

# EDUCATION & TRAINING *Services Section*



GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES

## Social Services

## IV-E Policy

## Trainer's Guide



This curriculum focuses on IV-E policy and its application across the social services continuum.

# IV-E TRAINING FOR SOCIAL SERVICES CASE MANAGERS

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# IV-E Training for Social Services Case Managers

## Training Overview

Who pays for a child's care when the child is placed in Foster Care with DFCS? Is it the county, the state, the federal government, a combination of these? Or even the parents?

Funding for Georgia's Foster Care program comes from a variety of federal and state sources. These sources include: IV-E Foster Care, IV-B Foster Care, Supplemental Security Income (SSI), Medicaid and state funds. Another funding source is child support.

In this training, we are going to focus primarily on IV-E Foster Care. During the first part of the training, we will learn the policies, concepts, and terms related to funding for foster care services. In the second part of the training, we will focus on the forms and procedures for working with Office of Family Independence (OFI) (i.e. the Medicaid Eligibility Specialists in the RevMax Unit).

### **Training Purpose:**

The purpose of the IV-E training is to increase Social Services Case Managers' knowledge about IV-E funding for Foster Care services and skill in completing the required forms required for IV-E determinations.

### **Instructional Goals:**

After completion of this training, participants will be able to:

- Demonstrate an understanding of the importance of IV-E funding to the DFCS budget by applying IV-E policies and procedures
- Identify the criteria which affect IV-E Eligibility
- Identify the criteria which affect IV-E Reimbursability
- Accurately complete the forms related to funding and the IV-E process according to policy and procedure
- Follow the established procedures for working with the Rev Max Center staff by applying procedures in a case study activity

# **Section I**

## **The Basics**



### **IV-E for Social Services Case Managers**

## **What is IV-E Foster Care Services?**

IV-E is a federal funding source that pays for the costs associated with the care of children in placement (primarily per diem and Medicaid) and for administrative costs related to the state's Foster Care Program.

Meeting the needs of a child in Foster Care requires significant financial resources. In other words, it costs the state a lot of money. Therefore, it is crucial that counties explore and exhaust all potential Federal funding sources available for children in Foster Care who meet certain eligibility requirements.

Maximizing federal participation in Foster Care costs has a significant financial benefit for the state. A correct IV-E determination on a child in Foster Care equals federal dollars for Georgia. An incorrect determination can cost the state dollars.

### **The Revenue Maximization Initiative**

The Division of Family and Children Services (DFCS) is a major participant in Georgia's Revenue Maximization Initiative. This is a broad, statewide initiative involving agencies within state government and public and private partners. The purpose of the initiative is to implement more effective ways to maximize federal funding sources. Within the broader state initiative, DFCS has a Revenue Maximization Initiative (known as RevMax) that will increase federal Medicaid and Child Welfare (Title IV-E) funds to support services DFCS provides and purchases by:

- Increasing the number of children receiving Medicaid and Title IV-E foster care funds;

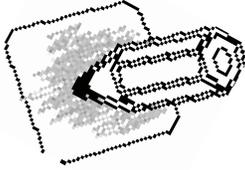
And

- Expanding the Medicaid billable treatment services for children and families served by DFCS

## **Benefits Of A Correct IV-E Determination For A Child In Foster Care**

Federal dollars help to:

- \$** Provide funding to take care of children's basic needs
- \$** Increase the availability of funds for services and resources for children in foster care and adoptive placements
- \$** Increase the availability of funds for staff positions. An increase in staff means decreased caseloads for individual case managers.
- \$** Increase the availability of funds for staff training and for other administrative supports for the foster care program.



## ACTIVITY WORKSHEET

### “ROBERTS FAMILY BUDGET”

**MONTHLY EARNINGS: \$2000**

**MONTHLY EXPENSES:**

HOUSING \_\_\_\_\_

FOOD \_\_\_\_\_

DAYCARE \_\_\_\_\_

UTILITIES \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_

PERSONAL CARE \_\_\_\_\_

ENTERTAINMENT \_\_\_\_\_

**TOTAL** \_\_\_\_\_

SUBTRACT EXPENSES FROM SALARY FOR BALANCE:

# Foster care audit may be costly

## Possible violations could derail millions in federal funding

By MARGARET NEWKIRK  
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Potential problems in the state's handling of foster care cases could cost state taxpayers \$16 million over the next 18 months.

Gov. Sonny Perdue included that amount in this week's budget proposal to replace federal funds the state could lose if it fails a pending federal audit of its foster care system. The amount represents nearly a third of Perdue's proposed \$52 million increase in child welfare spending.

The state child welfare agency asked for that money after an internal review, done in anticipation of the federal audit, turned up a number of foster care cases that could pose problems when the auditors arrive this summer.

Possible violations include the state's waiver system, which allows child welfare to put children temporarily into foster homes that already have reached their legal limit of kids, and court orders putting kids in foster care without the

exact wording the federal government requires.

Other states have lost federal funding for similar reasons.

The \$16 million in the budget proposal is a projection, said Wilfred Hamm, deputy director of the state Division of Family and Children Services. "We've looked at all of our cases basically to determine how many are not in compliance and what we would have to do to bring them into compliance."

Although the state can recoup some federal funding by fixing certain violations, it can never again collect funding on any child put in foster care without properly worded court orders, said child welfare spokeswoman Renee Huie.

Last year, state human resources Commissioner Jim Martin asked Juvenile Court judges to look at how they were wording their orders. "If Georgia fails this audit, the financial consequences will be devastating," he wrote in May.

"Our ability to intervene on behalf of children will be greatly diminished without this federal assistance," he wrote.

Federal law requires judges to determine that caseworkers either "made reasonable efforts" to keep a family together, or that such efforts "were not required" and "continuation in the

"If Georgia fails this audit, the financial consequences will be devastating. . . . Our ability to intervene on behalf of children will be greatly diminished."

**JIM MARTIN**

State human resources commissioner

home would be contrary to the welfare of the child."

Judges must use those specific phrases and must explain their decisions, Huie said.

Eric John, director of the Council of Juvenile Court Judges, said judges have been working to adopt a boilerplate judicial order his group drew up, but many didn't begin doing so until recently.

He also said some judges weren't writing that caseworkers had made "reasonable efforts" to keep a family together because caseworkers hadn't demonstrated that to be true.

Judge Velma Tilley of Bartow County was among the judges who designed the boilerplate order, and says she uses it now "just to keep things simple."

Some judges resist because "they don't see why they should have to use these magic words," Tilley said.

# Understanding Foster Care Funding Sources

## FOSTER CARE FUNDING SOURCES

- IV-E Foster Care
- IV-B (Child Welfare Foster Care)
- Initial
- Supplemental Security Income (SSI)
- Child Support
- Medicaid

### **IV-E Foster Care:**

Title IV-E is a Federal funding source that provides reimbursement for costs associated with the care and maintenance for children in placement and for administrative costs related to the state's Foster Care program (for example: case management, staff training, etc.) Children classified as IV-E must meet certain eligibility requirements such as parental deprivation and financial need. The eligibility requirements for IV-E foster care are related to the Aid to Families with Dependent Children (AFDC) Program. It is not related to Temporary Assistance to Needy families (TANF).

### **IV-B (Child Welfare Foster Care):**

Title IV-B is a Federal child welfare block grant that provides funds to states for foster care expenses. These funds are limited and once the federal funds are expended, foster care expenses are paid primarily with state funds. A child must have a determination that he is **ineligible for IV-E** in order to be eligible for IV-B funding.

### **Initial:**

Initial is a temporary funding source that is used when a child first enters foster care. Children are placed in "Initial" until a determination about IV-E eligibility can be made. Initial services are supported by Federal funds.

**Supplemental Security Income (SSI):**

SSI is a Federal payment program for disabled individuals. The Social Security Administration administers the program and determines whether or not a child is eligible for SSI based on their disability and other criteria. When a child is in DFCS custody and receives SSI, the county department becomes the payee for the child's SSI check. Certain SSI children may also be eligible for IV-E payments.

**Child Support:**

Parents of children in foster care have an ongoing obligation to support their children. Parents may be financially responsible for expenses related to the care of their child in foster care and for providing health care coverage if it is available. Both parents of a child in foster care must be referred to Child Support Enforcement (CSE) unless the situation meets one of the exceptions noted in policy.

**Medicaid:**

The Medicaid program is a joint federal/state program that is authorized under the Social Security Act. Funds are available to states for providing medical services to eligible recipients and for reimbursing activities that support the administration of the Medicaid program. Children who are IV-E eligible and/or SSI eligible are automatically eligible for Medicaid. Children whose foster care is paid by state funds are not automatically eligible. A determination has to be made to see if the child qualifies and what type of Medicaid can be awarded. Generally, most children in foster care are eligible for Medicaid.

# Uniform Accounting System (UAS) Codes

<http://167.193.156.254/FFS/>

UAS	DESCRIPTION
IV-E 501	IV-E Family Foster Care
IV-B 502	Iv-B Child Welfare – Family Foster Care
Initial 503	Initial Family Foster Care
504	IV-E Related Family Foster Care (State)
IV-E 505	IV-E Institutional Foster Care
IV-B 506	IV-B Child Welfare – Institutional Foster Care
Initial 507	Initial Institutional Foster Care
508	State - Adoption Assistance
509	IV-E - Adoption Assistance
510	IV-E Adoptions – Nonrecurring Expenses
511	First Placement/Best Placement Assessment Services
512	Special Services Adoption Assistance
513	Return of Runaways
516	Applicant Services – Child Care
517	TANF Child Care
518	First Placement/Best Placement Wrap-Around Services
519	<i>Not Currently Funded</i>
520	Foster Care Respite Care
521	FFC-Prevention of Unnecessary Out-of-Home Placement
522	Child Welfare – Family Foster Care (State)
525	Medical Exams and Records
526	<i>Not Currently Funded (6/04)</i>
527	TANF Employment Services
IV-E 529	<i>Not Currently Funded (6/04)</i>
IV-B 530	<i>Not Currently Funded (6/04)</i>
531	Foster/Adoptive Parent Support Services
532	APS Emergency Relocation
535	Transitional Child Care
537	TANF Two Parent Families
538	TANF Legal Immigrants
539	Day Care Benefits – Food Stamp Program
541	<i>Not Currently Funded (8/04)</i>
IV-B 542	<b>Enhanced Relative Rate (ERR)</b>
544	Child Care Block Grant
545	Child Care Block Grant/Special Needs
546	Good Works Sheltered Employment
547	Emergency Foster Care Beds
549	Food Stamps E & T ABAWD Transportation
551	Early Intervention and Prevention Services
IV-E 552	<b>Subsidized Guardianship and Enhanced Subsidized Guardianship</b>
553	Relative Care Subsidy (RCS)

554	GELI Tier Reimb <b>(Ended March 2005)</b>
555	Pre-Kindergarten Extended Day Child Care (Non-TANF)
556	Pre-Kindergarten Extended Day Child Care (TANF)
558	<i>Not Currently Funded (1/2005)</i>
559	Food Stamp E & T Incidentals for ABAWDS in Work Experience
<b>IV-E</b> 560	IV-E Voluntary Family Foster Care
<b>IV-E</b> 561	IV-E Voluntary Institutional Foster Care
<b>IV-E</b> 562	<i>Not Currently Funded (6/04)</i>
<b>IV-E</b> 563	IV-E Privately Specialized Family Foster Care – Licensed and Approved Private Foster Care Agencies
<b>IV-B</b> 564	State-Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies
<b>Initial</b> 565	Initial Privately Supervised Family Foster Care- Licensed and Approved Private Foster Care Agencies
568	<i>Not Currently Funded (8/04)</i>
569	Food Stamp E & T Incidentals for ABAWDS in Education/Training
571	Homestead Services
573	Parent Aide Services
<b>IV-E</b> 574	IV-E Specialized Foster Care – State Approved Per Diem Waivers
<b>IV-E</b> 575	IV-E Voluntary Specialized Foster Care- State Approved Per Diem Waivers
576	IV-E Related Specialized Foster Care (State)
<b>IV-B</b> 577	Child Welfare Specialized Foster Care State Approved Per Diem Waivers
578	Child Welfare Specialized Foster Care (State)
<b>Initial</b> 579	Initial Specialized Foster Care State Approved Per Diem Waivers
583	Educational Related Expenses for Youth 21-25 (ILP)
584	College/Vocational Related Expenses (State)
585	Educational and Enrichment Expenses (State)
586	Transitional Living Program (TL)
587	Adoption Incentives – Second Grant
588	Family Services (CPPC Project)
589	Food Stamp E & T Incidentals for ABAWDS in other Activity
590	<i>Not Currently Funded</i>
591	Education and Training Vouchers (ETV) /ILP 100% Federal
592	Energy Benefits – H.E.A.T.
593	<i>Not Currently Funded</i>
594	<b>IV-E Administration Cost/ CPAs</b>
<b>595</b>	<b>CCI – Parental Custody</b>
<b>596</b>	<b>CPA – Parental Custody</b>

- 597 *Wraparound – Parental Custody*
- 598 *Wraparound – DFCS Custody*
- 658 *Not Currently Funded*
- 698 **Disaster Expenditures**

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New Programs

- 705 *IV-E Institutional Foster Care – CCI Treatment Cost*
- 735 *Child Care TANF Diversion*
- 763 *IV-E Privately Specialized Family Foster Care – CPA Treatment Cost*
  
- 773 *PSSF – Crisis intervention and Placement Prevention Services*
- 774 *PSSF – Family Support Services*
- 783 *PSSF – Time Limited Reunification Services*
- 784 *PSSF – Adoption Promotion and Support Services*
  
- 873 *C/M PSSF – Crisis intervention and Placement Prevention Services*
- 874 *C/M PSSF – Family Support Services*
- 883 *C/M PSSF – Time Limited Reunification Services*
- 884 *C/M PSSF – Adoption Promotion and Support Services*
  
- 905 *IV-E Institutional Foster Care – CCI Educational Cost*
- 963 *IV-E Privately Specialized Family Foster Care – CPA Educational Cost*

## **Understanding Placement Authority**

Children are placed in Foster Care under specific placement authority. DFCS must have valid placement authority for a child in order for the child to be potentially IV-E eligible. The County Department may gain placement authority for children in care by any of the following means:

**Superior court order -**

**Request for short- term emergency care -**

**Voluntary consent to place child in Foster Care i.e. Voluntary Placement Agreement (VPA) –**

**Voluntary surrender of parental rights -**

**Consent to remain in care - youth age 18 -**

**Juvenile court order terminating parental rights -**

**Juvenile court order giving temporary custody -**

## Understanding the Juvenile Court Process

In Georgia, the juvenile court has exclusive jurisdiction over a child who is alleged to be deprived. The Juvenile Court issues court orders that contain a judicial determination that gives DFCS sole or joint custody for the care of the child.

<b>ACTION</b>	<b>PROCESS</b>	<b>OUTCOME</b>
Child removed from home and placed in foster care via court order	<ul style="list-style-type: none"> <li>• DFCS files a deprivation complaint or petition Or</li> <li>• Court issues order granting placement authority Or</li> <li>• Police removes child and obtains order from court authorizing DFCS to take placement responsibility</li> </ul>	Child placed in protective custody (shelter care)
72-hour hearing (Detention hearing) <b><i>IV-E eligibility requirement</i></b>	Court determines if probable cause exists	<ul style="list-style-type: none"> <li>• Child returns home Or</li> <li>• Judge issues court order and child remains in shelter care</li> </ul>
10-day hearing (Adjudicatory hearing) <b><i>IV-E eligibility requirement</i></b>	<ul style="list-style-type: none"> <li>• Are allegations true <b>and</b></li> <li>• Is child “deprived”</li> </ul>	<ul style="list-style-type: none"> <li>• Child returns home Or</li> <li>• Child remains in care</li> </ul>
Dispositional hearing	<ul style="list-style-type: none"> <li>• Determines what actions are in the best interest of the child <b>and</b></li> <li>• May incorporate Initial Case Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Child returns home, possibly with supervision Or</li> <li>• Temporary legal custody transferred to DFCS and child remains in care</li> </ul>

<b>ACTION</b>	<b>PROCESS</b>	<b>OUTCOME</b>
Motion Hearing (Extension of custody)	<ul style="list-style-type: none"> <li>• Held within 12 months of child's removal</li> <li>• Permanency hearing may be held at the same time</li> </ul>	<ul style="list-style-type: none"> <li>• Child returns home if not granted Or</li> <li>• Custody extended up to 12 months</li> </ul>
Permanency hearing <b><i>IV-E reimbursability requirement</i></b>	Held within 12 months of removal of the child and every 12 months thereafter as long as child is in care	A permanency plan finding is made
Review hearings	Held at anytime by court to determine continued appropriateness of case plan and progress	DFCS expected to indicate whether & when it will file for termination of parental rights

## Understanding Placement Resources

Placement resources are the different options a SSCM has for placing children who are in Foster Care. The particular placement resource should be determined by the overall goal of the placement, the needs of the child and family, the strength of the placement resource in meeting those needs, and the availability of the resource. Placements should always be made based on a thorough understanding of these factors; however, where a child is placed also has implications for IV-E funding.

**Relative Home -**

**Relative foster home –**

**Regular/Family Foster Home -**

**Foster/Adopt Homes -**

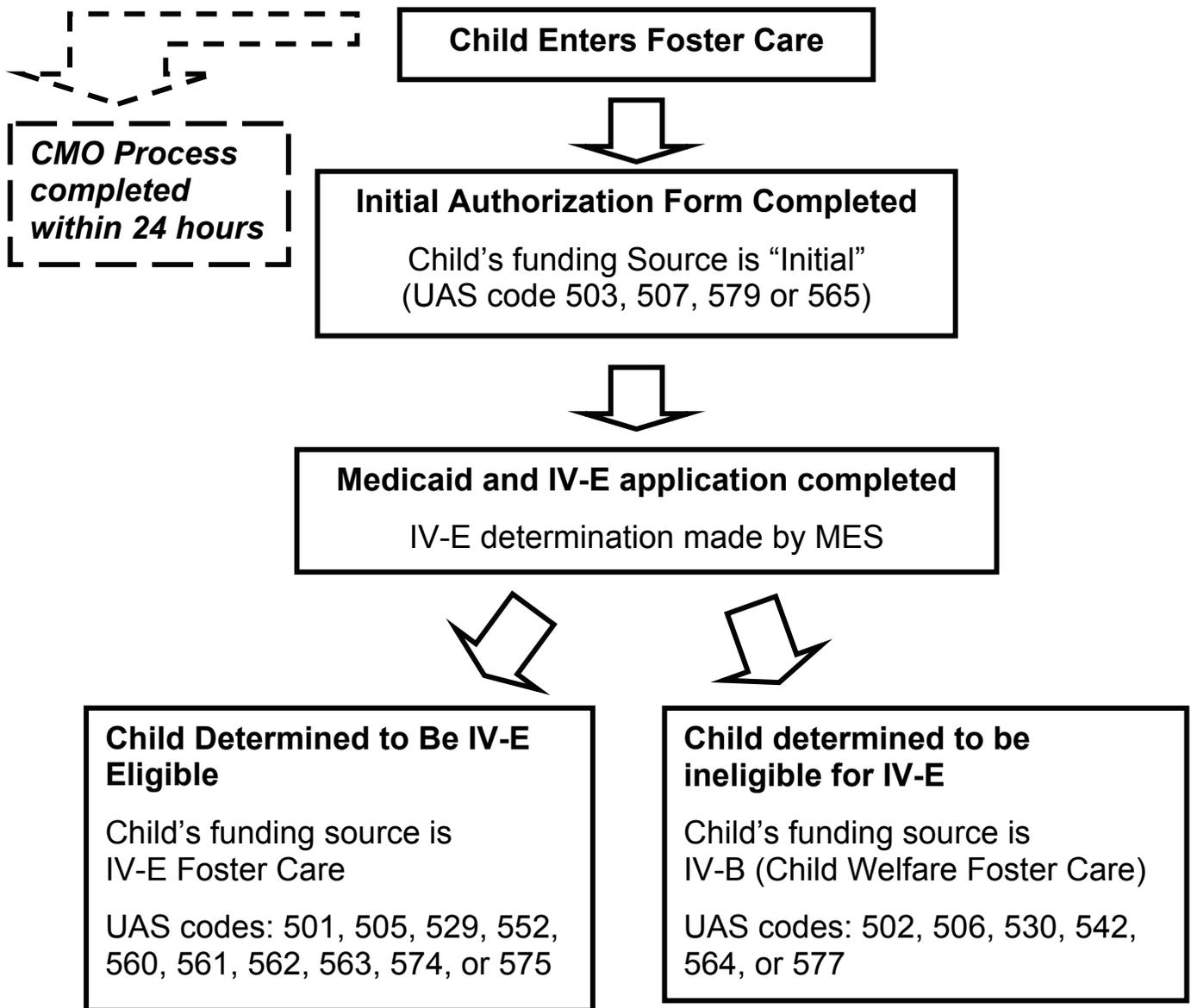
**Therapeutic Foster Care -**

**Institutional Foster Care -**



Federal regulations require that the placement home or facility **be fully approved and meet established standards** in order to receive IV-E reimbursement. Federal requirements also specify what types of placements are IV-E reimbursable and what types are not. See the section on IV-E reimbursability for information on IV-E reimbursable placements.

# IV-E Determination Process



# **Section II**

## **Initial Authorization and Medicaid**



### **IV-E for Social Services Case Managers**

## Initial Authorization

Determining IV-E eligibility can take some time because of all of the different elements that the MES worker has to look at. But, in the meantime, we have to have some way to cover the costs for children coming into foster care immediately. We do this by reporting a child as being in one of the following “Initial” Programs

- Initial Family Foster Care (UAS Code 503)
- Initial Institutional Foster Care (UAS Code 507)
- Initial SFC (specialized foster care) State Approved Per Diem Waiver (UAS code 579)
- Initial Privately Supervised FFC – Private Foster Care Agency (UAS code 565)



- ❖ A child can be reported as being in Initial for up to six months.
- ❖ If the child is determined eligible for IV-E at any point during the first six months of care, he/she is immediately changed from Initial to IV-E. The effective date of IV-E eligibility will be indicated by the MES.
- ❖ If the child is determined to not be eligible for IV-E, the funding source will be changed from Initial to IV-B effective the first day of the month following month six.

## INITIAL AUTHORIZATION EXAMPLES:

### Example One:

Child enters foster care on October 22 and is reported in the Initial Program. On November 29, the MES makes the determination that IV-E eligibility requirements were met from day one. What would be the effective date of the change from Initial to IV-E?

**Answer:** The child would be reported as IV-E effective October 1.

**Rationale:** The effective date of IV-E is the 1<sup>st</sup> day of the month in which all IV-E eligibility requirements were met. In other words, even if the determination were not made until November 30, the child would still be eligible effective October 1.

### Example Two:

Child enters foster care on October 22 and is reported in the Initial Program. The MES determines that the child is not eligible for IV-E. For which months could the child be reported as being in Initial? What would be the effective date of the change from Initial to IV-B?

**Answer:** The child would be reported in the Initial Program through March (6 months from the month child entered care). The child would be changed to IV-B effective April 1.

**Rationale:** In counting the six months of Initial, the month the child entered care is counted as month number one, even if the child was only in care for part of the month. In this example, October is month one although the child didn't enter care until October 22.

### Example Three:

Child enters foster care on October 22 and is reported in the Initial Program. The MES determines that the child is not eligible for IV-E. The child is placed with a relative on November 21. The child returns to a paid foster care placement on February 4. For which months could the child be reported as being in Initial? What would be the effective date of the change from Initial to IV-B?

