - Community MA
     - Long Term Care MA
     - Your Representative’s Name: ____________________________
   - **Maryland Children’s Health Program (MCHIP)**
     - Parent or Guardian’s Name: ____________________________
     - I receive other benefits
     - I do not receive any other benefits
     - Qualified Medical Beneficiary (QMB/SLMB)
     - Other ____________________________
   - **Family Investment/Social Services Programs**
     - Temporary Cash Assistance (TCA)
     - Food Stamps (FS)
     - Purchase of Care (POC – Child Care)
     - Transitional Emergency Medical
     - and Housing Assistance (TEMHIA)
     - Foster Care (FC) and/or Adoptions
     - Emergency Assistance (EA)
     - Public Assistance to Adults (PAA)
     - Overpayment of TCA
     - Overissuance of Food Stamps
     - In-Home Services
     - Other ____________________________

3. **What are the reasons you want a hearing?**
   - I was not allowed to apply.
   - My application was turned down.
   - My application was not handled properly.
   - I am not receiving the services that I need.
   - The amount of assistance I receive is wrong.
   - My assistance has been incorrectly suspended, reduced, or terminated.
   - I do not agree that I should pay back assistance I received.

   If you received a notice about this, what is the date on the notice? ____________________________
   Why do you want a hearing? Please tell us what happened. ______________________________________

4. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefits period ends. I may have to pay back the benefits if I lose my appeal.

   [ ] Check here if you do not want benefits while you wait for your hearing.

   ____________________________ ____________________________
   Signature Date

FOR AGENCY USE ONLY

| Department: ____________________________ | Local Office: ____________________________ | Date Appeal Received: ____________________________ |
| Case Name: ____________________________ | Case Number: ____________________________ |
| Appeal based on notice sent: Effective: Conference held? Y N |
| Benefits pending? Y N Reason: ____________________________ |
| Case record attached? Y N Reason: ____________________________ |
| Worker: ____________________________ Supervisor’s Approval: ____________________________ Date: ____________________________ |

FOR APPEAL UNIT USE ONLY

| Appeal Rep: ____________________________ | Transmitted by: ____________________________ | Date: ____________________________ |
HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

➤ How do I request a hearing?
Use the form on the back of this page.
Bring the form to your local office
   The name of your local office is in the upper right corner of the notice.
OR, mail the form to the Office of Administrative Hearings.
   Use the enclosed envelope.
   Make sure the address at the top of this page shows through the envelope window.

   If you don’t want to fill out the form
   Come to your local office. We will help you.
   Call your case manager or call 1-800-332-6347.

➤ How long do I have to request a hearing?
   You must ask for a hearing no later than 90 days after the date of the notice.

➤ How can I still get my benefits while I wait for my hearing?
   If you ask for a hearing no later than 10 days after the date of the notice and you were getting benefits, you can get your benefits while you wait, unless your benefit period ends.

➤ Will I owe any money if I get my benefits while I wait?
   Yes, if the judge agrees with us and you lose your appeal, you may have to pay back benefits.

➤ When and where will the hearing be?
   The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

➤ Do I have to come to the hearing?
   Yes, you will lose if you do not come. If you can’t come, call the Office of Administrative Hearings and they will let you know how to reschedule your hearing.

➤ Can I bring someone to help me or speak for me?
   You can bring a lawyer, friend or relative. If you want free legal help, call your local office or call Legal Aid at 1-800-999-8904.

➤ How can I prepare for the hearing?
   You can see your file, including your computer file, at your local office and talk with us about this decision. Please call to make an appointment. We will send you our reasons for the decision you are appealing at least 6 days before the hearing.

Si necesita ayuda para llenar el formulario favor de llamar al 1-800-332-6347.
### Foster Care - Child Support Enforcement

**STATUS CHANGE NOTICE**

**A. PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>FATHER'S NAME</th>
<th>MOTHER'S NAME</th>
<th>CHILD'S NAME</th>
<th>DATE OF BIRTH</th>
<th>CASE #</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
</table>

**B. CHANGE IN FUNDING SOURCE**

- [ ] FROM STATE TO FEDERAL (IV-E)
- [ ] FROM FEDERAL (IV-E) TO STATE

**EFFECTIVE DATE:**

**B2. PAYMENT CHANGES**

- [ ] CANCELLED
- [ ] RESUMED (IV-E)
- [ ] RESUMED (NON-IV-E)