**Answer:** The child would be reported in Initial through March and changed to IV-B effective April 1.

**Rationale:** If during the initial six months, the child goes from a foster home placement with per diem to a relative with no per diem, but legal custody is not returned, the six months run continuously from the date the child entered care. The key in this example is that legal custody remained with the Department.

**Example Four:**

Child enters care on October 22 and is reported in the Initial Program. The MES determines that the child is not eligible for IV-E. Physical and legal custody is returned to the parents on March 30. At the time the child went home, would he have been Initial or IV-B?

**Answer:**

**Rationale:**

The same child enters care again on June 4. Now what do we do? Is he Initial or IV-B?

**Answer:**

**Rationale:**

# **Section III**

## **IV-E Eligibility**



### **IV-E for Social Services Case Managers**

## IV-E Eligibility

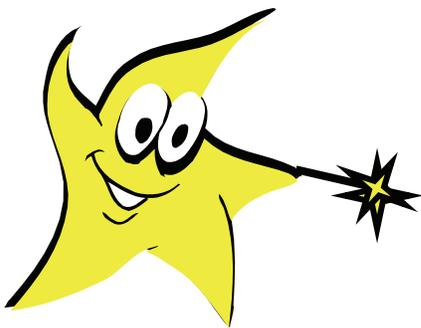
**Eligibility refers to the initial determination for IV-E Foster Care.** It is determined **only once** when a child enters care. Eligibility requires two basic criteria to be met:

1. The child enters Foster Care by **court order** with specific language or by a **Voluntary Placement Agreement**
2. The **AFDC relatedness** test for the eligibility month is met

## IV-E Eligibility Court Ordered Placement Authority

In order to establish IV-E eligibility for a child, the court order that gives DFCS placement authority must contain certain language that addresses the need for the child to be in foster care. These judicial determinations must be made within certain time periods and contain specific language in order for a child to be potentially IV-E eligible.

The **FIRST** court ruling signed by a judge sanctioning the removal of the child from the home **must** contain the exact language or **language to the effect** that:

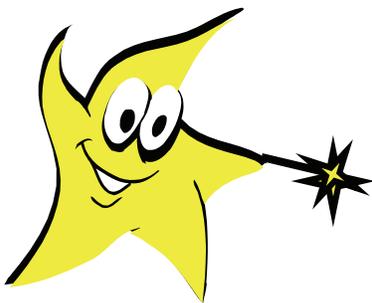


- Continuation in the home is "**contrary to the welfare**" of the child

OR

- Placement is in the "**best interest**" of the child

The next criterion is a second judicial determination that must be issued **within 60 days** of the time the child is removed. These orders may be known by various names such as 10-day hearing, adjudicatory hearing, temporary custody order, or dispositional.



This order must contain reasonable efforts language:

- "**Reasonable efforts**" were made to prevent or eliminate the need for removal of the child from the home

OR

- "**Reasonable efforts are/were not required**" to prevent removal of the child from the home

## **COURT ORDERED PLACEMENT EXAMPLES:**

### **Example One:**

The initial court order is issued on July 23, 2001 resulting in the removal of the child. The “best interest” language is used and the “reasonable efforts to prevent removal” language was included. Does this meet the court order language requirement for IV-E eligibility?

**Answer:** Yes.

**Rationale:** The child is potentially IV-E eligible because the “best interest” language was in the initial order and the “reasonable efforts” determination was made within 60 days.

### **Example Two:**

The child was removed from the home on April 5, 2002. The initial court order sanctioning the removal of the child included the required “contrary to the welfare” language. A subsequent order with the “reasonable efforts were not required” language was issued on July 1, 2002. Does this meet the court order language requirements for IV-E eligibility, why or why not?

**Answer:** No.

**Rationale:** The child will not be IV-E eligible for this placement because the timeframe for the reasonable efforts language expired on June 4 (60 days after the child’s removal).

### **Example Three:**

The initial court order issued on February 15, 2001 resulting in the removal of the child **did not** include the required language. A subsequent order was issued on March 18, 2001, which included the “contrary to the welfare” and “reasonable efforts” language. Does this meet the court order language requirement for IV-E eligibility?

**Answer:**

**Rationale:**



## ACTIVITY

### IDENTIFYING COURT ORDERS

#### Directions:

1. Look at the Case Example court orders in the Participant Guide
2. Work independently to review the court orders for this case.
  - A. Identify and distinguish between the different types of court orders:
    - Complaint or Petition
    - Pick-up order
    - 72-hour
    - 10-day
  - B. Decide whether or not the required language is included in these orders and whether or not the order was issued in the timeframe required for IV-E eligibility
3. Be prepared to share your answers with the larger group.

# **Court Orders**

## **Case Example Number One**

PRESS HARD  
PLEASE  
PRINT OR TYPE

**COPY**  
**COMPLAINT**  
IN THE JUVENILE COURT OF  
COUNTY, GEORGIA

Filed with the  
Court on 5/4/0

Name (Last, F, M)		Age: <u>9</u>	
AKA:		DOB: <u>2-21-92</u>	
Race: <u>Hispanic</u>	Lives With: <u>Mother</u>	Res:	
Sex: <u>Male</u>		Bus:	
Child's Address:	<u>Trailer Park</u>	City:	<u>GA</u>
Mother's Name:		Phone:	
Mother's Address:	<u>Trailer Park</u>	City:	<u>GA</u>
Father's Name:		Phone:	
Father's Address:	<u>2139</u>	City:	<u>GA</u>
Legal Custodian:	<u>Mother</u>	Phone:	
Custodian's Address:	<u>See Above</u>	City:	
Complaint:	<u>Abnegation</u>	Case Section:	
Complaint:		Case Section:	
Complaint:		Case Section:	
Taken into Custody: Yes ( ) No ( <input checked="" type="checkbox"/> )		Case Section:	
By Whom:		Agency:	
Placement of Deprived Child:	<u>NIA</u>	Date:	
Person Notified By:	<u>NIA</u>	Via:	
Detained: Yes ( ) No ( <input checked="" type="checkbox"/> )		Date:	
Authorized By:		Time:	
Released To:		Date:	
Relation:	<u>NIA</u>	Time:	
Co-Perpetrators:	<u>NIA</u>		
Co-Perpetrators:	<u>NIA</u>		
Victim's Name:		Phone #:	
Victim's Address:	<u>NIA</u>		
Victim's Name:		Phone #:	
Victim's Address:	<u>NIA</u>		

PRESS HARD  
PLEASE  
PRINT or TYPE

CASE # \_\_\_\_\_

FILE # \_\_\_\_\_

Give Complete Details of Offense(s) or Complaint(s) and Apprehension:

See Exhibit "A" Attached

Investigating Officer: [REDACTED]	Agency: P.D. Report #	Phone #
Complainant's Name: [REDACTED]	Complainant's Address: [REDACTED] Co. DFCS [REDACTED] GA	
Signature:	Date: 5-4-01	Phone: [REDACTED]

## EXHIBIT A

On 9-23-00 the children named above were taken into protective custody. At a detention hearing held on 9-26-00 the children were returned to their mother on certain conditions: (1) The mother shall submit to periodic random drug screens as requested by the DFCS, and (2) the mother shall cooperate with the DFCS in its ongoing investigation of reports of child neglect by the mother.

The DFCS has worked with the mother since the 9-23-00 court hearing in attempts to prevent placement of the children in foster care.

In October, 2000 the mother had no heat source in the home. She was cooking on a "hot plate." The DFCS expended P.U.P. funds to obtain heat for the home. The same month, a church in ██████ paid the electric bill.

In November, 2000 the local ministerial alliance paid the mother's rent. The same month, the mother's caseworker confirmed that there was little food in the home.

On 12-19-00, the mother tested positive for cocaine.

On 1-5-01 the mother tested positive for marijuana.

On 1-30-01, the mother tested positive for cocaine.

In February, 2001, the mother took the children out of school for approximately 5 days while she traveled outside the state. While the mother was away the DFCS received several reports that the mother had telephoned several persons in the ██████ area asking that they send money for food and gasoline as they were stranded in a rest area on Highway 78 near Memphis, TN. When the mother returned to ██████ she denied calling persons in ██████ but did admit that she and the children slept in their car in various rest areas.

On 2-21-01 the mother tested positive for marijuana.

On 2-27-01 all three children were found to be infested with head lice. Counselors spoke with ██████ about the recent trip. ██████ said they slept in the car and got police officers to give them food.

On 2-28-01 the mother refused a drug screen.

On 3-12-01 the mother refused a drug screen.

On 3-27-01 the mother refused a drug screen.

The home has been without electricity since 3-29-01.

On 5-3-01 the DFCS received a report that the mother was packing her car and possibly preparing to move from ██████ County and the jurisdiction of this Court.

IN THE JUVENILE COURT OF ██████ COUNTY

STATE OF GEORGIA

IN THE INTEREST OF:

██████████	*	CASE NO.:
DOB: 10-05-90	*	
██████████	*	CASE NO.:
DOB: 02-21-92	*	
████████████████████	*	CASE NO.:
DOB: 03-27-93		

ORDER

The ██████ County Department of Family and Children Services (DFCS) having filed complaints and a petition alleging the children named above to be deprived children and it appearing from the sworn testimony of ██████ caseworker of the DFCS, that the surroundings of the children are endangering to their health or welfare and that they may be removed from the jurisdiction of the Court and it further appearing that reasonable efforts have been made by the DFCS to prevent the need for removal and that it would be contrary to the welfare of the children to remain in the home at this time, it is hereby,

ORDERED AND ADJUDGED that the Sheriff of ██████ County or his lawful deputy shall take the children into immediate custody and deliver said children to the ██████ County DFCS pending a detention hearing.

Let a copy of this Order be served upon the mother of the children.

SO ORDERED this 4<sup>th</sup> day of May, 2001.

████████████████████  
████████████████████ Judge  
████████████████████ County Juvenile Court  
*Filed with the Court*

IN THE JUVENILE COURT OF ██████████ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

██████████ DOB: 10-05-90	• CASE NO.: 003-00J-156
██████████ DOB: 02-21-92	• CASE NO.: 003-00J-157
████████████████████ DOB: 03-27-93	• CASE NO.: 003-00J-158

ORDER

This case came on before the Court on May 7, 2001 for informal detention hearing pursuant to O.C.G.A. Section 15-11-49 (c) (3). The Court finds as follows:

1.

The children, ██████████ and ██████████ are presently in emergency shelter care having been placed in emergency shelter care on May 4, 2001 pursuant to order of this Court.

2.

Although the Court had entered an order for the sheriff to take the child, ██████████ into custody, the said child was staying with his putative father, ██████████ in ██████████ County and the child was not taken into custody

3.

██████████ mother of the children, was present at the detention hearing.

4.

██████████ father of the children was present at the detention hearing.

- 1 -

5.

[REDACTED] and [REDACTED] should not be returned to the physical custody of their mother, as continued shelter care is necessary to protect the persons of the children and continuation in the home of the mother would be contrary to the welfare of the children.

6.

[REDACTED] should be placed in emergency shelter care in the custody of the Department of Family and Children Services in order to protect his person. Return of [REDACTED] to [REDACTED] the home of his mother would be contrary to his welfare.

7.

Reasonable efforts have been made by the Department of Family and Children Services to prevent or eliminate the need for continued removal and to make it possible for said children to remain in the home of the mother. Further, reasonable efforts have been made since removal to reunite the children with their mother, therefore it is hereby

ORDERED AND ADJUDGED that the children, [REDACTED] and [REDACTED] shall remain in emergency shelter care in the custody of the [REDACTED] County Department of Family and Children Services pending an adjudicatory hearing which shall be held on May 15, 2001 at 2:00 o'clock P.M.

FURTHER ORDERED that [REDACTED] be and is hereby placed in emergency shelter care in the custody of the [REDACTED] County Department of Family and Children Services pending an adjudicatory hearing which shall be held on May 15, 2001 at 2:00 o'clock P.M.

- 2 -

FURTHER ORDERED that the DFCS is authorized to place physical custody of the children with their father, [REDACTED] pending the adjudicatory hearing.

SO ORDERED this 14 day of May, 2001.

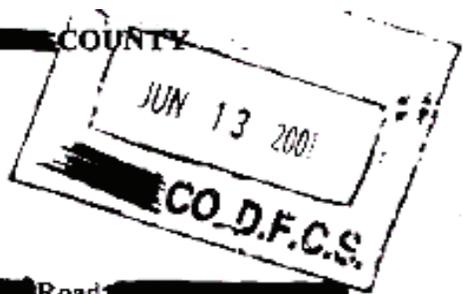
[REDACTED]  
[REDACTED] Judge  
[REDACTED] County Juvenile Court

Order prepared by:

[REDACTED]  
P.O. Box 2283  
[REDACTED] GA [REDACTED]  
[REDACTED]

IN THE JUVENILE COURT OF ██████ COUNTY

STATE OF GEORGIA



CHILD'S NAME: ██████  
CASE NO.: 003-00J-156  
DATE OF BIRTH: 10-05-90  
MOTHER'S NAME: ██████  
MOTHER'S ADD: ██████ Mobile Home Park, ██████ Road, ██████  
FATHER'S NAME: ██████  
FATHER'S ADD: 2137 ██████ Avenue, ██████ Georgia ██████

CHILD'S NAME: ██████  
CASE NO.: 003-00J-157  
DATE OF BIRTH: 02-21-92  
MOTHER'S NAME: ██████  
MOTHER'S ADD: ██████ Mobile Home Park, ██████ Road, ██████ GA ██████  
FATHER'S NAME: ██████  
FATHER'S ADD: 2137 ██████ Avenue, ██████ Georgia ██████

CHILD'S NAME: ██████  
CASE NO.: 003-00J-158  
DATE OF BIRTH: 03-27-93  
MOTHER'S NAME: ██████  
MOTHER'S ADD: ██████ Mobile Home Park, ██████ Road, ██████ GA ██████  
FATHER'S NAME: ██████  
FATHER'S ADD: 2137 ██████ Avenue, ██████ Georgia ██████

HEARING DATE: May 15, 2001

**TEMPORARY PLACEMENT ORDER**

This matter came on to be heard before me on the date set forth above on a Petition filed by a representative of the ██████ County Department of Family and Children Services (DFCS) alleging that the said minor children are deprived. The following persons were present at the hearing: ██████, ██████, ██████ case manager with the DFCS; ██████, Special Assistant Attorney General representing the DFCS.

Upon clear and convincing evidence the Court finds that the mother is presently incarcerated in the ██████ County jail being held without bond on the charge of aggravated assault. Prior to the mother's arrest case managers with the DFCS worked with her for approximately eight (8) months in an attempt to avoid removal of the children from her custody. In October, 2000 the mother had no heat source in the home. She was cooking on a "hot plate". The DFCS expended funds to obtain residential gas service at the home. In December, 2000 the mother tested positive for cocaine. Twice in

January 2001 the mother tested positive for illegal drugs: once for marijuana and once for cocaine. On February 21, 2001 the mother tested positive for marijuana. She refused drug screens on February 28, 2001, March 12, 2001, and March 27, 2001. In February, 2001 all three (3) children missed eight (8) consecutive days of school when the mother took the children on what she described as a "vacation". In January, 2001 the mother moved out of the mobile home which she and the children occupied with the mother's boyfriend. They moved into a mobile home occupied by an adult male. Photographs of the interior of that mobile home taken on May 3, 2001 depict clothing and trash scattered throughout. On a home visit made by a case manager there was no food in the home. In early May, 2001 the mother moved to a third mobile home.

Upon clear and convincing evidence, the Court finds as a fact that said minor children are deprived, that said children are subject to the jurisdiction of this Court; and that said children are in need of protection.

The Court further finds as a fact upon clear and convincing evidence that continuation in the home at this time would be contrary to the welfare of said children. The Court also finds as a fact that reasonable efforts have been made by the Department of Family Children Services of the Department of Human Resources to prevent or eliminate the need for removal and to make it possible for said children to remain in the home.

The Court further finds as a fact upon clear and convincing evidence that the children, [REDACTED] and [REDACTED] were removed from the mother's home on May 4, 2001 and that the child, [REDACTED] was removed from the mother's home on May 7, 2001.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that temporary custody of the minor children is granted to the [REDACTED] County Department of Family and Children Services for a period of twelve (12) months from May 4, 2001. Said Department is authorized to provide any such medical treatment, hospitalization, and/or surgery as is considered necessary by competent medical authorities.

FURTHER ORDERED that the DFCS is authorized to place physical custody of the children with their biological father, [REDACTED], effective May 15, 2001.

The Department of Family and Children Services of the Department of Human Resources has submitted a written report to the Court which includes a case plan for a reunification of the family which shall become a discreet part of the case record and is appended hereto. Said report has been made available to the parents of the children, and five (5) days have passed and no hearing has been requested. Said case plans includes one or more of the following provisions: // a requirement that the parent attend parenting classes provided by the Agency; // a requirement that the parent undergo psychological and/or psychiatric evaluation and any recommended treatment; /X/ a requirement that the parent undergo alcohol and/or drug evaluation and any recommended treatment. If such provisions are included, the evaluation and treatment must be completed sufficiently to

remove the risk to the children prior to the parents being considered for a return of custody.

SO ORDERED this 4 day of <sup>June</sup> May, 2000.

  
\_\_\_\_\_, Judge  
\_\_\_\_ County Juvenile Court

Prepared by:

\_\_\_\_\_  
P. O. Box 2283  
\_\_\_\_, GA \_\_\_\_\_  
\_\_\_\_\_

IN THE JUVENILE COURT OF ██████████ COUNTY  
STATE OF GEORGIA

██████████ COUNTY, GEORGIA  
JULY 1995

OCT 25 2002  
JUVENILE COURT

IN THE INTEREST OF:

██████████  
DOB: 10-05-90  
A MINOR MALE CHILD

JUVENILE FILE NO.:  
003-00J-156

██████████  
DOB: 02-21-92  
A MINOR MALE CHILD

JUVENILE FILE NO.:  
003-00J-157

██████████  
DOB: 03-27-93  
A MINOR FEMALE CHILD

JUVENILE FILE NO.:  
003-00J-158

**ORDER**

The above styled matter having come on to be heard on the 26<sup>th</sup> day of September, 2002, before the undersigned Judge, pursuant to a Motion for Permanency Plan Hearing and Non-Reunification filed by the ██████████ County Department of Family and Children Services (the Department), with all necessary and proper parties having been duly notified as provided for by law, and with the following persons having been present: ██████████, the alleged putative father of the above referenced minor children, having been present; ██████████, the Court appointed attorney representing the interest of the above referenced biological mother, having been present; Attorney ██████████, the Court appointed Guardian Ad Litem, representing the interest of the above referenced minor children, having been present; and the Department and its representative, ██████████, having been present and represented by attorney ██████████

WHEREFORE, the Court, after considering the Department's motion and all evidence submitted as provided for by law, hereby makes the following findings by clear and convincing evidence and in the best interest of the minor children:

## FINDINGS OF FACT

### 1.

The above named minor children are of the names, ages, and sexes, stated herein. [REDACTED] is the biological mother of the above referenced minor children. The current whereabouts of the biological mother are unknown. The biological mother was served by publication as provided for by law. On the 12<sup>th</sup> day of September, 2002, this Court issued an order perfecting said service by publication. [REDACTED] is the alleged putative father of the above referenced minor children. The putative father is currently incarcerated in the common jail of [REDACTED] County on felony drug charges. The putative father has been incarcerated for several months. The biological mother and the putative father were never married and the putative father has not legitimated the minor children. The putative father was personally served with notice of this hearing and was present at same. The biological mother was not present.

### 2.

On or about the 16<sup>th</sup> day of July, 2002, the Juvenile Court of [REDACTED] County, Georgia, issued an order in the above referenced case pursuant to a Motion for Extension of Custody filed by the [REDACTED] County Department of Family and Children Services. Said order found the minor children deprived and awarded their legal and physical custody to the Department for a period of twelve months. Said order, and all findings of fact and conclusions of law contained therein, is expressly incorporated by reference herein.

### 3.

Since the date of the aforementioned order, the parents have failed to make any meaningful effort towards compliance with the case plan directives of the Department. The biological mother has not had any contact with the minor children in over a one year period. In addition, the biological mother has not provided the Department with an address nor notified them of her current whereabouts. The biological mother has not complied with nor completed any of her reunification goals. In addition the biological mother has failed to provide any form of physical, financial, or emotional support for the minor children or maintain any meaningful relationship with said children for over a one year period. The biological mother has criminal charges pending in [REDACTED] County,

Georgia and ██████ County, Georgia. The putative father is currently incarcerated in the common jail of ██████ County, Georgia, on felony charges of Violation of the Georgia Control Substances Act and has been so incarcerated for several months. The putative father has consented to the Department's petition for non-reunification and has indicated his approval of the Department's permanency plan of placement of the minor children with a fit and willing relative.

4.

Pursuant to O.C.G.A § 15-11-58, there is a statutory presumption that reunification services should not be allowed or provided to the parents based upon the facts as stated above, and upon the fact that the parents have unjustifiably failed to comply with the case plan directives of the Department and have not provided any meaningful and consistent physical, emotional, or financial support for the minor children.

5.

The minor children remain deprived as defined by O.C.G.A § 15-11-2(8). The parents misconduct, neglect, and lack of proper parental care and control is the cause of said deprivation and said deprivation is likely to continue. This continued deprivation is likely to cause serious physical, mental, emotional, or moral harm to the minor children.

6.

The Department's permanency plan for the minor children is non-reunification and placement with a fit and willing relative. The Court specifically approves of said plan and adopts same as being in the best interest and welfare of the minor children. The Court finds that reasonable efforts have been made, and continue to be made, to finalize and complete the Department's stated permanency plan. In addition, the Court finds that reasonable efforts were made by the Department to reunite the minor children with the family, to prevent or eliminate the need for the removal of the minor children from the home and to make it possible for the minor children to return safely home. However, it continues to be contrary to the best interest and welfare of the minor children for them to return to the home. The parents have been provided with child protective and case management services and assistance and have been unwilling to avail themselves of said services, to the detriment of the minor children. In addition, the biological mother has

failed to keep the Department informed of her current address or whereabouts and has failed to attend case reviews. The Court finds that it would not be in the best interest and welfare of the minor children to continue any reunification efforts with the parents and said efforts are therefore ordered immediately terminated.

7.

Attorney ██████████, the Court appointed Guardian Ad Litem representing the interest of the above referenced minor children, recommended that the Court grant the Department's Motion for Permanency Plan Hearing and Non-Reunification and approve of the stated permanency plan as being in the best interest and welfare of the minor children.

#### **CONCLUSIONS OF LAW**

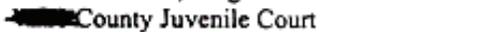
This Court concludes that it has jurisdiction over the parties and the subject matter of this action and that venue is proper in this Court. This Court finds by clear and convincing evidence that the above referenced minor children continue to be deprived within the meaning of O.C.G.A § 15-11-2(8) and that their legal and physical custody shall remain with the Department for a period of twelve (12) months.

The Court specifically approves of the Department's stated permanency plan of non-reunification and placement with a fit and willing relative and adopts same as being in the best interest and welfare of said minor children. The Department shall continue to use reasonable efforts at finalizing its stated permanency plan. The Department is authorized to obtain any necessary medical care or treatment for the benefit of the minor children. Any visitation with the minor children shall be at the discretion of the Department. The Court finds that any continued efforts to reunify the family are no longer appropriate nor in the best interest and welfare of the minor children and shall therefore be immediately terminated.

The Court directs that any foster parents with whom the minor children are placed are authorized to remove the children from the State of Georgia throughout the normal course of their family and/or business affairs and to travel outside the state with the children for brief periods of time not to exceed fourteen (14) consecutive days. The parents shall continue to comply with any case plan directives developed by the Department. The parents shall keep the Department informed of their current addresses

and telephone numbers. Unless modified or extended by this Court, this order shall expire on the 26<sup>th</sup> day of September, 2003.

SO ORDERED THIS 22 DAY OF Oct, 2002, NUNC  
PRO TUNC TO SEPTEMBER 26, 2002.

  
  
  
County Juvenile Court

Order prepared by:  
  
Special Assistant Attorney General

# **Court Orders**

## **Case Example Number Two**

IN THE JUVENILE COURT OF ██████ COUNTY

STATE OF GEORGIA

IN THE INTEREST OF:

\*

██████, ██████  
D/O/B: 07-13-96

\* JUVENILE CASE NO: 003-99J-141

h

ORDER

~~This case came on before the Court on June 28, 1999 for an informal detention hearing pursuant to O.C.G.A. section 15-11-21 (b)(3). The Court finds as follows:~~

1.

The child, ██████ ██████, d/o/b: 07-13-96, is presently in emergency shelter care having been placed in emergency shelter care on June 24, 1999

2.

██████████, mother of the child, was present and in Court. She is an indigent person as defined by O.C.G.A. Section 15-11-30(a) and is entitled to court-appointed counsel.

3.

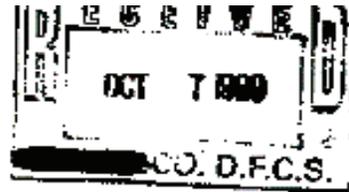
The child should not be returned to the physical custody of her mother as continued shelter care is necessary to protect the person of the child and continuation in the home would be contrary to the welfare of the child.

4.

Reasonable efforts have been made by the Department of Family and Children Services to prevent or eliminate the need for

-1-





IN THE JUVENILE COURT FOR THE  
COUNTY OF █████, STATE OF GEORGIA

IN THE INTEREST OF:

CHILD'S NAME: █████, █████  
CASE NUMBER: 003-99J-141  
DATE OF BIRTH: 07-13-96  
MOTHER'S NAME: █████  
MOTHER'S ADDRESS: 419 E. 8th St., █████, GA █████  
FATHER'S NAME: █████  
FATHER'S ADDRESS: Unknown  
DATE OF HEARING: July 15, 1999

TEMPORARY PLACEMENT ORDER

This matter came on to be heard before me on the date set forth above on a Petition filed by a representative of the █████ County Department of Family and Children Services (DFCS) alleging that the said minor child is deprived. The following persons were present at the hearing: █████ and her court-appointed attorney, █████; █████, case manager with the █████ County DFCS; █████, Special Assistant Attorney General representing the DFCS.

Upon clear and convincing evidence, the Court finds as a fact that said minor child is deprived; that said child is subject to the jurisdiction of this Court; and that said child is in need of protection.

The Court further finds as a fact upon clear and convincing evidence that this Court previously found the child to be a deprived child but continued her in the custody of her mother upon certain conditions. In addition to violating certain of those conditions the mother tested positive for cocaine on April 2, 1999. The mother also failed to enroll in the █████ Program as instructed. The mother tested positive for cocaine on July 13, 1999. On June 23, 1999 the mother was arrested and charged with violation of the Georgia Controlled Substances Act in that she allegedly sold crack cocaine to an undercover agent. A video tape of the transaction reveals that the mother had the child with her during the transaction and at one point left the child in a car with the undercover agent while the mother allegedly went to obtain crack cocaine for the undercover agent.

The Court further finds as a fact upon clear and convincing evidence that continuation in the home at this time would be contrary to the welfare of said child. The Court also finds as a fact that reasonable efforts have been made by the Department of Family and Children Services of the Department of Human Resources to prevent or eliminate the need for removal and to make it possible for said child to remain in the home.

The Court further finds as a fact upon clear and convincing evidence that the child was removed from the home on June 24, 1999.

The Department of Family and Children Services of the Department of Human Resources has submitted a written report to the Court which includes a case plan for a reunification of the family which shall become a discrete part of this case record and is appended hereto. Said report has been made available to the parent of the child, and five days have passed and no hearing has been requested. Said case plan includes one or more of the following provisions: / / a requirement that the parent attend parenting classes provided by the Agency; / / a requirement that the parent undergo psychological and/or psychiatric evaluation and any recommended treatment; /x/ a requirement that the parent undergo alcohol and/or drug evaluation and any recommended treatment. If such provisions are included, the evaluation and treatment must be completed sufficiently to remove the risk to the child prior to the parent being considered for a return of custody.

The case plan referred to above has been considered at a meeting held by the Department of Family and Children Services of the Department of Human Resources in consultation with the mother on July 22, 1999.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that temporary custody of the minor child is granted to the ~~County~~ County Department of Family and Children Services for a period of twelve (12) months from June 24, 1999 which was the date of original placement. Said Department is authorized to provide any such medical treatment, hospitalization, and/or surgery as is considered necessary by competent medical authorities. Further, the Court finds that the child should continue in the current custodial placement and that the current placement is appropriate for the child's needs.

FURTHER ORDERED that the DFCS shall evaluate the home of any relative of the child as a placement resource if the DFCS should be requested to do so by such relative.

-2-

SO ORDERED this 4 day of October 1999.

  
\_\_\_\_\_  
Pro Hgo Vice Judge  
\_\_\_\_\_  
County Juvenile Court

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Attorney for the  
mother

  
\_\_\_\_\_  
Special Asst.  
Atty. General representing the  
DFCS

Order Prepared By:  


# **Court Orders**

## **Case Example Number Three**

**COMPLAINT  
IN THE JUVENILE COURT OF**

COUNTY, GEORGIA

State F.F. #	Case #	File #
Name: AKA: [REDACTED]		Age: 10 DOB: 3/25/89
Race: W Sex: M	Living: W/IC	Phone: Bus: [REDACTED]
Child's Address: 3757 Stagecoach Rd., [REDACTED] GA [REDACTED]	(Street) (City) (State) (Zip)	
Mother's Name: [REDACTED]	Phone: [REDACTED]	Phone: Bus: [REDACTED]
Mother's Address: 3757 Stagecoach Rd., [REDACTED] GA [REDACTED]	(Street) (City) (State) (Zip)	
Father's Name: [REDACTED]	Phone: [REDACTED]	Phone: Bus: [REDACTED]
Father's Address: [REDACTED]	(Street) (City) (State) (Zip)	
Legal Custodian: [REDACTED]	Phone: [REDACTED]	Phone: Bus: [REDACTED]
Custodian's Address: [REDACTED]	(Street) (City) (State) (Zip)	
Complaint: Deprivation	(Code Section)	Date of Offense: / /
Complaint: [REDACTED]	(Code Section)	Date of Offense: / /
Complaint: [REDACTED]	(Code Section)	Date of Offense: / /
Taken into Custody: Yes ( ) No ( )	(Code Section)	Date of Offense: / /
By Whom: [REDACTED]	(Name)	(Agent)
Placement of Deprived Child: [REDACTED] Co. DECS		Date: 5/27/97 Time: 9:30 AM
Person Notified By: [REDACTED]	VIA: [REDACTED]	Date: / / Time: / /
Detained: Yes ( ) No ( )	Place Detained: [REDACTED]	Date: / / Time: / /
Released To: [REDACTED]		Date: / / Time: / /
Co-participants: [REDACTED]	(Name and Age)	Phone #: [REDACTED]
Victim's Name: [REDACTED]		Phone #: [REDACTED]
Victim's Address: [REDACTED]		Phone #: [REDACTED]

Give Complete Details of Offense(s) or Complaint(s) and Apprehension:

Child's mother attempted suicide during the night for the second time in two weeks. Mother has a substance abuse problem. No relatives could be located to care for the children.

IN THE JUVENILE COURT OF [REDACTED] COUNTY,  
STATE OF GEORGIA

Georgia, [REDACTED] County,  
Office of Clerk of Juvenile Court

IN THE INTEREST OF:

[REDACTED]  
Sex: Female  
Born: 08/22/90  
Age: 6 years old

Case No. 097-97J-112

I certify the within paper was filed in  
3:45 clock PM 28 day of May  
[Signature]

[REDACTED]  
Sex: Male  
Born: 03/25/87  
Age: 10 years old

Case No. 097-97J-113

12 hr.

**ORDER FOR SHELTER CARE**

WHEREAS a complaint has been made to the Court concerning the above-named children and the Court finding from information brought before it that continuation in the home at this time would be contrary to the welfare of said children and it is necessary for the protection of said children that they be placed in shelter care.

The Court also finds pursuant to Official Code of Georgia Annotated section 15-11-41(b) that:

- ( ) reasonable efforts have been made by the Department of Family and Children Services to prevent or eliminate the need for removal and to make it possible for said children to remain in the home.
- ( ) reasonable efforts were not appropriate or in the best interest of the children to prevent or eliminate the need for removal.
- ( ) reasonable efforts have been made since removal to reunite the children with the family.

It is therefore ORDERED that said children be placed in the custody of: the Georgia Department of Human Resources acting through the [REDACTED] County Department of Family and

Children Services until further order of the Court or until released by a person duly authorized by the Court.

Said children are being placed pursuant to Official Code of Georgia Annotated section 15-11-18 for the following reason(s):

- ( ) to protect the person or property of others or of the children;
- ( ) the children may abscond or be removed from the jurisdiction of the Court;
- () because they have no parent, guardian, or custodian or other person able to provide supervision and care for him and return him to the Court when required;
- ( ) an order for his detention or shelter care has been made by the Court pursuant to the Juvenile Proceedings Code.

It is further ORDERED that the placement shall be: FOSTER CARE Through  
the [REDACTED] County Department of Family and  
Children Services

It is further ORDERED that the custodian be and hereby is authorized to obtain a physical examination; ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, requires prompt treatment for the care of the said children while said children are in their custody.

SO ORDERED, this the 28<sup>th</sup> day of May, 1997.

  
HON. ROGER [REDACTED]  
JUDGE, JUVENILE COURT  
[REDACTED], GEORGIA

IN THE JUVENILE COURT OF ██████████ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

██████████  
Sex: Female  
Born: 08/22/90  
Age: 6 years old

Case No. <sup>097</sup>90-97J-112

██████████  
Sex: Male  
Born: 03/25/87  
Age: 10 years old

Case No. <sup>097</sup>90-97J-113

Georgia, ██████████ County,  
Office of Clerk of Juvenile Court

PETITION  
(DEPRIVATION)

Children under 18 years of age.

I hereby certify the within paper was filed in office of  
Clerk of Court A 12 3 day of June 19 97  
Clerk of Court

1.

Your petitioner alleges the children named above to be of the sexes and ages and to have the name there set forth above, that the (Putative) father of ██████████ is ██████████ whose current whereabouts are unknown; the (Putative) father of ██████████ is ██████████ whose current address is ██████████, Georgia; the mother of said children is ██████████ who currently resides at ██████████, ██████████ County, Georgia; said children are in the custody and control of the Georgia Department of Human Resources, acting through the ██████████ County Department of Family and Children Services; that said children are subject to the jurisdiction of this Court;

2.

That said children are in need of protection of this Court and are deprived (O.C.G.A. section 15-11-2 (8)) due to the following conditions:

On or about the late evening of May 26, 1997 or the early morning of May 27, 1997 the natural mother of the children attempted to commit suicide by ingesting an excessive number of aspirin. This was the second such attempt by the mother in two weeks. The mother and the minor children were residing at the time with the maternal grandparents. [REDACTED] however, the maternal grandparents had gone away for the weekend. [REDACTED] County DFCS received a report regarding the situation on or about May 27, 1997 and took the minor children into protective custody. Due to the attempted suicide, the mother of the minor children had to be hospitalized and no other relatives could be located at that time to care for the minor children.

As a result of the foregoing conditions, the minor children are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for their physical, mental or emotional health or morals.

3.

That said children were taken into custody under the provisions of O.C.G.A. section 15-11-17(a)(4).

4.

That it is in the best interest of the children and the public that this proceeding be brought.

5.

That said children are currently in shelter care facilities under the supervision of the Georgia Department of Human Resources acting through the [REDACTED] County Department of Family and Children Services, having been placed there on May 27, 1997.

Petitioner prays that process issue, directed to the parties hereto, requiring them to appear before this Court to answer the allegations of this petition.

[REDACTED] SSCM [REDACTED] DFCS  
Petitioner

Sworn to and subscribed before me, on information and belief this 30<sup>th</sup> day of May, 1997

[REDACTED]  
Attesting Officer  
THOMAS B. [REDACTED]  
Notary Public, [REDACTED] County, Ga.  
(My Commission Expires May 15, [REDACTED])

The above petition is approved to be filed in the best interest of the public and the named children. This 30 day of May, 1997

[REDACTED]  
Court Designee



named children, prior to the children's placement in foster care, to prevent or eliminate the need for removal of the children from the home, and to make it possible for the children to return to the home:

( A ) This is an emergency situation. Said children were taken into the protective custody of the ██████████ County Department of Family and Children Services on May 27, 1997, as a result of their mother attempting to commit suicide. The agency was unable to locate any other relatives to care for the children and no other suitable caretaker could be found.

FURTHER AFFIANT SAITH NOT.

June ██████████  
JUNE ██████████  
Social Services Case Manager

Sworn to and Subscribed before me this  
the 30 day of May, 1997.

Thom B. ██████████

Notary Public

My Commission Expires: THOMAS B. ██████████  
Notary Public, ██████████ County, Georgia  
My Commission Expires May 15, 1999

The Court finds as of this date, if signed below, that the steps taken as outlined above are reasonable efforts to prevent or eliminate the need for removal of the children from their home, or to make it possible for the children to return home. This finding is subject to review in any subsequent proceeding brought to determine future custody or termination of parental rights.

May 30 1997  
Date

██████████  
Judge, Juvenile Court  
██████████ Judicial Circuit

Georgia, [redacted] County,  
Office of Clerk of Juvenile Court

I certify the within paper was filed in office of  
[redacted] at [redacted] A.M. [redacted] day of [redacted] 1997  
see [redacted] [redacted]

IN THE JUVENILE COURT OF [redacted] COUNTY  
STATE OF GEORGIA



IN THE INTEREST OF:

CHILD'S NAME: [redacted] Case No. 097-971-112  
DATE OF BIRTH: 03/22/90  
MOTHER'S NAME: [redacted]  
MOTHER'S ADDRESS: 3157 [redacted] Road, [redacted]  
FATHER'S NAME: [redacted]  
FATHER'S ADDRESS: Current Whereabouts Unknown

*Adjud*

CHILD'S NAME: [redacted] Case No. 097  
DATE OF BIRTH: 04/25/87  
MOTHER'S NAME: [redacted]  
MOTHER'S ADDRESS: 3157 [redacted] Road, [redacted]  
FATHER'S NAME: [redacted]  
FATHER'S ADDRESS: [redacted] Road, [redacted] Georgia

DATE OF HEARING: June 9, 1997

TEMPORARY PLACEMENT ORDER

This matter came on to be heard before me on the date set forth above on a Petition filed by a representative of the [redacted] County Department of Family and Children Services alleging that the said minor children are deprived. The following persons were present at the hearing:

[redacted] SSCM, [redacted] County Department of Family and Children Services; Jimmy D. [redacted] Guardian Ad Litem for the minor children; Ronald and Judy [redacted] the maternal biological grandparents; Fred [redacted] and a SAAG representative.

The petition was presented on the basis that:

On or about the late evening of May 26, 1997 or the early morning of May 27, 1997 the natural mother of the children attempted to commit suicide by ingesting an excessive number of aspirin. This was the second such attempt by the mother in two weeks. The mother and the minor children were residing at the time with the maternal grandparents, [redacted]; however, the maternal grandparents had gone away for the weekend. [redacted] County DFCS received a report regarding the situation on or about May 27, 1997 and took the minor children into protective custody. Due to the attempted suicide, the mother of the minor children had to be hospitalized and no other relatives could be located at that time to care for the minor children. The

mother of the minor As a result of the foregoing conditions, the minor children are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for their physical, mental or emotional health or morals.

Upon clear and convincing evidence, or upon stipulation of the parent(s) or guardian in open Court, the Court finds as a fact that said ~~minor children are deprived; that said minor children are~~ subject to the jurisdiction of this Court; and ~~that said minor children are~~ in need of protection.

The Court further finds as a fact upon clear and convincing evidence that continuance in the home at this time would be contrary to the welfare of said children. The Court also finds as a fact that reasonable efforts have been made by the Department of Family and Children Services of the Department of Human Resources to prevent or eliminate the need for removal and to make it possible for said children to remain in the home.

The Court further finds as a fact upon clear and convincing evidence that the children were removed from the home on May 27, 1997.

The Department of Family and Children Services of the Department of Human Resources has submitted a written report to the Court which includes a case plan for permanent reunification with the family which shall become a discrete part of the case record and is appended hereto. Said report has been made available to the parent(s) or guardian of the child, and five days have passed and no hearing has been requested. Said case plan includes one or more of the following provisions: / / a requirement that the parent attend parenting classes provided by the Agency; / / a requirement that the parent undergo psychological and/or psychiatric evaluation and any recommended treatment; / / a requirement that the parent undergo alcohol and/or drug evaluation and any recommended treatment. If such provisions are included, the evaluation and treatment must be completed sufficiently to remove the risk to the child prior to the parent being considered for a return of custody.

The case plan referred to above has been considered at a meeting held by the Department of Family and Children Services of the Department of Human Resources in consultation with the parent(s) and children on 6/10/97.

The Court finds as follows:

Said case plan as set out by the [REDACTED] County Department of Family and Children Services is adequate and appropriate to meet the goal of reunification with the minor children's family as outlined therein, and is made in the best interest of the children and the public.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that temporary custody of the minor children is granted to the [REDACTED] County Department of Family and Children Services until further order of this Court. Said Department is authorized to provide any such medical treatment, hospitalization, and/or surgery as is considered necessary by competent medical authorities. Further, the Court finds that the children continue in the current custodial placement and that the current placement is appropriate for the children's needs.

SO ORDERED this 15<sup>th</sup> day of July, 1997.

  
[REDACTED]  
HON.  
JUDGE, JUVENILE COURT  
[REDACTED], GEORGIA

# **Court Orders**

## **Case Example Number Four**

**COMPLAINT  
IN THE JUVENILE COURT OF**

10 24 00

COUNTY, GEORGIA

Case # [REDACTED]

Name: (last, F, M)	Age:
AKA:	DOB:
Race: <b>B</b>	Level:
Sex: <b>M</b>	With:
Res:	Bus:
Child's Name:	Phone:
Address:	GA
Street:	City:
State:	Zip:
Mother's Name:	Phone:
Res:	Bus:
Mother's Address:	GA
Street:	City:
State:	Zip: 31324
Father's Name:	Phone:
Res:	Bus:
Father's Address:	GA
Street:	City:
State:	Zip:
Legal Custodian:	Phone:
Res:	Bus:
Custodian's Address:	GA
Street:	City:
State:	Zip:
Complaint: <b>Deprivation</b>	
Code Section:	Child Act:
Date of Offense:	
Complaint:	
Code Section:	Child Act:
Date of Offense:	
Complaint:	
Code Section:	Child Act:
Date of Offense:	
Taken Into Custody: Yes ( <input checked="" type="checkbox"/> ) No ( )	
By Whom:	Agency:
Placement of Deprived Child: <b>Foster Care</b>	Date: 1-4-00
Person Notified By:	Time:
Detained: Yes ( ) No ( )	Place:
Authorized By:	Detained:
Released To:	Date:
Relation:	Time:
Co-Perpetrators:	
Co-Perpetrator:	
Victim's Name:	Phone #:
Victim's Address:	
Victim's Name:	Phone #:
Victim's Address:	

10 2/4/91

Give Complete Details of Offense(s) or Complaint(s) and Apprehension:

[REDACTED] was born 1-3-00. He and mother tested positive for cocaine. Mother had no prenatal care. This agency had been working with [REDACTED] since 11-98 regarding substance abuse treatment and parenting because she had a baby 11-98 and she and baby were positive for marijuana and cocaine. Ms. [REDACTED] had not complied with case plans for treatment.

Investigating Officer	Agency: P.O. Report #	Phone #
Complainant's Name: [REDACTED]	Complainant's Address: [REDACTED] CS [REDACTED] 1321	Phone: [REDACTED]
Signature: _____	Date: _____	Phone: [REDACTED]



JAN 12 2000

IN THE JUVENILE COURT OF [REDACTED] COUNTY

R [REDACTED]  
[REDACTED]

STATE OF GEORGIA

IN THE INTEREST OF:

[REDACTED]  
DOB: 4-22-91

CASE NUMBER: [REDACTED]

[REDACTED]  
DOB: 9-15-92

CASE NUMBER: [REDACTED]

[REDACTED]  
DOB: 1-3-00

CASE NUMBER: [REDACTED]

\_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

reasonable efforts have made by the Department of Family and Children Services to prevent or eliminate the need for removal and to make it possible for said child to remain in the home.

reasonable efforts were not appropriate or in the best interest of the child to prevent or eliminate the need for removal.

reasonable efforts have been made since removal to reunite the child with the family.

It is therefore ordered that said child be placed in the custody of the [REDACTED] DEPARTMENT OF FAMILY AND CHILDREN SERVICES until further order of the Court or until released by a person duly authorized by the Court.

Said child is being placed pursuant to O.C.G.A. Section 15-11-18 for the following reason(s):

to protect the person or property of others or of the child;

( ) the child may abscond or be removed from the jurisdiction of the Court:

✓ because he has no parent, guardian, or custodian or other person able to provide supervision and care for him and return him to the Court when required:

( ) an order for his detention or shelter care has been made by the Court pursuant to the Juvenile Proceedings Code.

It is further ordered that the placement shall be:

~~\_\_\_\_\_~~ approved Youth Home

It is further ordered that the custodian be and hereby is authorized to obtain a physical examination, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, requires prompt treatment for the care of the said child while said child is in their custody.

It is further ordered that the parents, guardians, custodians and other family members shall cooperate and participate in the completion of a comprehensive family assessment, the results of which are to be submitted to the multi-disciplinary team and the Court.

ORDERED AND ADJUDGED THIS 7 day of Jan, 2000, 199  .

~~\_\_\_\_\_~~  
Judge \_\_\_\_\_ of the Juvenile Court

JAN 26 2000

IN THE JUVENILE COURT OF ██████████ COUNTY  
STATE OF GEORGIA

██████████  
██████████

IN THE INTEREST OF:

██████████  
DOB: 04/22/91  
Sex: Female  
Race: Black

CASE NO. ██████████

██████████  
DOB: 01/03/00  
Sex: Male  
Race: Black

CASE NO. ██████████

██████████  
DOB: 09/15/92  
Sex: Male  
Race: Black

CASE NO. 01 ██████████

IN THE INTEREST OF  
THE ABOVE NAMED CHILDREN  
UNDER EIGHTEEN YEARS  
OF AGE.

PETITION ALLEGING CHILDREN TO BE DEPRIVED

The children upon whose behalf this petition is brought are the above named children and are of the sex and age as above set forth.

1.

The natural mother of said children is ██████████ and her address is Route ██████████ ██████████

2.

The natural father of said M██████ and M██████ is ██████████ N, and his whereabouts are unknown. The natural father of said J██████ is ██████████ and his last known address is ██████████

3.

The above-named children are deprived in that they are without proper parental care or control necessary for their physical, mental, and emotional health.

4.

It is in the best interest of the children and the public that this proceeding be brought to determine whether or not the above-named children are deprived.

5.

Said children are currently in the custody of the Georgia Department of Human Resources, acting by and through the [redacted] County Department of Family and Children Services.