**EFFECTIVE DATE:**

**C. ABSENT FATHER**

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE</td>
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<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
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</thead>
<tbody>
<tr>
<td>1. TELEPHONE</td>
</tr>
<tr>
<td>2. TELEPHONE</td>
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<table>
<thead>
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<th>EMPLOYER NAME AND ADDRESS</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
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**E. INSURANCE**

<table>
<thead>
<tr>
<th>INSURANCE (Insurer &amp; policy number)</th>
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</table>

**F. RENTAL**

- [ ] YES
- [ ] NO

**G. ERNITY/MATERNITY INFORMATION**

<table>
<thead>
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<th>UN</th>
<th>MD</th>
<th>CE</th>
<th>MC</th>
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</thead>
<tbody>
<tr>
<td>UNKNOWN</td>
<td>PARENTS MARRIED AT TIME OF BIRTH, NOW DIVORCED</td>
<td>ESTABLISHED THROUGH COURT ORDER</td>
<td>ABSENT PARENT</td>
</tr>
<tr>
<td>REQUIRE ESTABLISHMENT</td>
<td>PARENTS MARRIED AT TIME OF BIRTH, NOW SEPARATED</td>
<td>NATURAL MOTHER OF CHILD</td>
<td></td>
</tr>
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</table>

**H. REQUEST TO CLOSE CHILD SUPPORT CASE**

- [ ] HAS RETURNED HOME, EFFECTIVE TO:

<table>
<thead>
<tr>
<th>(child's name)</th>
<th>(date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(worker's name)</td>
<td>(relationship)</td>
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</tbody>
</table>

**I. PARENTAL RIGHTS ARE TERMINATED FOR**

<table>
<thead>
<tr>
<th>(child's name)</th>
<th>EFFECTIVE</th>
</tr>
</thead>
</table>

**J. IS AGE 18 EFFECTIVE**

<table>
<thead>
<tr>
<th>(child's name)</th>
<th>EFFECTIVE</th>
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</thead>
</table>

**K. CASE TRANSFERRED TO**

<table>
<thead>
<tr>
<th>(worker's name)</th>
<th>EFFECTIVE</th>
</tr>
</thead>
</table>

**L. CASE MEETS CASE CLOSING CRITERIA**

| (specify criteria & date) |

**M. OTHER**

| (specify) |

**N. OUTCOME**

| DATE | TELEPHONE |

**WORKER'S NAME**

**SENT TO**

**B1. CHANGE IN FUNDING SOURCE**

- [ ] FROM STATE TO FEDERAL (IV-E)
- [ ] FROM FEDERAL (IV-E) TO STATE

**B2. PAYMENT CHANGES**

- [ ] CANCELLED
- [ ] RESUMED (IV-E)
- [ ] RESUMED (NON-IV-E)

**F. RENTAL**

- [ ] YES
- [ ] NO

**G. ERNITY/MATERNITY INFORMATION**

<table>
<thead>
<tr>
<th>UN</th>
<th>MD</th>
<th>CE</th>
<th>MC</th>
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<td>ESTABLISHED THROUGH COURT ORDER</td>
<td>ABSENT PARENT</td>
</tr>
<tr>
<td>REQUIRE ESTABLISHMENT</td>
<td>PARENTS MARRIED AT TIME OF BIRTH, NOW SEPARATED</td>
<td>NATURAL MOTHER OF CHILD</td>
<td></td>
</tr>
</tbody>
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**H. REQUEST TO CLOSE CHILD SUPPORT CASE**

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<tr>
<td>(worker's name)</td>
<td>(relationship)</td>
</tr>
</tbody>
</table>

**I. PARENTAL RIGHTS ARE TERMINATED FOR**

<table>
<thead>
<tr>
<th>(child's name)</th>
<th>EFFECTIVE</th>
</tr>
</thead>
</table>

**J. IS AGE 18 EFFECTIVE**

<table>
<thead>
<tr>
<th>(child's name)</th>
<th>EFFECTIVE</th>
</tr>
</thead>
</table>

**K. CASE TRANSFERRED TO**

<table>
<thead>
<tr>
<th>(worker's name)</th>
<th>EFFECTIVE</th>
</tr>
</thead>
</table>

**L. CASE MEETS CASE CLOSING CRITERIA**

| (specify criteria & date) |

**M. OTHER**

| (specify) |

**N. OUTCOME**

| DATE | TELEPHONE |