WHEREFORE, petitioner respectfully demands that the Court inquire into the allegations contained herein and determine whether said children are deprived, and make such disposition as is found to be proper, as provided by law.

T  
S  
Attorney General

W  
S  
Se

S  
S  
Assistant Attorney General

[Signature]  
Special Assistant Attorney General

103 Courthouse Square  
[redacted]

STATE OF GEORGIA

FEB 03 2000

IN THE INTEREST OF:

██████████  
DOB: 04/22/91  
Sex: Female  
Race: Black

CASE NO. ██████████

██████████  
DOB: 01/03/00  
Sex: Male  
Race: Black

CASE NO. ██████████

██████████  
DOB: 09/15/92  
Sex: Male  
Race: Black

CASE NO. 01 ██████████

IN THE INTEREST OF  
THE ABOVE NAMED CHILDREN  
UNDER EIGHTEEN YEARS  
OF AGE.

ORDER

This case having come before the Court for hearing on February 1, 2000, seeking to have the above-named children declared to be deprived, after hearing testimony and reviewing evidence, and by agreement of the parties, the Court enters the following order:

FINDINGS OF FACT

The children upon whose behalf this petition is brought are the above-named children and are of the age and sex as above set forth.

The natural mother of said children is ██████████, and her address is ██████████

██████████ She was properly served, and did appear at the hearing.

The natural father of said ██████████ and ██████████ is ██████████ WILTON, and his whereabouts are unknown. The ██████████

natural father of said [REDACTED] is [REDACTED] and his last known address is [REDACTED]. He did not appear at the hearing.

Based upon evidence and testimony presented by the Georgia Department of Human Resources acting by and through the [REDACTED] Department of Family and Children Services, and by agreement of the parties, the Court finds that said children are deprived with clear and convincing evidence in that they are without proper parental care, control and supervision for their physical, mental and emotional health and specifically because the agency has been working with the natural mother since November of 1998 when the natural mother and her new born baby tested positive for marijuana and cocaine. The natural mother has not been compliant in completing her case plan goals for treatment. On January 3, 2000, the natural mother had another child. Both the natural mother and the baby tested positive for cocaine. The natural mother had received no prenatal care. Therefore, legal custody of said children is hereby vest in the Georgia Department of Human Resources acting by and through the [REDACTED] Department of Family and Children Services.

The Court further finds that continuation in the home would be contrary to the welfare of the children and that reasonable efforts were made to prevent or eliminate the need for the removal of the children and to make it possible for them to remain in the home.

The permanency plan in this case is reunification.

CONCLUSIONS OF LAW

The Court has jurisdiction over the above-named children, the natural mother, the natural fathers, and the subject matter of this petition. Venue is proper in this case based on O. C. G. A. 15-11-15, in that said children reside in [REDACTED].

It is in the best interest of the public and of the above-named children that this petition be brought.

Based upon the foregoing evidence, and by agreement of the parties, the Court concludes that the Petitioner has established by clear and convincing evidence that the Department of Human Resources, acting by and through the [REDACTED] of Family and Children Services. The Petitioner is authorized to have access to the juvenile records of the above named children during the pendency of this order, or any extensions of the same.

This order will expire on the 4th day of January, 2001, unless renewed by the Court.

SO ORDERED, this 3<sup>rd</sup> day of May, 2000.

[REDACTED]  
JUDGE, JUVENILE COURT  
[REDACTED] COUNTY, GEORGIA

# Model Court Orders

\_\_\_\_\_  
CLERK/DEPUTY CLERK

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_  
SEX: \_\_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**ORDER FOR SHELTER CARE**

A complaint has been made to the Court concerning the above-named child(ren). The Court finds from information brought before it that continuation in the home at this time would be contrary to the welfare of said child(ren) and it is necessary for the protection of said child(ren) that that he/she/they be placed in shelter care because \_\_\_\_\_  
\_\_\_\_\_

The Court also finds that pursuant to Official Code of Georgia Ann. Section 15-11-58(a):

- ( ) **reasonable efforts have been made** by the Department to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for removal of the child(ren) from the child(ren)'s home and to make it possible for said child(ren) to remain safely in the home, **to wit** \_\_\_\_\_  
\_\_\_\_\_
- ( ) **reasonable efforts** by the Department to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for removal of the child(ren) from the child(ren)'s home and to make it possible for said child(ren) to remain safely in the home **were not required pursuant to O.C.G.A. Section 15-11-58 (a)(4) (A-C) because:** \_\_\_\_\_
- ( ) the Department failed to make reasonable efforts to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for removal of the child(ren) from the child(ren)'s home and to make it possible for said child(ren) to remain safely in the home. The following efforts would have been reasonable to prevent or eliminate the need for removal: \_\_\_\_\_

IT IS THEREFORE ORDERED that said child(ren) be placed in the custody of \_\_\_\_\_ until further Order of the Court or until released by a person duly authorized by the Court. Said child(ren) is/are being placed pursuant to Official Code of Georgia Ann. Section 15-11-46 for the following reasons:

- ( ) to protect the person or property of others or of the child(ren);
- ( ) the child(ren) may abscond or be removed from the jurisdiction of the court;
- ( ) because he/she/they has/have no parent, guardian, or custodian or other person able to provide supervision and care for him/her/them and return him/her/them to the Court when required;
- ( ) an Order for his/her/their detention or shelter care has been made by the Court pursuant to the Juvenile Proceedings Code.

Pursuant to O.C.G.A. Section 15-11-48(f), the Court approves the following physical placement of the child(ren): \_\_\_\_\_ pending the 72 Hour Hearing on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_ m.

It is further ordered that the custodian be and hereby is authorized to obtain a physical examination, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, requires prompt treatment for the care of said child(ren) while said child(ren) is/are in his/her/its custody.

ORDERED AND ADJUDGED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY,  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE# \_\_\_\_\_  
Child(ren) Under the Age of 18

**72 HOUR HEARING ORDER**

The above and foregoing matter is before the Court for a 72 Hour Hearing based upon a  
(Complaint)(Petition) filed by the Georgia Department of Human Resources by and through the  
\_\_\_\_\_ County DFACS/ \_\_\_\_\_ alleging the above named  
child(ren) to be deprived. Present in / for Court were:

- Mother \_\_\_\_\_  Attorney \_\_\_\_\_  
 Father of \_\_\_\_\_  
(Legal) \_\_\_\_\_  Attorney \_\_\_\_\_  
(Putative) \_\_\_\_\_  Attorney \_\_\_\_\_  
 Father of \_\_\_\_\_  
(Legal) \_\_\_\_\_  Attorney \_\_\_\_\_  
(Putative) \_\_\_\_\_  Attorney \_\_\_\_\_  
 DFACS \_\_\_\_\_  SAAG \_\_\_\_\_  
 Other Complainant \_\_\_\_\_  Attorney \_\_\_\_\_  
 Guardian ad Litem \_\_\_\_\_  
 Other \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He/She/They was/were (not) notified of the proceedings as follows: \_\_\_\_\_

Prior to the call of the matter for hearing, or during the course of the hearing, the parties conferred  
and the (mother)(father) consented to temporary custody and control of said child(ren) being placed with  
the following individual or agency: \_\_\_\_\_

( ) **Based upon the evidence presented [or consent of the parent(s)], the Court finds that there is probable cause to believe the above named child(ren) is/are deprived pursuant to O.C.G.A. Section 15-11-2(8)(A):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Based upon the evidence presented, the Court does not find that there is probable cause to believe the above named child(ren) to be deprived. Accordingly, the Complaint is **HEREBY DISMISSED**.

( ) **The \_\_\_\_\_ County Department of Family and Children Services made reasonable efforts to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for the removal of the child(ren) from his/her/their home, and to make it possible for the child(ren) to return safely home:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Reasonable efforts by the \_\_\_\_\_ County Department of Family and Children Services to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for the removal of the child(ren) from his/her/their home, and to make it possible for the child(ren) to return safely home were not required under O.C.G.A. Section 15-11-58(a)(4)(A-C) because: \_\_\_\_\_

( ) The \_\_\_\_\_ County Department of Family and Children Services failed to make reasonable efforts to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for the removal of the child(ren) from his/her/their home, and to make it possible for the child(ren) to return safely home. The following efforts would have been reasonable to prevent or eliminate the need for removal:

\_\_\_\_\_

( ) This is a private deprivation matter in which DFACS is not involved. The child(ren) is not /are not placed in foster care. Reasonable efforts are not an issue.

( ) **Continuation in the home would be contrary to the welfare of the child(ren)** and removal of the child(ren) from his/her/their home is in his/her/their best interest because \_\_\_\_\_  
\_\_\_\_\_

( ) Continuation in the home would **not** be contrary to the welfare of the child(ren). The Court finds that the risk can be managed with the child(ren) in the home provided that the parent(s) and DFACS comply with the following conditions: \_\_\_\_\_  
\_\_\_\_\_

Therefore, the child(ren) is not / are not removed from the custody of \_\_\_\_\_.

( ) IT IS THEREFORE ORDERED that temporary custody of the above named child(ren) should be and is HEREBY PLACED in \_\_\_\_\_ County DFACS / \_\_\_\_\_ pending (the filing of a Petition and) an Adjudicatory Hearing to be scheduled in this Court (now scheduled for: \_\_\_\_\_ at \_\_\_\_\_, \_\_m.). DFACS shall begin reasonable efforts to locate a relative or other person with a committed relationship to the child(ren) who may serve as a placement resource for the family.

IT IS FURTHER ORDERED that the following home evaluation(s) be performed:

\_\_\_\_\_

IT IS FURTHER ORDERED: \_\_\_\_\_

\_\_\_\_\_

IT IS FURTHER ORDERED that the named custodian is hereby authorized to obtain for this/these child(ren) physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child(ren).

Unless otherwise noted, all parties named as present at the 72 Hour Hearing were given a copy of this Order.

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

**(If applicable)** Consented to by:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Attorney for mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Other Petitioner

\_\_\_\_\_  
Petitioner's Attorney

\_\_\_\_\_  
SAAG

\_\_\_\_\_  
Guardian ad Litem

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**ORDER OF ADJUDICATION and DISPOSITION**

The above and foregoing matter came before the Court on \_\_\_\_\_, for an Adjudicatory Hearing based upon a Petition filed by the Georgia Department of Human Resources by and through the \_\_\_\_\_ County Department of Family and Children Services alleging the above named child(ren) to be deprived.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

Present in Court were:

- |                             |                    |
|-----------------------------|--------------------|
| ( ) Mother _____            | ( ) Attorney _____ |
| ( ) Father _____            |                    |
| (Legal) _____               | ( ) Attorney _____ |
| (Putative) _____            | ( ) Attorney _____ |
| ( ) DFACS _____             | ( ) SAAG _____     |
| ( ) Other Petitioner _____  | ( ) Attorney _____ |
| ( ) Guardian ad Litem _____ |                    |
| ( ) Other _____             |                    |

The following interested part(y)(ies) was/were NOT present: \_\_\_\_\_

2.

The child(ren) is/are of the age and sex and has/have the name(s) set forth above. (The child(ren) is/are (a) resident(s) of \_\_\_\_\_ County, Georgia.) (The child(ren) was/were physically present in this county at the time of the filing of the Petition.)

3.

The mother of the child(ren), \_\_\_\_\_, was/was not present in Court for the hearing. She was notified of the proceedings by (personal service) (certified mail) (publication). (She was not notified of the proceedings because \_\_\_\_\_)

The (legal) (biological) (putative) father of the child(ren), \_\_\_\_\_, was/was not present in Court for the hearing. He was notified of the proceedings by (personal service) (certified mail) (publication). (He was not notified of the proceedings because \_\_\_\_\_)

4.

**(facts showing deprivation)**

5.

**[Facts outlining the efforts to prevent removal and make the child(ren)'s return home possible] [or facts showing that the Department has not made reasonable efforts] or**

The Court finds that based upon the Affidavit of Efforts filed by the \_\_\_\_\_ County Department of Family and Children Services attached hereto as Exhibit A and incorporated herein, said Department made reasonable efforts to preserve and reunify the family prior to the placement of the child(ren) in foster care, to prevent or eliminate the need for removal of the child(ren) from the home and to make it possible for the child(ren) to return home.

6.

The Court finds the gross income of the mother is \$ \_\_\_\_\_ per \_\_\_\_\_.  
The Court finds the gross income of the (legal) (biological) (putative) father is \$ \_\_\_\_\_ per \_\_\_\_\_.

The Court (does) (does not) find facts regarding special circumstances pursuant to O.C.G.A. §19-6-15(c).

Facts regarding special circumstances are as follows: \_\_\_\_\_  
\_\_\_\_\_

**CONCLUSIONS OF LAW**

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren), mother and (legal) (biological) (putative) father. Venue is proper in this Court.

This/These child(ren) is/are (a) deprived child(ren) as defined in O.C.G.A. Section 15-11-2(8)(A) in that he/she/they is/are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her/their physical, mental or emotional health or morals. The causes of the deprivation as to the mother are:

- |   |   |
|---|---|
| <input type="checkbox"/> Physical abuse   | <input type="checkbox"/> Sexual abuse                         |
| <input type="checkbox"/> Emotional abuse  | <input type="checkbox"/> Neglect/Lack of Supervision          |
| <input type="checkbox"/> Medical Neglect  | <input type="checkbox"/> Neglect/Inadequate Housing           |
| <input type="checkbox"/> Educational Neglect  | <input type="checkbox"/> Substance Abuse by Parent            |
| <input type="checkbox"/> Abandonment  | <input type="checkbox"/> Mental/Physical Impairment of Parent |
| <input type="checkbox"/> Neglect/Failure to Provide adequate support for child(ren) due to unstable or irregular employment |   |
| <input type="checkbox"/> (Perpetration of) (Failure to Protect from) Domestic Violence                                      |   |
| <input type="checkbox"/> Other _____  |   |

The causes of deprivation as to the (legal) (biological) (putative) father are:

- |  |  |
|--|--|
| <input type="checkbox"/> Physical abuse      | <input type="checkbox"/> Sexual abuse                |
| <input type="checkbox"/> Emotional abuse     | <input type="checkbox"/> Neglect/Lack of Supervision |
| <input type="checkbox"/> Medical Neglect     | <input type="checkbox"/> Neglect/Inadequate Housing  |
| <input type="checkbox"/> Educational Neglect | <input type="checkbox"/> Substance Abuse by Parent   |



pursuant to Section 15-11-58 of the Official Code of Georgia Annotated which shall be submitted to the Court to become the Court Ordered plan of care unless a party appeals the plan as provided by law. At a minimum, said plan shall include the following goals which must be accomplished before the child(ren) may return home. Said goals must coincide with the issues of deprivation found herein.

Mother's Goals:

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(Legal) (Biological) (Putative) Father's Goals:

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Based upon the above Findings of Fact, the Court further concludes that the Child Support Guidelines presumptively set support for \_\_\_\_ child(ren) at \_\_\_\_% to \_\_\_\_% of a parent's gross income. Having found that no special circumstances exist or having found the special circumstances specified herein, the Court orders the mother to pay to the \_\_\_\_\_ County Department of Family and Children Services \$ \_\_\_\_\_ per \_\_\_\_\_ as child support on behalf of the above child(ren) which constitutes \_\_\_\_% of the mother's gross income. Said payments shall begin on \_\_\_\_\_.

Based upon the above Findings of Fact, the Court further concludes that the Child Support Guidelines presumptively set support for \_\_\_\_ child(ren) at \_\_\_\_% to \_\_\_\_% of a parent's gross income. Having found that no special circumstances exist or having found the special circumstances specified herein, the Court orders the father to pay to the \_\_\_\_\_ County Department of Family and Children Services \$ \_\_\_\_\_ per \_\_\_\_\_ as child support on behalf of the above child(ren) which constitutes \_\_\_\_% of the father's gross income. Said payments shall begin on \_\_\_\_\_.

IT IS FURTHER ORDERED that while said child(ren) is/are in the custody of the \_\_\_\_\_ County Department of Family and Children Services the parents of said child(ren)

shall participate in the Judicial Citizen Panel Review program or Judicial Review as directed and the \_\_\_\_\_ County Department of Family and Children Services is HEREBY directed to furnish the Court or the Judicial Citizen Review Panels all information in its possession concerning the family, including but not limited to psychological evaluations performed on the child(ren), the parents or any other extended family member if available.

**IT IS FURTHER ORDERED that the mother and the father shall notify the Clerk of this Court of any change in address within 72 hours of the change.**

IT IS FURTHER ORDERED that the \_\_\_\_\_ County Department of Family and Children Services is authorized to obtain for said child(ren) physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child(ren).

**This matter is HEREBY SET for Final Disposition on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_m. at which time the Court will consider the report to be filed by the Department concerning the availability as a placement resource of a relative or other individual with an ongoing commitment to the child. All parties shall be in attendance at that time.**

**This Order shall expire on \_\_\_\_\_, unless sooner terminated by Order of this Court.**

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE

\_\_\_\_\_ County Juvenile Court

## Notes for consideration with this Order

Disposition alternatives:

\*\*\*\*\* "The permanency plan is uncertain at this time. Accordingly, the \_\_\_\_\_ Department of Family and Children Services is hereby directed to prepare a case plan for reunification or nonreunification pursuant to O.C.G.A. Sec. 15-11-58. If reunification is deemed appropriate, the plan shall be submitted to the Court to become the Court ordered plan of care unless a party appeals the plan as provided by law. If nonreunification is deemed appropriate, a hearing shall be set on the matter."

\*\*\*\*\* "The Court recessed while the parents, the representatives from the Department of Family and Children Services, the representative from the Citizen's Review Panel, and the attorneys conferred on a case plan for reunification. The parties reached an agreement as to that plan which has been presented to the Court. The Court finds the plan to be appropriate and finds the following elements of the plan essential for reunification of the child with the parent:

- 1.
- 2.
3. etc.

The Court finds that substantial compliance with items 1, 2, 3, and (whatever) must be accomplished by the father/mother before reunification can be achieved."

\*\*\*\*\* "Disposition is hereby continued until **[date and time]**. The parties are HEREBY ORDERED to be in attendance at that time."

\*\*\*\*\* "This matter shall be reviewed by the Court on **[date and time]**. A Permanency Hearing is hereby set for **[date and time approximately 11 months away]**. The parties are HEREBY ORDERED to be in attendance at that time."

\*\*\*\*\*"This matter is hereby set for review by the (Court) (Judicial Citizen Review Panels) on the following dates: **[Set dates and times for reviews (90 days, 6 months after that)]** A Permanency Hearing is hereby set for **[date and time approximately 11 months away]**. The parties are HEREBY ORDERED to be in attendance at that time."

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**FINAL DISPOSITION ORDER**

On \_\_\_\_\_, this Court entered an Order (hereinafter referred to as the "Provisional Order") finding the above-named child(ren) to be deprived and placing temporary custody and control of said child(ren) with the \_\_\_\_\_ County Department of Family and Children Services (hereinafter referred to as the Department) subject to the requirement that the Department conduct a reasonably diligent search for potential caregivers as provided in O.C.G.A. Section 15-11-55. The Court finds that the report containing the results of said search has been properly and timely filed, and that the results contained therein indicate that the search conducted by the Department was reasonably diligent.

The following individuals were present in/for the Review / Hearing on \_\_\_\_\_:

- ( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father of \_\_\_\_\_  
(Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
(Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father of \_\_\_\_\_  
(Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
(Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Other Petitioner \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Other \_\_\_\_\_

This case having been set for the limited purpose of reviewing and passing on the results of the search required in accordance with O.C.G.A. Section 15-11-55, the Court is not required to make reasonable efforts findings.

The Provisional Dispositional Order is hereby made the Final Dispositional Order of the Court. Temporary Custody is HEREBY placed with the Georgia Department of Human Resources through the \_\_\_\_\_ County Department of Family and Children Services. Said Order shall expire on \_\_\_\_\_ unless sooner terminated by Order of this Court.

**The parties are ordered to abide by each and every requirement of the Order of the Court.**

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_, County Juvenile Court

OPTIONAL PROVISION TO BE USED WHERE SEARCH  
IS FOUND NOT TO BE REASONABLY DILIGENT

On \_\_\_\_\_, this Court entered an Order (hereinafter referred to as the "Provisional Order") finding the above-named child(ren) to be deprived and placing temporary custody and control of said child(ren) with the \_\_\_\_\_ County Department of Family and Children Services (hereinafter referred to as the Department) subject to the requirement that the Department conduct a reasonably diligent search for potential caregivers as provided in O.C.G.A. Section 15-11-55. The Court finds that the report containing the results of said search has been properly and timely filed, but that the results contained therein do not indicate that the search conducted by the Department was reasonably diligent, and that the search is deficient in the following particulars: \_\_\_\_\_.

The Department is hereby directed to correct said deficiencies and file an amended report by \_\_\_\_\_, which shall be reviewed by this Court on \_\_\_\_\_, at \_\_\_ o'clock \_\_. m. In the meantime, the Provisional Order shall remain in full force and effect as entered.

[NOTE: In the event that this finding is made, the third from last paragraph placing temporary custody in the Department should be deleted.]

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**SUPPLEMENTAL ORDER INCORPORATING 30-DAY CASE PLAN**

On \_\_\_\_\_, this Court entered an Order finding the above-named child(ren) to be deprived and placing temporary custody and control of said child(ren) with the \_\_\_\_\_ County Department of Family and Children Services.

The child(ren) was/were removed from the home on \_\_\_\_\_.

The Department formulated a case plan pursuant to the requirements of O.C.G.A. Section 15-11-58(c). The written report containing the case plan was received by this Court on \_\_\_\_\_. Pursuant to law, the father/mother was/were provided with proper notice concerning his/her right to a hearing on the proposed case plan. No hearing having been requested by any party, and the Court having received the plan and having found it to be an appropriate plan for reunification, the Court does hereby approve the plan as submitted and finds the following elements of the plan essential for reunification of the child(ren) with the parent(s):

- 1.
- 2.
3. (etc.)

The Court finds that substantial compliance with items 1, 2, 3, and (whatever) must be accomplished by the father/mother before reunification can be achieved.

The parties are hereby ordered to comply with each and every requirement of this Supplemental Order. The child(ren) may be returned home only upon the prior approval of the Court pursuant to O.C.G.A. Section 15-11-55.

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY,  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**SUPPLEMENTAL ORDER FOLLOWING JUDICIAL CITIZEN PANEL REVIEW**

The above styled matter was reviewed at a Judicial Citizen Review Panel meeting held on \_\_\_\_\_.  
The recommendations of the Panel were submitted to the Court within five days of the Review as required by  
O.C.G.A. Section 15-11-58 (k). No party requested a hearing on the recommendations. Upon review of the  
recommendations by the Panel, the Court makes the following **FINDINGS OF FACT**:

**The Permanency Plan(s) at the Time of this Review was / were (concurrently):**

- Reunification with parent(s)       Adoption       Legal guardianship  
 Placement with a fit and willing relative       Placement in another planned permanent living  
arrangement, to wit: \_\_\_\_\_

1. \_\_\_\_\_ Returning to the home would be contrary to the welfare of the child(ren) because \_\_\_\_\_

2. \_\_\_\_\_ Since the last Review, reasonable efforts have been made to finalize the permanency plan(s) in effect. DFACS' Affidavit of Efforts is attached hereto and incorporated herein and approved by the Court.

3. \_\_\_\_\_ DFACS has not made reasonable efforts to finalize the permanency plan(s) in effect as follows: \_\_\_\_\_

4. \_\_\_\_\_ **DFACS' revised plan is for:**

- Reunification with parent(s)       Adoption       Legal guardianship  
 Placement with a fit and willing relative       Placement in another planned permanent living  
arrangement, to wit: \_\_\_\_\_

5. \_\_\_\_\_ DFACS does / does not intend to petition for termination of parental rights.

6. \_\_\_\_\_ The current placement is appropriate for the child(ren)'s needs.

7. \_\_\_\_\_ The current placement is not appropriate for the child(ren)'s needs **in that** \_\_\_\_\_

**IT IS THEREFORE ORDERED AND ADJUDGED:**

- a. \_\_\_\_ A guardian ad litem shall be appointed to determine whether termination proceedings should be commenced (when DFACS indicates that it does not intend to petition for termination of parental rights).
- b. \_\_\_\_ The child(ren) shall return to the home of the parent(s), legal guardian or custodian. DFACS is hereby relieved of legal custody.
- c. \_\_\_\_ The child(ren) shall continue in the current placement as it is appropriate for the child(ren)'s needs.
- d. \_\_\_\_ The child(ren) shall continue in the current placement but the current placement plan is no longer appropriate for the child(ren)'s needs. \_\_\_\_\_ County DFACS is HEREBY DIRECTED to devise another plan addressing the concerns outlined in #7 above and submit said plan to the Court within 10 days for Court approval.
- e. \_\_\_\_ A hearing has been requested by a party/or upon the Court's own motion. The Clerk of Court is instructed to set the the above-styled case for a hearing within \_\_\_\_ days with notice to all parties. The purpose of the hearing is to address the following issues: \_\_\_\_\_
- f. \_\_\_\_ The revised plan is a change from reunification to adoption following termination of parental rights. Reunification services shall continue to be offered and provided until any termination is complete.
- g. \_\_\_\_ The revised plan is a change from reunification to reunification concurrent with adoption / placement with a fit and willing relative. DFACS shall make reasonable efforts to accomplish the concurrent plan as well.
- h. \_\_\_\_ The revised plan is substantially the same as the case plan currently in effect. All elements previously found by the Court to be essential to accomplish the permanency plan remain essential.
- i. \_\_\_\_ The revised plan is substantially different than the previous plan in effect. The following elements are essential to accomplish the permanency plan in place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The parties are ordered to abide by each and every requirement of the Order of the Court.**

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_, County Juvenile Court

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**JUDICIAL REVIEW**

The above and foregoing matter is before the Court for a Judicial Review based upon:

- ( ) the prior scheduling by the Court
- ( ) the request of the Court following a Judicial Citizens Panel Review
- ( ) an appeal following a Judicial Citizens Panel Review filed by \_\_\_\_\_  
\_\_\_\_\_

Based upon the evidence presented (the consent of the parties), the Court makes the following findings of fact by clear and convincing evidence.

**FINDINGS OF FACT**

1.

- ( ) Pursuant to O.C.G.A. §15-11-58(p), the child(ren)'s custodian, foster parent(s), preadoptive parent(s) or relative(s) caring for the child(ren) were notified of the date and time of the Review Hearing.

2.

Present in / for Court were:

- ( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_

- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Other Petitioner \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Other \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He/She/They was/were (not) notified of the proceedings as follows: \_\_\_\_\_

\_\_\_\_\_

3.

**The Permanency Plan(s) at the Time of this Review was / were (concurrently):**

- ( ) Reunification with parent(s)      ( ) Adoption      ( ) Legal guardianship
  - ( ) Placement with a fit and willing relative      ( ) Placement in another planned permanent living arrangement
- To wit: \_\_\_\_\_

4.

- ( ) Reasonable efforts have been made to finalize the permanency plan(s) in effect. Those efforts were:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ( ) DFACS has not made reasonable efforts to finalize the permanency plan(s) in effect in that: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

5.

The compliance of the mother with the case plan for reunification has been: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The compliance of the father with the case plan for reunification has been: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.

In accordance with O.C.G.A. §15-11-58(p), the Court considered the oral or written testimony offered by the parent(s), the custodian, the foster parent(s), and/or any preadoptive parents or relatives providing care for the child(ren) along with all testimony and evidence presented in this case.

7.

( ) Although the mother / father has / have actively participated in the case plan for reunification and has / have worked diligently to improve her / his / their circumstances, immediate reunification is not feasible because \_\_\_\_\_  
\_\_\_\_\_

( ) The mother / father has / have substantially complied with the case plan for reunification and has / have accomplished the goals required by the Court. The Court finds that the child(ren) can be safely returned home at this time.

( ) **Returning to the home would be contrary to the welfare of the child(ren) because** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.

DFACS' / (the Court's) revised plan is

- ( ) Reunification with parent(s)      ( ) Adoption      ( ) Legal guardianship
  - ( ) Placement with a fit and willing relative      ( ) Placement in another planned permanent living arrangement
- To wit: \_\_\_\_\_

9.

- ( ) DFACS intends to petition for termination of parental rights
- ( ) DFACS does not intend to petition for termination of parental rights
- ( ) DFACS is not involved in this case as the child(ren)'s needs are being met by: \_\_\_\_\_

10.

- ( ) The current placement is appropriate for the child(ren)'s needs.
  - ( ) The current placement is not appropriate for the child(ren)'s needs **in that** \_\_\_\_\_
- \_\_\_\_\_

11.

- ( ) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**IT IS THEREFORE ORDERED AND ADJUDGED:**

- a. \_\_\_\_\_ A guardian ad litem shall be appointed to determine whether termination proceedings should be commenced.
  - b. \_\_\_\_\_ The child(ren) shall return to the home of the parent(s), legal guardian or custodian. DFACS is hereby relieved of legal custody.
  - c. \_\_\_\_\_ The child(ren) shall continue in the current placement as it is appropriate for the child(ren)'s needs.
  - d. \_\_\_\_\_ The child(ren) shall continue in the current placement but the current placement plan is no longer appropriate for the child(ren)'s needs. \_\_\_\_\_ County DFACS is HEREBY DIRECTED to devise another plan addressing the concerns outlined above and submit said plan to the Court within 10 days for Court approval.
  - e. \_\_\_\_\_ The revised plan is a change from reunification to adoption following termination of parental rights. Reunification services shall continue to be offered and provided until any termination is complete.
  - f. \_\_\_\_\_ The revised plan is a change from reunification to reunification concurrent with adoption / placement with a fit and willing relative. DFACS shall make reasonable efforts to accomplish the concurrent plan as well.
  - g. \_\_\_\_\_ The revised plan is substantially the same as the case plan currently in effect. All elements previously found by the Court to be essential to accomplish the permanency plan remain essential.
  - h. \_\_\_\_\_ The revised plan is substantially different than the previous plan in effect. The following elements are essential to accomplish the permanency plan in place: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The child(ren) SHALL NOT be returned to the parent(s) without the prior consent of this Court.**

**The parties are ordered to abide by each and every requirement of the Order of the Court.**

**IT IS SO ORDERED** this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

**(If applicable)** Consented to by:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Attorney for mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Other Petitioner

\_\_\_\_\_  
Petitioner's Attorney

\_\_\_\_\_  
SAAG

\_\_\_\_\_  
Guardian ad Litem

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY,  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_

Child(ren) Under 18 Years of Age

**ORDER ON MOTION FOR NONREUNIFICATION  
(PERMANENCY PLANNING HEARING ORDER)**

The above and foregoing matter came before the Court on \_\_\_\_\_ for a Permanency Hearing pursuant to O.C.G.A. Section 15-11-58(e) and (j). An Order finding the above-named child(ren) to be deprived was entered on \_\_\_\_\_. On \_\_\_\_\_, the \_\_\_\_\_ County Department of Family and Children Services submitted a report to the Court which does not contain a plan for reunification services. Based upon the evidence presented or stipulated, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

The child(ren) is/are of the age and sex and has/ the name(s) shown above.

2.

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren), the mother and the father. Venue is proper in this Court, \_\_\_\_\_ County being the residence of the child(ren).

3.

( ) Pursuant to O.C.G.A. §15-11-58(p), the child(ren)'s custodian, foster parent(s), preadoptive parent(s), or relative(s) caring for the child(ren), was/were notified of the date and time of the Hearing.

4.

Present in Court were:

- ( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Others \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He/She/They was/were (not) notified of the proceedings as follows: \_\_\_\_\_

\_\_\_\_\_

5

In accordance with O.C.G.A. §15-11-58(p), the Court considered the oral or written testimony offered by the parent(s), the custodian, the foster parent(s), and/or any preadoptive parents or relatives providing care for the child(ren) along with all testimony and evidence presented in this case.

6.

The following circumstances exist, which create a presumption that reunification services should not be provided:

- ( ) The parent has unjustifiably failed to comply with a previously ordered plan designed to reunite the family.
- ( ) A child has been removed from the home on at least two previous occasions and reunification services were made available on those occasions.
- ( ) The following grounds for terminating parental rights exist: \_\_\_\_\_

\_\_\_\_\_

2

( ) The following circumstances as set out in O.C.G.A. Section 15-11-58 (a)(4) exist:

\_\_\_\_\_

7.

( ) Other facts, if applicable: \_\_\_\_\_

\_\_\_\_\_

8.

In regard to the reasonable efforts requirements of O.C.G.A. Section 15-11-58:

( ) **Reasonable efforts were made** after removal of the child(ren) by DFACS to make it possible for the child(ren) to return safely home in that: \_\_\_\_\_

( ) **Reasonable efforts** to return the child(ren) safely home **were not required under O.C.G.A. Section 15-11-58 (a)(4)(A-C) because:** \_\_\_\_\_

( ) The Department **failed to make reasonable efforts** to return the child(ren) safely home. The following efforts would have been reasonable to safely reunify the child(ren) with the family:

\_\_\_\_\_

9.

The specific reason(s) that the child(ren) cannot be maintained safely in the home and that continuation of the child(ren) in the home would be contrary to his/her/their welfare at this time is/are

\_\_\_\_\_

10.

( ) Reasonable efforts to reunify the child(ren) with the family will be detrimental to the child(ren) and therefore reunification services should not be provided or should be terminated because

\_\_\_\_\_

( ) The presumption that reunification services should not be provided has been rebutted by the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11.

- ( ) DFACS intends to petition for termination of parental rights.
- ( ) DFACS does not intend to petition for termination of parental rights.
- ( ) The Court hereby appoints the guardian ad litem to determine whether termination proceedings should be commenced.

12.

The Department of Family and Children Services has provided the Court with written documentation of its search for an appropriate placement with a relative or other individual with an ongoing commitment to the child and the Court finds that this search was / was not reasonable. The results of said search are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.

- ( ) The child(ren)'s out-of-state placement continues to be appropriate and in the best interest of the child(ren).

14.

- ( ) The child(ren) being at least 14 years of age, the Court finds that the following services are needed to assist the child(ren) to make a transition from foster care to independent living:

1. Enrollment in an independent living program.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CONCLUSIONS OF LAW**

Based upon these findings of fact, the Court concludes as follows:

- ( ) Reasonable efforts to reunify this family are not appropriate and therefore should not be provided or should be terminated.
- ( ) Reasonable efforts to reunify this family should be provided. The Department is directed to work with the family to formulate a reunification plan which shall become the order of the Court unless a party appeals the plan as provided by law.

Any of the "Findings of Fact" herein which should have been properly classified by the Court as "Conclusions of Law" shall be considered as "Conclusions of Law" and any "Conclusions of Law" which should have been properly classified as "Findings of Fact" shall be considered as "Findings of Fact."

**The Permanency Plan is as follows:**

- ( ) Reunification with \_\_\_\_\_ no later than: \_\_\_\_\_
- ( ) Adoption following Termination of Parental Rights. Petition to be filed no later than: \_\_\_\_\_
- ( ) Referral for Legal Guardianship no later than: \_\_\_\_\_
- ( ) Placement with a fit and willing relative. Motion to be filed no later than: \_\_\_\_\_
- ( ) Compelling reason why none of the foregoing options would be in the best interest of the child(ren): \_\_\_\_\_  
\_\_\_\_\_
  
- ( ) Permanent placement in another planned permanent living arrangement to be finalized no later than: \_\_\_\_\_. This planned permanent living arrangement is as follows: \_\_\_\_\_  
\_\_\_\_\_
  
- ( ) Reunification services are in place and shall continue until termination of parental rights or until otherwise ordered.

The Department of Family and Children Services shall make reasonable efforts to place said child(ren) in accordance with this permanency plan and shall complete whatever steps are necessary to finalize the permanent placement of the child(ren).

( ) The Department of Family and Children Services shall provide the services specified in Paragraph 14 supra to assist the child(ren) to make a transition from foster care to independent living.

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY,  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**ORDER ON PETITION FOR PLACEMENT WITH A RELATIVE  
OR OTHER THIRD PARTY UNTIL CHILD(REN) 18 YEARS OF AGE**

The above and foregoing matter came before the Court on \_\_\_\_\_ for a placement hearing pursuant to O.C.G.A. §15-11-58(i). The Court has previously entered an Order that efforts to reunify the child(ren) with the mother and father should not be made or should be terminated.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence. Any of the "Findings of Fact" herein which should have been properly classified by the Court as "Conclusions of Law" shall be considered as "Conclusions of Law" and any "Conclusions of Law" which should have been properly classified as "Findings of Fact" shall be considered as "Findings of Fact."

**FINDINGS OF FACT**

1.

The child(ren) is/are of the age(s) and sex and has/have the name(s) set forth above.

2.

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren), the mother, the father, and the proposed long term custodian(s), \_\_\_\_\_.

3.

( ) Pursuant to O.C.G.A. §15-11-58(p), the child(ren)'s custodian, foster parent(s), preadoptive parent(s), or relative(s) caring for the child(ren), was/were notified of the date and time of the Hearing.

4.

Present in Court were:

- ( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father \_\_\_\_\_
- ( ) (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Other \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He / She / They was (not) / were (not) notified of the proceedings as follows:

\_\_\_\_\_  
\_\_\_\_\_

5.

In accordance with O.C.G.A. §15-11-58(p), the Court considered the oral or written testimony offered by the parent(s), the custodian, the foster parent(s), and/or any preadoptive parents or relatives providing care for the child(ren) along with all testimony and evidence presented in this case.

6.

As found in a previous unappealed Deprivation Order and based upon the previous Court hearing granting the Motion of the \_\_\_\_\_ County Department of Family and Children Services for Nonreunification with the child(ren)'s mother and father, the child(ren) remain(s) deprived. Efforts to reunify the child(ren) with a parent would be detrimental to the child(ren) and therefore reunification is not in the best interest of the child(ren).

7.

Referral for termination of parental rights and adoption is not in the best interest of the child(ren) because \_\_\_\_\_

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8.

( ) Facts which indicate the appropriateness of the proposed placement pursuant to O.C.G.A. Section 15-11-58(i)(1)(A), (B), or (C) are: \_\_\_\_\_

( ) There is a compelling reason that a placement pursuant to subsection (A), (B) or (C) of O.C.G.A. Section 15-11-58(i)(1) is not in the best interest of the child(ren), to wit: \_\_\_\_\_

The Court finds that a placement with \_\_\_\_\_ will provide a family home because of the following characteristics: \_\_\_\_\_

9.

( ) The mother, through her attorney and in open Court, consents to the placement of the child(ren) with the proposed custodian. The father, through his attorney and in open Court, consents to the placement of the child(ren) with the proposed custodian .

10.

The Court finds that the \_\_\_\_\_ County Department of Family and Children Services has made reasonable efforts to finalize the permanency plan in place.

**CONCLUSIONS OF LAW AND DISPOSITION**

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren), the mother, the father and *(the relatives or other proposed custodian)*

3

These child(ren) is/are (a) deprived child(ren) as defined in O.C.G.A. Section 15-11-2(8)(A) in that he/she/they is/are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her/their physical, mental or emotional health or morals.

The Department has made reasonable efforts to finalize the permanency plan in place.

The Department's Petition for long term custody of the child(ren) with a relative or other third party is HEREBY GRANTED. Pursuant to O.C.G.A. §15-11-58(i), legal custody and control of the above named child(ren) until the child(ren) is/are 18 years of age, is HEREBY AWARDED to \_\_\_\_\_ . Said custodian(s) may not return custody of the child(ren) to any parent or any other person without the written Order of this Court or another Court of appropriate jurisdiction.

**For Placement of Child(ren) pursuant to O.C.G.A. §15-11-58(i)(1)(D), said agency or organization SHALL notify this Court within ten days of its license being placed on probation, suspended, revoked, or surrendered.** This Court will thereafter conduct a judicial review within ten days of said notification to determine whether another placement should be made for the child.

IT IS FURTHER ORDERED that said custodian(s) is / are authorized to obtain for the child(ren) physical examinations, ordinary medical care and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child(ren).

( ) Within 36 months of this Order and every 36 months thereafter, a probation officer, judicial citizen's review panel established by the Court, or other person or agency designated by the Court shall, after study and review, submit a report to the Court addressing whether the relative continues to be qualified to receive and care for the children.

( ) Within 12 months of this Order and every 12 months thereafter, a probation officer, judicial citizen's review panel established by the Court, or other person or agency designated by the Court shall, after study and review, submit a report to the Court addressing whether the non-relative custodian continues to be qualified to receive and care for the child(ren).

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_, County Juvenile Court

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY,  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**ORDER ON MOTION FOR EXTENSION/PERMANENCY ORDER**

The above and foregoing matter came before the Court on \_\_\_\_\_, based upon a Motion for Extension filed by the Georgia Department of Human Resources by and through the \_\_\_\_\_ County Department of Family and Children Services alleging that said child(ren) continue(s) to be (a) deprived child(ren) and requesting that said child(ren) be continued in the temporary custody and control of the \_\_\_\_\_ County Department of Family and Children Services.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

( ) Pursuant to O.C.G.A. §15-11-58(p), the child(ren)'s custodian, foster parent(s), preadoptive parent(s) or relative(s) caring for the child(ren) were notified of the date and time of the Review Hearing.

2.

Present in / for Court were:

( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_

- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Other Petitioner \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Other \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He/She/They was/were (not) notified of the proceedings as follows: \_\_\_\_\_

\_\_\_\_\_

3.

**The Permanency Plan(s) at the Time of this Review was / were (concurrently):**

- ( ) Reunification with parent(s)      ( ) Adoption      ( ) Legal guardianship
- ( ) Placement with a fit and willing relative      ( ) Placement in another planned permanent living arrangement  
 To wit: \_\_\_\_\_

4.

The child(ren) is/are of the age and sex and has/have the name(s) set forth above. The child(ren) is/are (a) resident(s) of \_\_\_\_\_ County, Georgia.

5.

The child(ren) was/were removed from his/her/their home on \_\_\_\_\_, which is the date the Court is using as the date the child(ren) entered foster care.

6.

- ( ) Reasonable efforts have been made to finalize the permanency plan(s) in effect. Those efforts were:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

( ) DFACS has not made reasonable efforts to finalize the permanency plan(s) in effect in that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7

The compliance of the mother with the case plan for reunification has been: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The compliance of the father with the case plan for reunification has been: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.

In accordance with O.C.G.A. §15-11-58(p), the Court considered the oral or written testimony offered by the parent(s), the custodian, the foster parent(s), and/or any preadoptive parents or relatives providing care for the child(ren) along with all testimony and evidence presented in this case.

9.

( ) There has been insufficient compliance with the case plan for reunification to permit reunification at this time.  
( ) Although the mother / father has/have actively participated in the case plan for reunification and has/have worked diligently to improve her/his/their circumstances, immediate reunification is not feasible because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) The mother / father has/have substantially complied with the case plan for reunification and has/have accomplished the goals required by the Court. The Court finds that the child(ren) can be safely returned home at this time.

10.

( ) **Returning to the home would be contrary to the welfare of the child(ren) because** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

( ) It would be in the best interest of the child(ren) to be returned to the home of the parent(s) at this time because:

---

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11.

( ) An Extension of the Court's Order entered on \_\_\_\_\_ is necessary to accomplish the purposes of the Order.

( ) An Extension of the Court's Order is not appropriate.

12.

( ) DFACS intends to petition for termination of parental rights by \_\_\_\_\_.

( ) DFACS does not intend to petition for termination of parental rights but to continue to pursue reunification.

( ) DFACS does not intend to petition for termination of parental rights. There is a compelling reason that the filing of a termination petition would not be in the child's best interests in that: \_\_\_\_\_

---

---

13.

( ) The child(ren)'s out-of-state placement continues to be appropriate and in the best interest of the child(ren).

14.

( ) The child(ren) being at least 14 years of age, the Court finds that the following services are needed to assist the child(ren) to make a transition from foster care to independent living:

1. Enrollment in an independent living program.

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **CONCLUSIONS OF LAW**

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren) and the child(ren)'s mother / father. Venue is proper in this Court.

( ) The child(ren) is/are (a) deprived child(ren) as defined in O.C.G.A. §15-11-2(3)(A) in that he/she/they is/are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her/their physical, mental or emotional health or morals.

( ) The child(ren) is/are no longer deprived.

( ) The \_\_\_\_\_ County Department of Family and Children Services made reasonable efforts to finalize the permanency plan(s) in place.

( ) The \_\_\_\_\_ County Department of Family and Children Services failed to make reasonable efforts to finalize the permanency plan(s) in place.

( ) Return to the home would be contrary to the welfare of the child(ren) and continued removal of the child(ren) from the home is in the child(ren)'s best interest.

( ) Continued removal of the child(ren) from the home is not in the child(ren)'s best interest.

Any of the "Findings of Fact" herein which should have been properly classified by the Court as "Conclusions of Law" shall be considered as "Conclusions of Law" and any "Conclusions of Law" which should have been properly classified as "Findings of Fact" shall be considered as "Findings of Fact."

#### **DISPOSITION**

( ) The Court HEREBY ORDERS that temporary custody and control of said child(ren) be and hereby is continued with the Georgia Department of Human Resources through the \_\_\_\_\_ County Department of Family and Children Services.

( ) The Motion for Extension is HEREBY DENIED. The child(ren) is/are returned to the custody of the parents.

The **Permanency Plan** for the child(ren) is as follows:

( ) Reunification with \_\_\_\_\_ no later than: \_\_\_\_\_

( ) Adoption following Termination of Parental Rights. Petition to be filed no later than: \_\_\_\_\_

( ) Referral for Legal Guardianship no later than: \_\_\_\_\_

( ) Placement with a fit and willing relative. Motion to be filed no later than: \_\_\_\_\_

( ) Compelling reason why none of the foregoing options would be in the best interest of the child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Permanent placement in another planned permanent living arrangement to be finalized no later than:

\_\_\_\_\_. This planned permanent living arrangement is as follows: \_\_\_\_\_

\_\_\_\_\_

( ) Reunification services are in place and shall continue until termination of parental rights or until otherwise ordered.

( ) The Department of Family and Children Services shall provide the services specified in Paragraph 14 supra to assist the child(ren) to make a transition from foster care to independent living.

IT IS FURTHER ORDERED that the \_\_\_\_\_ County Department of Family and Children Services is authorized to obtain for said child(ren) physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child(ren).

This Order shall expire on \_\_\_\_\_, unless sooner terminated by Order of this Court.

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

**(If applicable)** Consented to by:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Attorney for mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Father

\_\_\_\_\_  
Attorney for father

\_\_\_\_\_  
Other Petitioner

\_\_\_\_\_  
Petitioner's Attorney

\_\_\_\_\_  
SAAG

\_\_\_\_\_  
Guardian ad Litem

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_  
Child(ren) Under 18 Years of Age

**ORDER OF ADJUDICATION and DISPOSITION/PERMANENCY ORDER**

The above and foregoing matter came before the Court on \_\_\_\_\_, for an Adjudicatory Hearing based upon a Petition filed by the Georgia Department of Human Resources by and through the \_\_\_\_\_ County Department of Family and Children Services alleging the above named child(ren) continue(s) to be deprived and requesting that temporary custody and control of said child(ren) continue in the Department.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

( ) Pursuant to O.C.G.A. §15-11-58(p), the child(ren)'s custodian, foster parent(s), preadoptive parent(s) or relative(s) caring for the child(ren) were notified of the date and time of the Hearing.

2.

Present in / for Court were:

( ) Mother \_\_\_\_\_ ( ) Attorney \_\_\_\_\_

- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Father of \_\_\_\_\_  
 (Legal) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_  
 (Putative) \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) DFACS \_\_\_\_\_ ( ) SAAG \_\_\_\_\_
- ( ) Other Petitioner \_\_\_\_\_ ( ) Attorney \_\_\_\_\_
- ( ) Guardian ad Litem \_\_\_\_\_
- ( ) Other \_\_\_\_\_

The following part(y)(ies) was not/were not present: \_\_\_\_\_

He/She/They was/were (not) notified of the proceedings as follows: \_\_\_\_\_

3.

**The Permanency Plan(s) at the Time of this Hearing was / were (concurrently):**

- ( ) Reunification with parent(s)      ( ) Adoption      ( ) Legal guardianship
- ( ) Placement with a fit and willing relative      ( ) Placement in another planned permanent living arrangement
- To wit: \_\_\_\_\_

4.

The child(ren) is/are of the age and sex and has/have the name(s) set forth above. (The child(ren) is/are (a) resident(s) of \_\_\_\_\_ County, Georgia.

5.

The child(ren) were removed from his/her/their home on \_\_\_\_\_, which is the date the Court is using as the date the child(ren) entered foster care.

6.

The child(ren) is/are (a) deprived child(ren) for the following reasons: \_\_\_\_\_

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7.

( ) Reasonable efforts have been made to finalize the permanency plan(s) in effect. Those efforts were:

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---

---

---

( ) DFACS has not made reasonable efforts to finalize the permanency plan(s) in effect in that: \_\_\_\_\_

---

---

8.

The compliance of the mother with the case plan for reunification has been: \_\_\_\_\_

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---

The compliance of the father with the case plan for reunification has been: \_\_\_\_\_

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---

( ) There is no case plan for reunification at this time.

9.

In accordance with O.C.G.A. §15-11-58(p), the Court considered the oral or written testimony offered by the parent(s), the custodian, the foster parent(s), and/or any preadoptive parents or relatives providing care for the child(ren) along with all testimony and evidence presented in this case.

10.

There has been insufficient compliance with the case plan for reunification to permit reunification at this time.

Although the mother / father has/have actively participated in the case plan for reunification and has/have worked diligently to improve her/his/their circumstances, immediate reunification is not feasible because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The mother / father has/have substantially complied with the case plan for reunification and has/have accomplished the goals required by the Court. The Court finds that the child(ren) can be safely returned home at this time.

11.

**Returning to the home would be contrary to the welfare of the child(ren) because:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It would be in the best interest of the child(ren) to be returned to the home of the parent(s) at this time because:

\_\_\_\_\_

\_\_\_\_\_

12.

DFACS intends to petition for termination of parental rights by \_\_\_\_\_.

DFACS does not intend to petition for termination of parental rights but to continue to pursue reunification.

DFACS does not intend to petition for termination of parental rights. There is a compelling reason that the filing of a termination petition would not be in the child's best interests in that: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13.

The child(ren)'s out-of-state placement continues to be appropriate and in the best interest of the child(ren).

( ) The child(ren) being at least 14 years of age, the Court finds that the following services are needed to assist the child(ren) to make a transition from foster care to independent living:

1. Enrollment in an independent living program.
2. \_\_\_\_\_
3. \_\_\_\_\_

**CONCLUSIONS OF LAW**

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child(ren), mother and (legal) (biological) (putative) father. Venue is proper in this Court.

( ) This/These child(ren) is/are (a) deprived child(ren) as defined in O.C.G.A. §15-11-2(8)(A) in that he/she/they is/are without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her/their physical, mental or emotional health or morals.

( ) The child(ren) is/are no longer deprived.

( ) The \_\_\_\_\_ County Department of Family and Children Services made reasonable efforts to finalize the permanency plan(s) in place.

( ) The \_\_\_\_\_ County Department of Family and Children Services failed to make reasonable efforts to finalize the permanency plan(s) in place.

( ) Return to the home would be contrary to the welfare of the child(ren) and continued removal of the child(ren) from the home is in the child(ren)'s best interest.

( ) Continued removal of the child(ren) from the home is not in the children's best interest.

Any of the "Findings of Fact" herein which should have been properly classified by the Court as "Conclusions of Law" shall be considered as "Conclusions of Law" and any "Conclusions of Law" which should have been properly classified as "Findings of Fact" shall be considered as "Findings of Fact."

**DISPOSITION**

( ) The Court HEREBY ORDERS that temporary custody and control of said child(ren) be and hereby is continued with the Georgia Department of Human Resources through the \_\_\_\_\_ County Department of Family and Children Services.

( ) The Petition for Extension is HEREBY DENIED. The child(ren) is/are returned to the custody of the parents.

( ) IT IS FURTHER ORDERED that while said child(ren) is/are in the custody of the \_\_\_\_\_ County Department of Family and Children Services the parents of said child(ren) shall participate in the Judicial Citizen Panel Review program or Judicial Review as directed and the \_\_\_\_\_ County Department of Family and Children Services is HEREBY directed to furnish the Court or the Judicial Citizen Review Panels all information in its possession concerning the family, including but not limited to psychological evaluations performed on the child(ren), the parents or any other extended family member if available.

The **Permanency Plan** for the child(ren) is as follows:

- ( ) Reunification with \_\_\_\_\_ no later than: \_\_\_\_\_
- ( ) Adoption following Termination of Parental Rights. Petition to be filed no later than: \_\_\_\_\_
- ( ) Referral for Legal Guardianship no later than: \_\_\_\_\_
- ( ) Placement with a fit and willing relative. Motion to be filed no later than: \_\_\_\_\_

( ) Compelling reason why none of the foregoing options would be in the best interest of the child(ren):

\_\_\_\_\_  
\_\_\_\_\_

( ) Permanent placement in another planned permanent living arrangement to be finalized no later than: \_\_\_\_\_

This planned permanent living arrangement is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Reunification services are in place and shall continue until termination of parental rights or until otherwise ordered.

( ) The Department of Family and Children Services shall provide the services specified in Paragraph 14 supra to assist the child(ren) to make a transition from foster care to independent living.

**IT IS FURTHER ORDERED that the mother and the father shall notify the Clerk of this Court of any change in address within 72 hours of the change.**

IT IS FURTHER ORDERED that the \_\_\_\_\_ County Department of Family and Children Services is authorized to obtain for said child(ren) physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child(ren).

**This Order shall expire on \_\_\_\_\_, unless sooner terminated by Order of this Court.**

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

*[Note: This Order is used after a child has been in foster care longer than one Extension.]*

**DISPOSITION**

Accordingly, it is HEREBY ORDERED that the parental rights of [MOTHER] and [FATHER] to [CHILD] are HEREBY TERMINATED. This Order is without limit as to duration and terminates all the parent's rights and obligation with respect to the child, and all rights and obligations of the child to the parent arising from the parental relationship, including rights of inheritance. [MOTHER] and [FATHER] are hereafter NOT entitled to notice of proceedings concerning the adoption of the child by another, nor have they any right to object to the adoption or otherwise participate in the proceedings.

Pursuant to O.C.G.A. §15-11-103(a), permanent custody of [CHILD] is hereby ORDERED as follows:

( ) Pursuant to paragraph (1) of this code subsection, Permanent Custody of [CHILD] is HEREBY AWARDED to [RELATIVE] for the purpose of adoption. The Court finds this individual qualified to receive and care for the child. The Court determines that such placement is the most appropriate for and in the best interest of the child because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

( ) Pursuant to paragraph (1) of this code subsection, Permanent Custody of [CHILD] is HEREBY AWARDED to [RELATIVE]. The Court finds this individual qualified to receive and care for the child. The Court determines that such placement is the most appropriate for and in the best interest of the child because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

( ) The Court finds that placement under paragraph (1) of this code subsection is not appropriate because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Therefore, pursuant to paragraph (2) of this code subsection, Permanent Custody of [CHILD] is  
HEREBY AWARDED to the Georgia Department of Human Resources through the  
\_\_\_\_\_ County Department of Family and Children Services / [a licensed child-  
placing agency willing to accept custody] to be placed for adoption. The Court determines that  
such placement is the most appropriate for and in the best interest of the child because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) The Court finds that placement under paragraph (1) and (2) of this code subsection is not  
appropriate because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, pursuant to paragraph (3) of this code subsection, Permanent Custody of [CHILD] is  
HEREBY AWARDED to [Name of Individual] conditioned upon this individual becoming the  
guardian of the person of the child pursuant to this Court's authority under O.C.G.A. §15-11-  
30.1. The Court determines that such placement is the most appropriate for and in the best  
interest of the child because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) The Court finds that placement under paragraph (1), (2), and (3) of this code subsection is  
not appropriate because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Therefore, pursuant to paragraph (4) of this code subsection, Permanent Custody of [CHILD] is  
HEREBY AWARDED to the Georgia Department of Human Resources through the  
\_\_\_\_\_ County Department of Family and Children Services / [a licensed child-  
placing agency willing to accept custody] for the purpose of placing the child in a foster home.

The Court determines that such placement is the most appropriate for and in the best interest of  
the child because \_\_\_\_\_

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( ) The Court finds that placement under paragraph (1), (2), (3), and (4) of this code  
subsection is not appropriate because \_\_\_\_\_

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Therefore, pursuant to paragraph (5) of this code subsection, Permanent Custody of [CHILD] is  
HEREBY AWARDED to [an agency or organization authorized by law to receive and provide  
care for children...] This placement will provide a family home because of the following  
characteristics: \_\_\_\_\_

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The Court determines that such placement is the most appropriate for and in the best interest of  
the child because \_\_\_\_\_

---

\_\_\_\_\_

( ) The Court finds that placement under paragraph (1), (2), (3), (4), and (5) of this code subsection is not appropriate because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, pursuant to paragraph (6) of this code subsection, the Court does HEREBY ORDER as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(X) The Court hereby finds that the placement made herein is in the best interest of the child.

**This case is hereby set for REVIEW on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_m. to determine what efforts have been made to assure the adoption or other permanent placement of the child.**

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE

\_\_\_\_\_, County Juvenile Court

*[Obviously lots of these choices can be removed from the Order once a placement is determined.]*

\_\_\_\_\_  
DEPUTY CLERK

IN THE JUVENILE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

\_\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_\_ CASE # \_\_\_\_\_

Child(ren) Under 18 Years of Age

**ADOPTION STATUS HEARING ORDER**

The parental rights of the mother were terminated/surrendered on \_\_\_\_\_. The parental rights of the father were terminated/surrendered on \_\_\_\_\_. Said child(ren) was/were placed in the custody of the Georgia Department of Human Resources. The permanency plan for said child(ren) is adoption.

This matter is before the Court for a Judicial Review pursuant to the requirements of O.C.G.A. Section 15-11-103.

( ) The adoption of the child(ren) was finalized on \_\_\_\_\_. It is therefore Ordered that this case BE and HEREBY IS CLOSED.

( ) The adoption of the child(ren) has not been finalized because \_\_\_\_\_

( ) It appears from the report made by said Department that all reasonable efforts to finalize the permanency of said child(ren) have been made since this matter was last before the Court, to wit: \_\_\_\_\_

( ) It appears from the report made by said Department that the Department has failed to make reasonable efforts to finalize the permanency of said child(ren). The following further efforts are ordered: \_\_\_\_\_

( ) IT IS THEREFORE ORDERED that said child(ren) shall remain in the custody and control of the Georgia Department of Human Resources pending finalization of the adoption.

( ) IT IS FURTHER ORDERED that this matter shall be brought back before the Court for another review on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_m. unless the adoption has been finalized prior to that date.

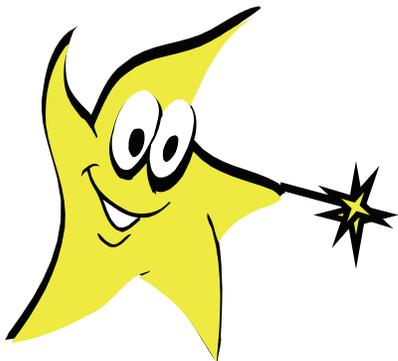
IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_ County Juvenile Court

## **IV-E Eligibility Voluntary Placement Agreement**

In order to establish IV-Eligibility for a child who enters care by a Voluntary Placement Agreement (VPA), there must be a properly executed written agreement and the child must meet all other IV-E eligibility requirements. If the child is going to remain in care beyond the 180 day limit for a VPA, then a judicial determination of “best interest” must be made prior to the 180<sup>th</sup> day following placement in order for the child to remain IV-E eligible.

A court order containing the following language must be issued **by the 180th day of the child’s placement**. This order must contain the language that:



Continuation in foster care is in the “**best interest**” of the child.

If a judicial determination that contains the language is not made, the child loses IV-E eligibility on the 181<sup>st</sup> day.

### **Voluntary Placement Example:**

The child entered care by VPA on March 15 and was determined to be IV-E eligible. On September 18 the child was still in foster care but a judicial determination containing best interest language had not been made. How would this affect the child’s IV-E eligibility?

**Answer:** This child would lose IV-E eligibility as of September 12. A judicial determination containing the required language was not made by the 180th day of the child’s placement.

## **IV-E Eligibility Voluntary Surrender of Parental Rights**

A child that enters care through a Voluntary Surrender will rarely receive IV-E Foster Care payments; however, the child may potentially be eligible for IV-E Adoption Assistance. Because of the potential for IV-E Adoption Assistance, it is crucial that the child's eligibility for IV-E Adoption Assistance be established at the time the child enters care even if you believe the child will be placed for adoption almost immediately.

When a child is placed with the agency through a Voluntary Surrender, Case Managers must **initiate the process** to obtain a judicial determination from the court **within 6 months** of the child's placement. In these cases, the court is merely sanctioning the removal and makes a "best interest" finding that is a requirement for IV-E Adoption Assistance.

The court order that is issued must contain the language:



Continued placement is in the "**best interest**" of the child

**OR**

Remaining in the home would be "**contrary to the welfare**" of child

If this process has not been initiated within 6 months of the date the child was removed from a specified relative, the child will not be eligible for IV-E Adoption Assistance.

## SUMMARY OF COURT ORDER REQUIREMENTS

	Type of Placement	Language	Timing of Order/Deadline
<b>Eligibility</b>	<b>Court Order Placement</b>	<ul style="list-style-type: none"> <li>• Best Interest</li> <li>• Contrary to the Welfare</li> </ul>	First court order Signed by judge
		<ul style="list-style-type: none"> <li>• “Reasonable Efforts to Prevent Removal” or “Reasonable Efforts are not Required”</li> </ul>	Within 60 days from date of child’s removal from home
	<b>Voluntary Placement</b>	<ul style="list-style-type: none"> <li>• Best interest</li> </ul>	By the 180 <sup>th</sup> day of the placement
<b>Adoption Assistance</b>	<b>Voluntary Surrender</b>	<ul style="list-style-type: none"> <li>• Best interest</li> <li>• Contrary to the welfare</li> </ul>	Initiate process to obtain within 6 months of the child’s placement  <b><i>Note: These requirements are for the purpose of IV-E Adoption Assistance only</i></b>
<b>Reimbursement</b>	<b>All Placements</b>	<ul style="list-style-type: none"> <li>• Reasonable efforts to finalize the permanency plan in effect</li> </ul>	Within 12 months from removal and each 12 months thereafter



## ACTIVITY

### “TEST YOURSELF”

**Directions:** Work independently to answer the following questions about the material that has been covered up to this point in the training.

1. What are the two main purposes of the RevMax Initiative in Georgia?
2. Name the six sources of funding for Foster Care placement?
3. For which class of assistance is eligibility determined first, Title IV-E Foster Care or Title IV-B Foster Care?
4. Who determines eligibility for Title IV-E Foster care?
5. How long can a child be reported as being in “Initial”?
6. What language must be included in the FIRST court order for a child to potentially be IV-E eligible?
7. What language in a judicial determination must be present within 60 days in order for a child to be potentially IV-E eligible?

8. Can both the “contrary to welfare/best interest” language and the “reasonable efforts” language be included in the same court order, Yes or No?

If yes, which court order must contain this language in order for the child to potentially be IV-E eligible?

**Determine the best answer for the case scenarios below:**

9. Mary enters foster care by court order dated June 20, 2001. Neither the “contrary to the welfare” / “best interest” language nor the “reasonable efforts” language was included in the court order. A subsequent order was issued on July 11, 2001 which included the “best interest” language and the “reasonable efforts are not required” language.

a) Is Mary potentially IV-E eligible?

b) Why or why not?

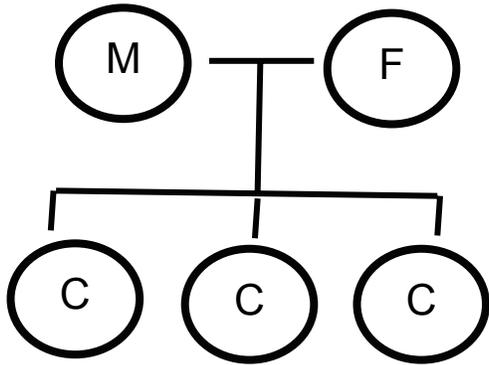
10. Tameka entered care by Voluntary Placement Agreement (VPA) on January 11, 2002. The agency filed a deprivation petition on her behalf July 6, 2002. A hearing was held on August 15, 2002 and the court issued an order containing “best interest” language.

a) Is Tameka potentially IV-E eligible?

b) Why or why not?

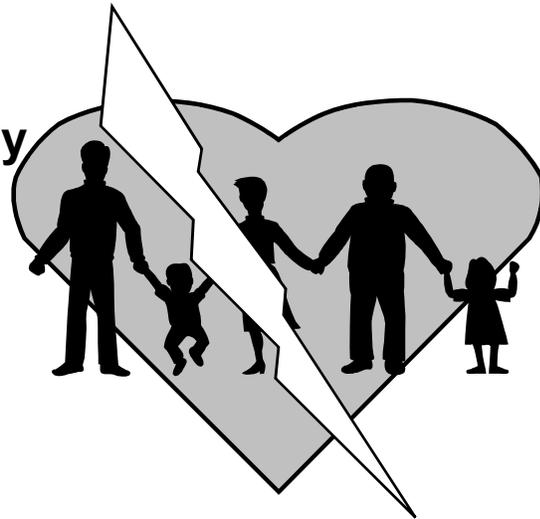
11. Travis entered foster care on April 20, 2002. The SSCM completes the Initial Authorization Form and reports the child as being in Initial. On June 15, the MES makes a determination that Travis is not IV-E eligible. What funding source would be reported for Travis and what date should be entered as the effective date of the change from Initial to this funding source?

# Bridging the Gap between the Eligibility World and the Social Services World



**How the MES sees the Family**

**How the SSCM sees the Family**



## AFDC Relatedness

In order for a child to be eligible for IV-E foster care services, the MES must establish “AFDC Relatedness” for the child. This is based on the policies of the Aid to Families with Dependent Children (AFDC) Program policies that were in effect in Georgia as of July 16, 1996.

### The AFDC criteria for IV-E eligibility:

- Age (The child must be under the age of 18)
- Financial Need (based on resources and income of removal home)
- Citizenship/Alien Status (child must be a U.S. citizen or a qualified alien)
- Removal Home
- Living with a specified relative
- Deprivation

The following are some key terms that you need to be familiar with in order to effectively work with the MES on IV-E.

### Eligibility Month:

The MES will determine if certain AFDC criteria are met during the eligibility month **or** within the six months prior to the eligibility month. The **eligibility month** is:

- The month the deprivation complaint **or** petition was filed, whichever came first
- or**
- The month the VPA was signed

### **Specified Relative:**

The AFDC definition of specified relative includes the parent, grandparent, brother, sister, step-brother, stepsister, uncle, aunt, first cousin, first cousin once removed, nephew, niece, half-blood relationships, and persons of preceding generations (e.g. “great” and “great-great”) and includes the spouses of any persons named, even if the marriage has been terminated.

In order to meet the specified relative requirement for IV-E eligibility, the child must have lived with a specified relative during the eligibility month or within the 6 months prior to the eligibility month.

### **Removal Home:**

The AFDC relatedness test is applied to the removal home. The **removal home** is defined as:

The home the child lived in within the past six months

#### **And**

Resided with a specified relative

#### **And**

This relative had legal custody of the child

### **Removal Home Examples:**

#### **Example One:**

The child lived with a maternal aunt for the past 2 months prior to the child coming into care. The aunt does not have legal custody of the child. Prior to living with the aunt, the child lived with the biological mother since birth and biological mother has legal custody. The child is being physically removed from the aunt’s home because of allegations of abuse and neglect. Which home is the removal home?

**Answer:** The biological mother's home would be the removal home.

**Rationale:** The biological mother had legal custody and the child lived with the biological mother **within** 6 months of coming into care. This child could potentially be IV-E eligible assuming the other AFDC criteria is met.

**Example Two:**

The child is living with a neighbor at the time the child is removed. The child lived with the neighbor for the past 3 months prior to being removed from this home due to abuse. This neighbor is not related to the child by blood or marriage, but the neighbor has guardianship over the child that was initiated by the child's parents. Immediately prior to going to live with this neighbor, the child lived with his biological father who had custody of the child. The father had custody for 3 years before guardianship was awarded to the neighbor. Which home is the removal home?

**Answer:** The father's home would be the removal home.

**Rationale:** The neighbor's home could not be the removal home because the neighbor does not meet the definition of a specified relative. Although a non-relative had guardianship **at the time** of removal, we have to go further and look at the entire six-month period prior to removal. In this scenario, the child lived with the father (a specified relative) **within** 6 months of entering care and the father had custody during part of that timeframe. This child could potentially be IV-E eligible assuming the other AFDC criteria is met

**Example Three:**

The child is living with a neighbor at the time the child is removed. The child lived with the neighbor for the past 9 months prior to being removed from this home due to abuse. This neighbor is not related to the child by blood or marriage, but the neighbor had guardianship of the child through a guardianship agreement initiated by the child's parents. Immediately prior to going to live with this neighbor, the child lived with a biological father who had custody. The father had custody for 3 years

before guardianship was awarded to the neighbor. Which home is the removal home?

**Answer:** Neither

**Rationale:** Neither the father's home nor the neighbor's home meets the test. The neighbor's home cannot be considered the removal home because of the specified relative criteria. The father's home cannot be the removal home because it has been more than 6 months since the child lived there. The criteria of having lived with a specified relative within 6 months of removal cannot be met in this case, so this child would not be IV-E eligible.

### **Parental Deprivation:**

Deprivation in the AFDC program means the child has been deprived of the care, guidance, or support of one or both parents (married or unmarried) based on one of these factors:

- **Absence:** At least one of the parents is continually absent from the home (includes cases of separation and divorce)
- **Death:** At least one of the parents is deceased
- **Incarcerated:** At least one of the parents is incarcerated or institutionalized
- **Incapacitated or disabled:** At least one of the parents is incapacitated or disabled
- **Unemployed Parent:** If both parents are in the home, is the primary wage earner unemployed or under employed, incapacitated or disabled?

### **Communication with the MES:**

The SSCM is responsible for providing this information to the MES via the **Medicaid and IV-E Application for Foster Care**. The following is the type of information that you will need to gather and communicate to the MES.

- Who has legal custody of the child
- Who was living in the home at the time the child was removed

- What is the relationship of each person living in the home to the child
- SSN of child if available
- SSN of person(s) with who had legal custody prior to the removal
- Citizenship of each person in home
- Parents' places of employment and number of hours worked per week
- If both mother and father are in the home disability status of each
- Resources/assets of each person in the home
- Child's income and resources
- Date of VPA or court order
- Expiration date of court order
- Does the language in the court order meet the IV-E requirements?



## **GROUP DISCUSSION**

### **Gathering Information for the IV-E Application**

#### **Purpose:**

This activity is designed to help Case Managers generate ideas and strategies for gathering the information needed for the IV-E application from parents and other sources.

**Materials Needed:** Group discussion questions in Participant Guide

#### **Directions:**

1. The class will be divided into two groups
2. Each group should select a facilitator. The facilitator will pose the questions and guide the group discussion.
3. The groups will engage in a discussion about how to gather information needed for the IV-E application using the questions posed by the facilitator. The groups will have approximately 10 minutes for this discussion.





# **Section IV**

## **IV-E Reimbursability and IV-B**



### **IV-E for Social Services Case Managers**

## IV-E Reimbursability

**IV-E eligibility** is determined once, when the child enters foster care. It is based on the child's and family's situation at the time of removal.

**IV-E reimbursability** refers to the federal share in paying for the cost of a child in care (i.e. whether or not we can charge the cost of care to IV-E FC as a funding source).

Although a child may be determined to be IV-E **eligible**, he or she may or may not be IV-E **reimbursable** at certain times depending on specific conditions. It is possible for a child to lose and regain reimbursability.

#### **IV-E Re-determination:**

The MES is responsible for conducting a IV-E re-determination every 6 months. Re-determination is:

A historical view of each of the past 6 months

**and**

An establishment of eligibility and reimbursability for the next 6 months

It is the SSCM's responsibility to provide the MES with the information he or she needs to complete the re-determination. The MES will need the following information from you to complete re-determinations of IV-E children:

- Child's financial need
- Information about deprivation
- Information about the child's placement
- Information about legal responsibility
- Copies of court orders faxed to RevMax for the 12-month permanency hearing

## **IV-E Reimbursability Financial Need**

The child must meet IV-E income and resource limits for each month he or she is in care in order to be IV-E reimbursable. Only the child's income and resources are considered.

### **The MES will need to know:**

- If the child has income
- If child's income is from employment, then the MES will need information about the child's wages, hours, and school attendance status (full-time or part time)
- Child's resources

---

## **IV-E Reimbursability Continued Deprivation**

The child must continue to be deprived of parental support of one or both parents. The home considered in applying this test is the **removal home**.

### **The MES will need to know:**

- Is the child deprived of one or both parents? (this refers to the AFDC definition of deprivation)
- If both parents are in the home, is at least one parent unemployed or disabled or working less than full time?

## **IV-E Reimbursability Placement**

The child must be in a fully approved placement in order for the placement to be IV-E reimbursable.

### **The MES will need to know:**

- What dates the child was in a fully approved placement
  
- What dates if any the child was **not** in a fully approved placement

### **Approved IV-E reimbursable placements:**

- Relative foster home in **full approval status**
- Family foster home in **full approval status** (includes foster/adopt homes and therapeutic foster homes)
- Private non-profit or for-profit group home or child care facility licensed by the state (including most MATCH placements)
- Public child care group home or child care facility licensed for no more than 25 children

### **Non IV-E reimbursable placements:**

- Juvenile detention centers (public or private)
- Youth forestry camps (secure and non-secure)
- Youth development center (YDC) and other public or private facilities (secure and non-secure) that are operated primarily for the detention of delinquent youth
- Medical facilities

## IV-E Reimbursability Continued Legal Responsibility

DFCS must continue to have legal responsibility via a valid court order or VPA giving DFCS placement responsibility for the child. If there is a lapse in custody due to an expired court order (i.e., there is no continuation order entered to maintain custody), **the child remains IV-E eligible, but is not reimbursable**. The child may return to IV-E reimbursable status once a new court order with the “contrary to welfare” and “reasonable efforts” language is obtained.

IF	AND	THEN
Motion Hearing (i.e. Extension of Custody Hearing) held timely before the current custody order expires	Extension order is issued by the court	No break in reimbursability. Child continues to be IV-E eligible and reimbursable
Petition for extension filed. Hearing was scheduled, but was postponed (i.e. continued) by the judge	Extension order is not issued	No break in reimbursability, but the hearing must be held and the extension order issued before the current custody order expires
Petition for extension of custody was filed late and hearing not held prior to the expiration of the current custody order	Custody lapsed but child did not return home (i.e. continuous placement in Foster Care)	Child remains IV-E eligible for this placement episode, but is not reimbursable.  A hearing must be held and a judicial determination made that includes “contrary to welfare” and “reasonable efforts” language before child can be IV-E reimbursable again

## **Continued Legal Responsibility Example:**

The court order giving DFCS temporary custody of Jody expires December 3, 2002. The Case Manager filed the petition for extension on November 30 and a hearing was scheduled for January 15. Jody remained in foster care continuously.

As a result of the hearing in January, a court order was issued continuing temporary custody with DFCS. The continuation order contained the “contrary to welfare” language and the “reasonable efforts” language.

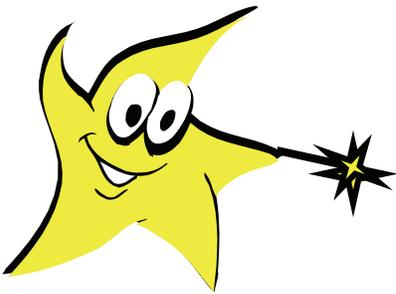
Is Jody still IV-E eligible? Why or why not?

Would the temporary expiration of the court order affect IV-E reimbursability for Jody?

In this same scenario, suppose the custody order expired and the hearing was not held until February 15. How would Jody’s eligibility and/or reimbursability be affected?

## IV-E Reimbursability Judicial Determinations

There must be a **judicial determination pertaining to finalizing the permanency plan** in effect (i.e. reunification, adoption, guardianship, permanent placement with a fit and willing relative, or another planned permanent living arrangement) **within 12 months of the child's removal**. This applies to all children in care. This finding is usually made at the permanency hearing (may be combined with the extension hearing) and subsequently every 12 months as long as the child is in care.



If the “**reasonable efforts to finalize**” finding is not made, the child cannot be IV-E reimbursable from the end of the 12<sup>th</sup> month following removal from the home.

When the judicial determination is made, IV-E payments can begin again effective the first day of the month in which the finding was made. The finding should be explicitly documented in the court order and made on a case-by-case basis.

### Judicial Determination Example:

Michelle entered foster care October 15, 2001 by court order. The permanency plan for her is adoption. A TPR hearing is schedule for January 29, 2003. On October 1, 2002, the extension of custody hearing is scheduled. At the hearing, the judge extends custody of the child for 4 months and chooses to table the evidence related to permanency plan until the TPR hearing in January.

Is Michelle still IV-E **eligible**? Explain your rationale.

Would IV-E reimbursability be affected in this case?

## Summary of Court Order Requirements

	Type of Placement	Language	Timing of Order/Deadline
<b>Eligibility</b>	<b>Court Order Placement</b>	<ul style="list-style-type: none"> <li>• Best Interest</li> <li>• Contrary to the Welfare</li> </ul>	<u>First</u> court order Signed by judge
		<ul style="list-style-type: none"> <li>• “Reasonable Efforts to Prevent Removal” or “Reasonable Efforts are not Required”</li> </ul>	Within 60 days from date of child’s removal from home
	<b>Voluntary Placement</b>	<ul style="list-style-type: none"> <li>• Best interest</li> </ul>	By the 180 <sup>th</sup> day of the placement
<b>Adoption Assistance</b>	<b>Voluntary Surrender</b>	<ul style="list-style-type: none"> <li>• Best interest</li> <li>• Contrary to the welfare</li> </ul>	Initiate process to obtain within 6 months of the child’s placement  <b><i>Note: These requirements are for the purpose of IV-E Adoption Assistance only</i></b>
<b>Reimbur-sability</b>	<b>All Placements</b>	<ul style="list-style-type: none"> <li>• Reasonable efforts to finalize the permanency plan in effect</li> </ul>	Within 12 months from removal and each 12 months thereafter

## MORE PRACTICE WITH IV-E REIMBURSABILITY

### **Example One:**

A IV-E eligible child was living in an approved foster home on October 1. The child was then placed in RYDC and remained in RYDC from October 5 – 22. He returned to the foster home on October 23.

How does the change in placement affect the child's IV-E reimbursability? Explain.

### **Example Two:**

A child was placed in Foster Care on April 10 and was determined to be IV-E eligible and reimbursable. On September 15, his father, who had been incarcerated, was released from jail and moved back into the removal home with the child's mother. How might this change in the removal home affect IV-E eligibility and/or reimbursability?

In the same scenario, the child's father was arrested and jailed again on February 10. How might this impact the child's IV-E status?

## Reporting Changes

### Make a practice of reporting changes as they occur!

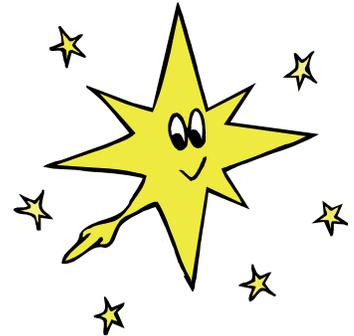
It is your responsibility as the child's Case Manager to report any changes that might affect the child's IV-E status. It is essential that you report changes to the MES **as they occur**. Although the MES will conduct a IV-E re-determination every 6 months, **do not wait** until the re-determination to report changes. This only causes extra work on everyone involved. Remember that changes in IV-E status also affect Accounting because they are responsible for making sure that expenses are paid from the correct "pot" of money. Social Services, Rev Max, and Accounting must all work together in this process. We are all in this boat together!



## Internal Data System (IDS)

### Good casework includes data collection and reporting!

IDS is used to track cases and services provided in the County departments. The **Form 590** is the tool used to capture this information, which is then added to IDS Online, the web-based data system.



Case Managers are required to keep IDS updated with current information about financial support for children in foster care. **Every change that occurs in a child's IV-E status must also be reported in IDS.** The information captured in IDS is tied to the Federal AFCARS report and is related to the amount of money the state receives for the IV-E Foster Care Program.

Good casework practice includes the work that is done related to data and reporting. What you report, or fail to report, is directly related to how much money the agency receives for services and programs!

## **IV-B Eligibility (CW-FC)**

### **What children are classified as IV-B?**

1. A child would only be IV-B if the MES has determined that the child is not IV-E eligible.
2. When children are IV-E eligible, but because of circumstances are not IV-E reimbursable, payments are made from IV-B until reimbursability is regained.
3. Any youth who has been IV-E, but reaches the age of 18 and signs a Voluntary Consent to Remain in Foster Care, is classified as IV-B beginning the first day of the month following his 18<sup>th</sup> birthday.



## GROUP ACTIVITY

### THE IV-E PUZZLE

#### **Purpose:**

This activity is designed to review the learning to this point by having participants sort the different factors, policies or concepts into primary funding categories.

#### **Materials needed:**

A set of prepared index cards

#### **Directions:**

1. Work as a group
2. Read the cards
3. Place the red cards representing the funding categories on the table
4. As a group, decide which blue cards best belong under each funding category
5. Some cards could fit into more than one category
6. Be prepared to defend your answers by explaining how it relates to the category you chose

# **Section V**

## **From Foster Care to Adoption**



### **IV-E for Social Services Case Managers**

## ADOPTION ASSISTANCE

**IV-E eligibility** must be established for the child either at the time of removal from the home (for the AFDC eligible child) or when the adoption petition is filed (if the child is an SSI recipient).



It is critical that a IV-E determination be made **when the child first enters care** according to the timeframes outlined in policy, even if you believe the child will not remain in foster care but will be adopted immediately.

Submit Forms 223 and 224 along with a copy of the initial court order removing the child from the home to the Revenue Maximization Unit.

A copy of these forms and the court order are to be kept in the Adoption Assistance record.

RevMax will make the determination of IV-E and send Form 225 to the SSCM.

- ❖ Once eligibility for IV-E Adoption Assistance is established, IV-E eligibility begins at the time of the **adoptive placement** as long as the Adoption Assistance agreement has been signed by the adoptive parents and the agency during the month of placement
- ❖ IV-E Adoption Assistance continues through the month of the child's 18<sup>th</sup> birthday. Under certain circumstances, a child may receive Adoption Assistance after age 18, but the funding source would be changed to state funds.
- ❖ If a child experiences **dissolution** of his adoptive placement, or if the adoptive parent dies, a child may receive IV-E Adoption Assistance in another adoptive placement.

- ❖ If a child experiences a disruption of his adoptive placement, the child retains his or her eligibility for IV-E Adoption Assistance. A new application (Form 223 and 224) for IV-E Foster Care must be completed and all other IV-E requirements (e.g. child's income and resources, legal responsibility, judicial determinations) must be met in order for the child to receive IV-E Foster Care payments.
- ❖ A child of a minor parent who is receiving IV-E Foster Care maintenance payments that cover both the minor parent and the child at the time the adoption petition is initiated is eligible for IV-E adoption assistance
- ❖ Children receiving SSI also receive IV-E AA Medicaid.

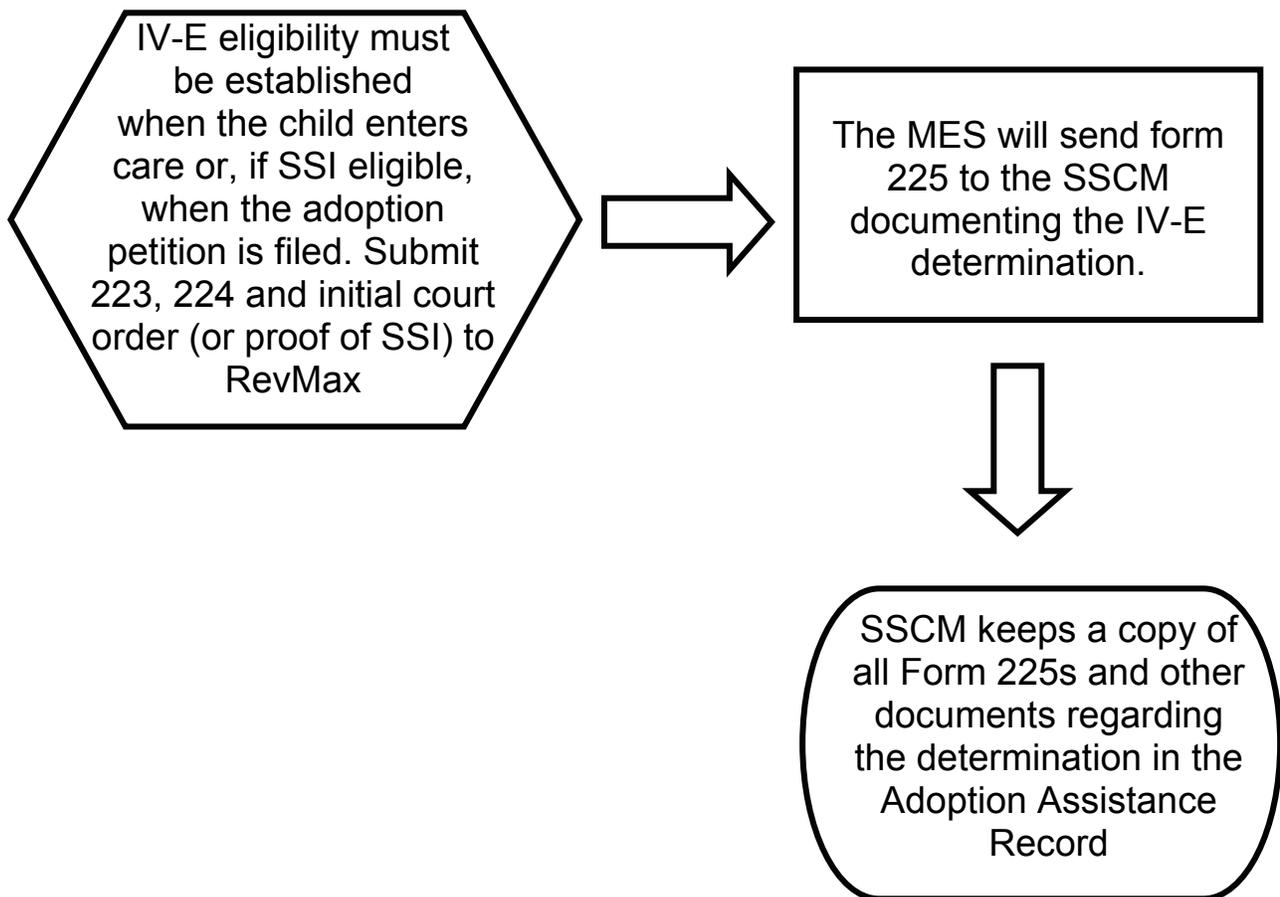
**State Funded Adoption Assistance:**

If a child meets the requirements for Adoption Assistance, but is not IV-E eligible, the child is eligible to receive state funded AA. Children who receive state funded AA are eligible for Medicaid unless they are undocumented or over income.

## ADOPTION ASSISTANCE

### IMPORTANT!

***A IV-E determination must be made at placement before the agreement is signed or when the child first enters care regardless of how the child enters care and even if the child will be adopted almost immediately.***



# IV-E FC and IV-E AA Comparison

IV-E	IV-E AA
Child must reside in an approved foster care facility	Child may reside in a free home (no licensing necessary)
IV-E eligibility is determined once (time of removal) and continues until child physically and legally leaves care or the child turns 18. Court order renewal necessary every 12 months	IV-E eligibility at the time of removal means continuous reimbursability
Court orders with contrary to the welfare language <b>and</b> reasonable efforts language	Court order with contrary to the welfare language
SSI eligible not always IV-E reimbursable	SSI eligible = IV-E AA eligible
Child is in the custody of DHR  Voluntarily surrendered child does not become IV-E FC	Child does not have to be in the temporary or permanent custody of DHR
	VR with subsequent court order filed within 6 months of removal from AFDC eligible home. Court order must have CTW language.

# FAQ for IV-E AA

## 1. If a child is not eligible for IV-E foster care could that child potentially be eligible for IV-E AA?

Yes. That is why it is a requirement to request a determination for IV-E eligibility for every child being placed on adoptive status.

## 2. Under what circumstances would a IV-B child be eligible for IV-E AA?

There are several situations in which this might happen:

- a) **Any child who receives SSI** during the month of the filing of the adoption petition is eligible for IV-E AA. This includes children who have never been in the permanent custody of DHR with the exclusion of those being adopted by a step-parent or parent.
- b) A child who is removed by court order from an AFDC eligible home will be determined IV-E for adoption assistance as long as the court order has the contrary to the welfare language and the petition leading to the removal order is filed timely. **Reasonable efforts are not required.**
- c) A child need only be eligible for IV-E at one point in time: at the time of initial removal from the home of a relative. At the time of removal the child must meet the AFDC standards that were in effect July 16, 1996. The child **does not need continuous eligibility** as is required in IV-E FC. The lapsing of a court order has no impact on adoption assistance.

d) A child, who has been voluntarily relinquished to DHR, if AFDC eligible in the removal home, may be eligible for IV-E AA if a judicial determination is initiated within six months of removal from the home. The order must contain the finding that it would be contrary to the welfare of the child to return home and the voluntary relinquishment must be confirmed.

**3. If a child enters care on a temporary basis and the parent then surrenders rights to the child to the Department of Human Resources, may this child be IV-E AA if a judicial determination is not initiated within six months of the surrender?**

Yes, as long as the child met the AFDC criteria in the removal home, the initiation of the court order was within six months of the child's removal and the removal order had the CTW language, the child may receive IV-E AA.

**4. Does a child need to be in the permanent custody of DHR to be eligible for IV-E AA?**

No. If the child meets the criteria in question #3 and is being placed for adoption with a specified relative, the agency may give permanent custody to the relative for the purpose of adoption at the time of TPR. The TPR must be initiated by DHR. If the child doesn't meet the IV-E criteria as outlined, the child is not eligible for AA benefits.

If a special needs child is being adopted by a specified relative, even if the child is unknown to DHR, as long as the child meets the same IV-E eligibility criteria as in the previous paragraph, the child is eligible for IV-E AA. As children have frequently lived away from birth parents for an extended period of time when a relative proceeds with adoption, only those children for whom the judicial determination (with the CTW language) has been initiated within six months of living with the parent are eligible to receive benefits.

**5. When were specified relatives able to receive IV-E AA for children who had never had a court ordered removal from the home and had never been in the permanent custody of DHR?**

This policy was in effect from 1996 until February 2001.

**6. Does the six months living with regulation apply to adoption assistance?**

Yes.

**7. What if a child's parents have reunited when the adoption petition is filed? Will the child be ineligible for IV-E AA?**

As long as the child met the IV-E criteria at the time of removal from the home the child remains IV-E AA when the adoption petition is filed.

**8. If a child was IV-E FC and was then surrendered to the foster parent or some other identified family would the child be eligible for IVEAA?**

No. Only children who are IV-E eligible at the time of removal and are adopted by a specified relative, receive SSI at the time of the adoption petition being filed, or have a judicial determination confirming the surrender to a private child placing agency initiated within six months of living with the birth parent may receive IVE funds. If a child is surrendered to a non-specified relative and the agency is not a party to the adoption, this is considered an independent adoption. Only IV-E eligible children may receive adoption assistance if they have never been in the permanent custody of DHR.

**9. If a child is eligible for TANF at the time of removal, may that child be considered eligible for IV-E AA?**

No. The child must meet the AFDC standards that were in effect July 16, 1996.

**10. Does a child need to be in an approved /registered adoptive home to be eligible for Title IV-E AA?**

No, although this approval status is required for foster care reimbursement, this is not a requirement for adoption.

**11. If a child was in DHR foster care, would that child automatically be eligible for adoption assistance?**

No, a child must be determined special needs to be eligible.

**12. How long may a child receive IV-E AA?**

IV-E funds terminate the month of the child's 18<sup>th</sup> birthday. In some instances the child remains eligible for assistance, however, the funding source is changed to state funding at that point in time.

**13. Will a child be eligible for IV-E funds if the child has entered care under a voluntary placement agreement?**

A child is eligible to receive IV-E AA funds as long as the child is removed from an AFDC home and has received at least one IV-E foster care payment during the time of the VPA. There must be a judicial determination made with the CTW language within 180 days of the VPA agreement being initiated.

## Title IV-E Adoption Assistance Chart

In each of the situations below, the child is determined to be eligible for IV-E AA if the answer to EVERY question is yes for the given situation.

<b>Children Receiving SSI</b>	<p>Is child receiving SSI or been determined eligible for SSI?</p> <p>Did the child remain IV-E eligible at the time of the filing of the adoption petition?</p>
<b>Children in Foster Care due to a Judicial Removal</b>	<p>Was the child removed from the home of a parent or specified relative?</p> <p>Was the removal a result of a judicial determination? (the judicial determination to be reviewed must be the <b>first</b> court ruling that sanctions the removal from the home)</p> <p>Was the petition leading to the judicial determination filed within 6 months of the removal?</p> <p>Did the judicial determination removing the child from the home contain the “contrary to the welfare” language?</p> <p>At the time of removal was the child receiving or eligible to receive AFDC (or eligible for AFDC during the 6 months prior to the deprivation complaint or the petition leading to the removal being filed)?</p>
<b>Children in Foster Care via a Voluntary Placement Agreement (VPA)</b>	<p>Was child placed from the home pursuant to a VPA?</p> <p>Was a IV-E Foster Care payment made while the VPA was in effect?</p> <p>At the time of the signing of the VPA, was the child receiving or eligible to receive AFDC (or eligible to receive AFDC during the 6 months prior to VPA)?</p> <p>Was a judicial determination that contained the “contrary to the welfare” language made within 180 days of the VPA?</p>
<b>Children in Foster Care via a Voluntary Relinquishment</b>	<p>Was the child placed from the home pursuant to a Voluntary Relinquishment?</p> <p>At the time of the VR was the child receiving or eligible to receive AFDC (or eligible to receive AFDC during the 6 months prior to the VR)?</p> <p>Was a petition leading to a judicial determination to confirm the VR initiated within 6 months of the child living with the parent?</p> <p>Did the judicial determination confirming the VR contain the “contrary to the welfare” language?</p> <p>Was the judicial determination case specific?</p>
<b>Children in Foster Care who are Adopted by a Specified Relative</b>	<p>Was the child removed from the home of a parent or specified relative?</p> <p>Was the removal a result of a judicial determination?</p> <p>At the time of removal was the child receiving or eligible to receive AFDC (or eligible to receive AFDC during the 6 months prior to removal or the petition leading to removal being filed, whichever came first)?</p> <p>Was the petition leading to the judicial determination initiated within 6 months of removal?</p> <p>Did the judicial determination removing the child from the home contain the “contrary to the welfare” language?</p> <p>Is the child being adopted by a specified relative (within 5th degree of relationship)?</p> <p>Was the specified relative given permanent custody of the child for the purpose of adoption at a DHR initiated TPR hearing?</p>

<p><b>Children Not in the Custody of DHR (Private Agency Placement)</b></p>	<p>Was the child placed from the home pursuant to a voluntary relinquishment to a private, non-profit agency?          At the time of the VR was the child receiving or eligible to receive AFDC (or eligible to receive AFDC during the six months prior to the VR in the removal home)?</p> <p>Was a petition leading to a judicial determination to confirm the voluntary relinquishment initiated within 6 months of the child living with the specified relative from whose home the removal occurred?</p> <p>Did the judicial determination confirming the VR contain the “contrary to the welfare” language?</p> <p>Was the judicial determination case specific?</p>
<p><b>Children Not in the Custody of DHR (Relative Adoption)</b></p>	<p>Was the child removed from the home of a parent or specified relative?</p> <p>Was the removal the result of a judicial determination (may be a termination of parental rights)?</p> <p>At the time of removal was the child receiving or eligible to receive AFDC (or eligible to receive AFDC during the 6 months prior to removal or the petition leading to the removal being filed, whichever came first)?</p> <p>Was the petition leading to the judicial determination initiated within six months of removal?</p> <p>Did the judicial determination removing the child from the home contain the “contrary to the welfare” language?</p> <p>Is the child being adopted by a specified relative?</p>
<p><b>Child Not in the Custody of DHR but Received Title IV-E AA in a Prior Adoption</b></p>	<p>Does the child meet the definition of special needs?</p> <p>Is the child free for adoption?</p> <p>Have efforts been made to place the child without assistance?</p>
<p><b>Child Eligible as a Child of a Minor Parent and is Determined Special Needs</b></p>	<p>Is the child’s parent in foster care and receiving Title IV-E foster care maintenance payments that cover the minor parent and the child at the time the adoption petition is initiated?</p>

# **Section VI**

## **Special Situations**



### **IV-E for Social Services Case Managers**



## ACTIVITY

### SPECIAL SITUATIONS IN IV-E

#### Materials needed:

- Flip chart paper
- Markers
- Participant Guide

#### Directions:

1. Work in groups. Select a spokesperson to present your group's work to the class.
2. Read the information in your Participant Guide about your assigned Special Situation and prepare a brief presentation to share with the rest of the class. In your presentation include: an overview/definition/explanation of the Special Situation, key policy references, IV-E implications, and the procedures for handling (including forms used, important communication, and timeframes). Try to be creative. Feel free to use color, drawings, etc. to teach this material to your classmates.
3. You will have approximately 20 minutes to read the material and prepare your presentation and approximately 5 minutes per group for presentations.

## TRIAL HOME VISITS

- The child's stay must be **less than 6 months** in order for the child to remain IV-E eligible. The only exception to this is when a court authorizes a visit for longer than 6 months.
- If the child returns to foster care within the 6 months or within the time specified by the court, the child may become IV-E reimbursable again.
- If the visit extends beyond the 6 months or the court ordered time frame, the child loses IV-E eligibility. If the child subsequently re-enters care, this is considered a new placement. A new IV-E determination must be made which includes a new judicial determination with the "contrary to the welfare" and "reasonable efforts language."

The **SSCM tracks** the length of time that the IV-E child is on a trial visit and notifies the MES to determine the impact on the child's IV-E status in the event that the child returns to care.

- Use Form 227 to communicate with MES
- Use Form 529 to report child's placement moves
- Update IDS to reflect child's current placement

## RUN AWAY STATUS

The same IV-E policy for trial home visits applies to children in runaway status. While the child is on runaway, IV-E payments cannot be made. If the child is in runaway status for **more than 6 months** or if the court order expires, the IV-E process must begin again. Upon the child's return, the child can become IV-E reimbursable again (i.e. IV-E payments can be reinstated)

The **SSCM tracks** the length of time that the IV-E child is on run away status and notifies the MES to determine the impact on the child's IV-E status in the event of the child's return.

- Use Form 227 to communicate with MES
- Use Form 529 to report child's placement moves
- Update IDS to reflect child's current placement

## MINOR PARENT AND CHILD IN CARE

- It is possible to include the costs for the care of a baby born to a minor mother who is IV-E eligible in the minor mother's IV-E payment if they are living in the same placement.
- If the minor parent's child **is not** in foster care (i.e. DFCS has custody of the mother, but not the mother's baby), the minor parent's per diem rate is increased to include the cost of the infant's care in the same payment to the care provider.

The SSCM does the following:

1. Completes Form 529 (for the IV-E minor parent)
  - a.) Annotates "MINOR PARENT AND CHILD" in the top right hand corner of the Form 529
  - b.) Increases the minor parent's per diem rate to include the cost of the infant's care in the same payment.
2. Obtains authorizing signature on 529 and sends to Accounting
3. Assists minor parent in applying for Medicaid for her infant



If the infant is ever removed and placed apart from his or her mother, placement authority would have to be obtained for the infant, creating a separate foster care case and per diem for the infant. IV-E eligibility for the infant would have to be determined as usual.

## OUT-OF-STATE IV-E FC

The SSCM is responsible for communicating with the MES regarding IV-E children moving into or out of Georgia.

### **Georgia IV-E child placed out of state:**

If a GA foster parent moves out of state with a Georgia foster child who is IV-E eligible, or if a Georgia foster child who is IV-E eligible is placed out of state, the home must be **approved as a IV-E placement by the receiving state** (i.e. the state to which the child is moving) in order for the child's placement to be IV-E reimbursable.

Georgia is responsible for the initial and ongoing IV-E determinations. The receiving state is responsible for providing Medicaid if the child is eligible.

### **The SSCM:**

- Completes a **Form 227** (Notification of Change in IV-E Status) and faxes form to the Rev Max Center
- Completes the 100A packet for ICPC
- Provides instructions to the care provider for obtaining Medicaid from the receiving state

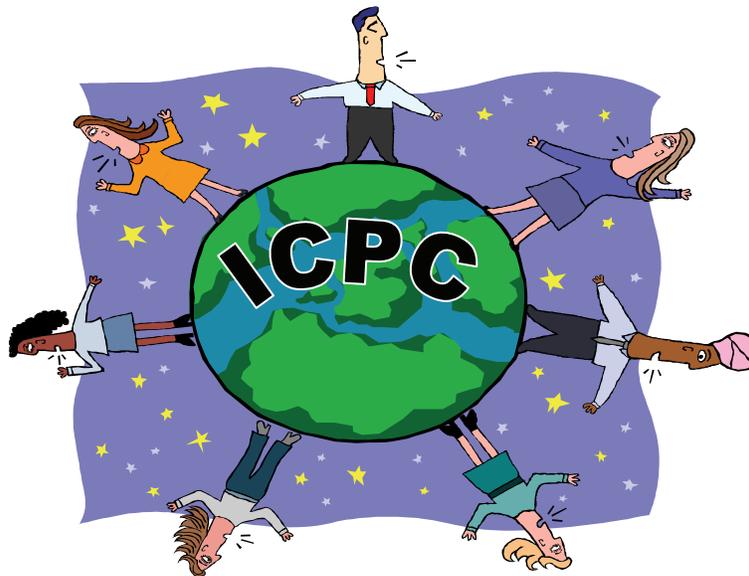
### **Out of State IV-E child placed in Georgia:**

If a foster parent from another state moves to Georgia, then the home must be approved by Georgia as an approved placement.

- The home state of the child (i.e. the sending state) is responsible for all ongoing IV-E determinations and the per diem payments.
- Georgia provides Medicaid. The MES will process the Medicaid application.

## The SSCM:

- Completes the **Form 223** (Medicaid and IV-E Application for Foster Care) and faxes it to the Rev. Max. Center.
- Provides these verifications:
  - ⇒ Child is receiving IV-E per diem from sending state
  - ⇒ Child is currently in Georgia in an approved foster care placement
  - ⇒ Child is under age 18
  - ⇒ Child's Social Security Number
  - ⇒ Child's address (foster home) for mailing the Medicaid card



## SSI ELIGIBLE CHILDREN

- A IV-E determination must be made on every child, regardless of whether the child came into care already receiving SSI or became eligible for SSI while in care.
- Federal policy allows a child to be concurrently eligible for SSI and IV-E Foster Care. In most cases, a child who receives SSI will also be IV-E eligible.
- If a child is eligible for both SSI and IV-E, the Case Manager must decide which funding source is most advantageous for the child.

### Guidelines for Determining IV-E or SSI:

- If the child's per diem payment is **more than \$853 a month, make the child IV-E reimbursable**. Notify SSA that the child receives IV-E per diem payments. As a result, the SSI check will probably be eliminated or at least reduced because IV-E payments are counted as income.

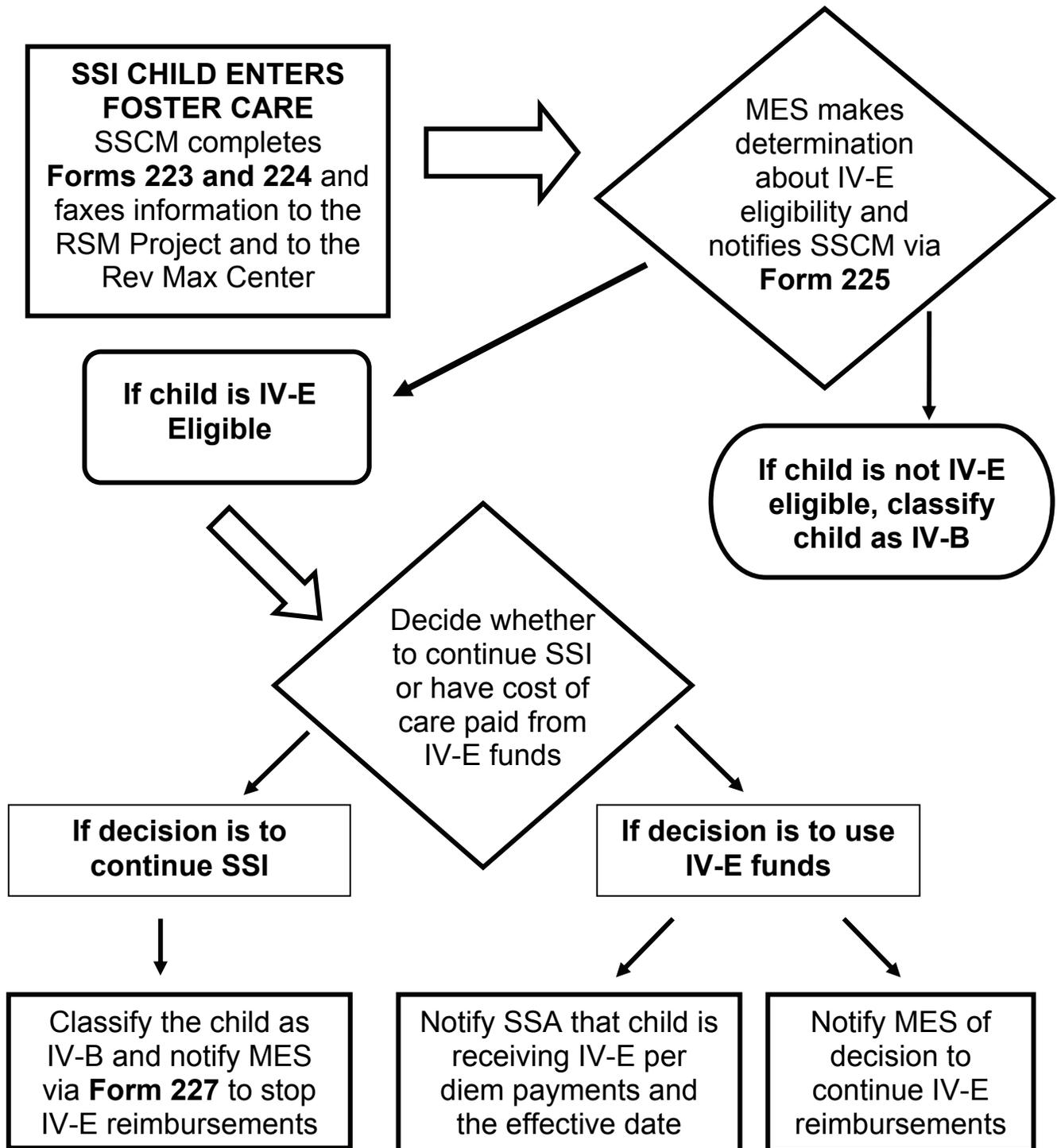


- If the child subsequently loses IV-E eligibility, notify the SSA. The child's SSI may be restored.
  - If the per diem payment is **less than \$853, continue the SSI** and classify the child as IV-B (i.e. not IV-E reimbursable).
- Case Managers should also consider the following in making this decision:

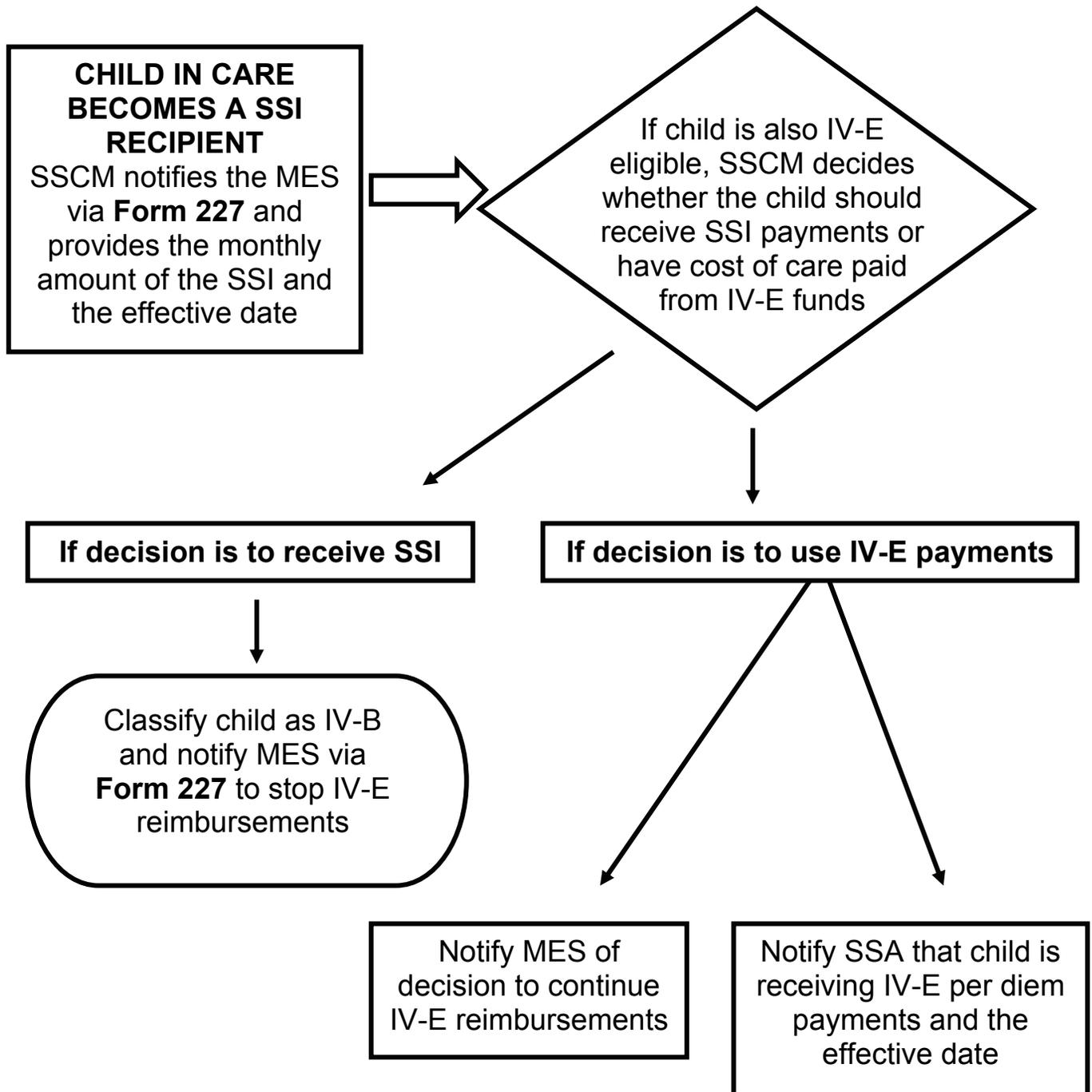
#### Continue the SSI if:

- The child is expected to in care for a limited period of time.
- The child is approaching 18 years of age
- The child is in the process of being adopted

# SSI ELIGIBLE CHILDREN



**SSI ELIGIBLE CHILDREN**  
(Foster Care Policy 1003.15 and 1003.16)



## **CHILD SUPPORT ENFORCEMENT (CSE)**

As a part of the eligibility determination for IV-E and Medicaid, the MES will refer **all** parents of children in foster care to Child Support Enforcement (CSE) with the exception of certain children:

- Those for whom parental rights have been terminated
- Those who return home before the eligibility determination is made
- Those who receive Adoption Assistance benefits
- Those whose parents are unknown
- Those for whom “good cause” exists , e.g., parental rights surrendered
- Those who are in a relative placement without a per diem or ERR (Enhanced Relative Rate)

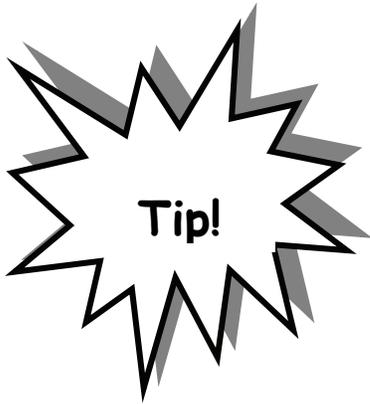
### **Communication with the CSE agent is a 2-way street!**

RevMax is responsible for updating CSE on foster care cases. The SSCM needs to Communicate with the MES when:

- Child returns home and effective date
- Parental rights terminated/relinquished and effective date
- Parent’s employment status changes

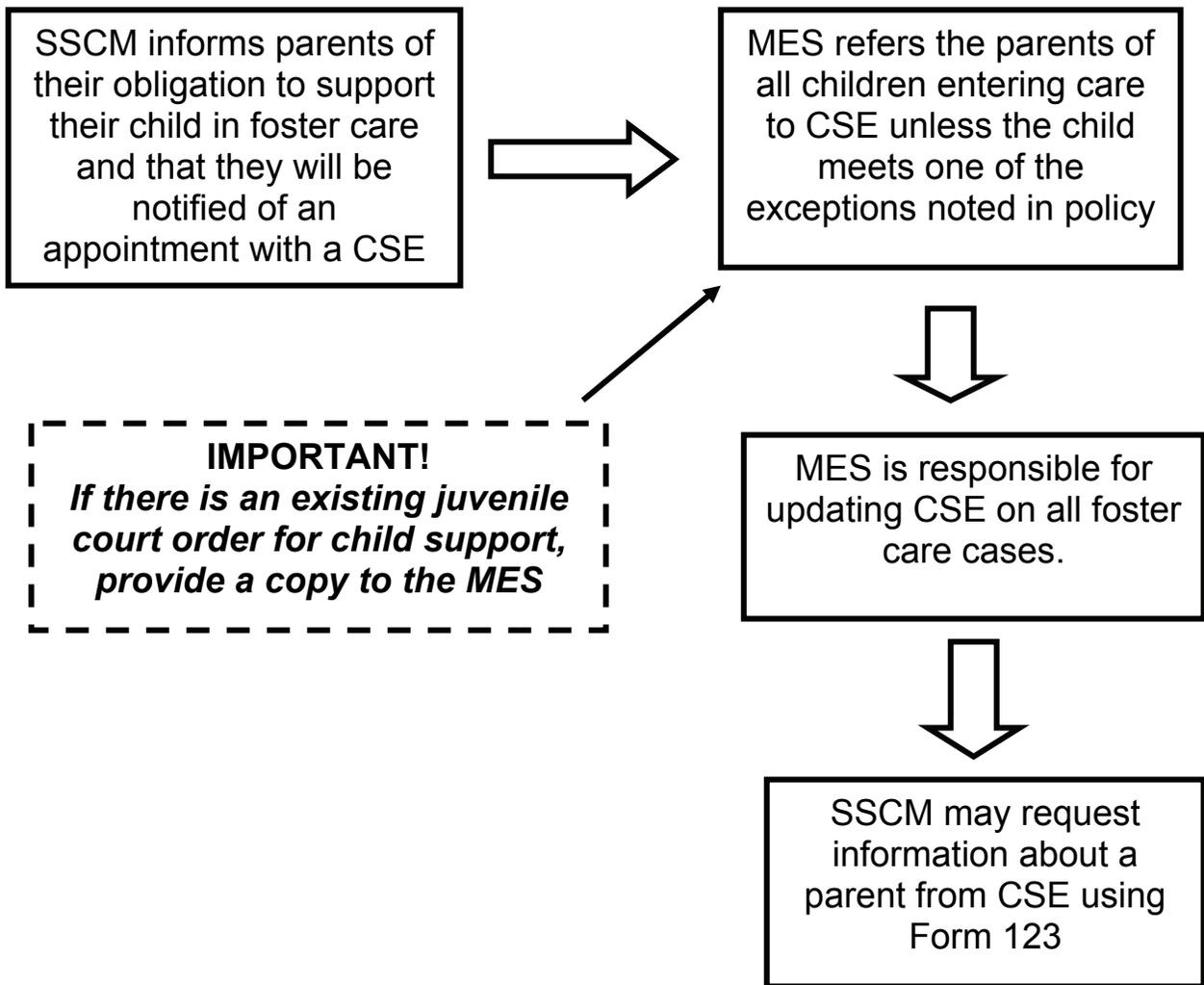
## The CSE agent may be able to help you too:

- Search for absent parents through the Federal Parent Locator Services. This may help you in identifying extended family members when making placement and permanency plans
- CSE can arrange and pay for paternity testing in cases that have been referred for **full CSE services**. In these cases, you can use the information that CSE obtains to work your foster case.
- Documentation of a parent's payment history. This can be useful in preparing for a review, documenting evidence for a court hearing, or building a case for TPR.



Whether or not a child receives child support could affect IV-E eligibility and reimbursability because of the financial need criteria.

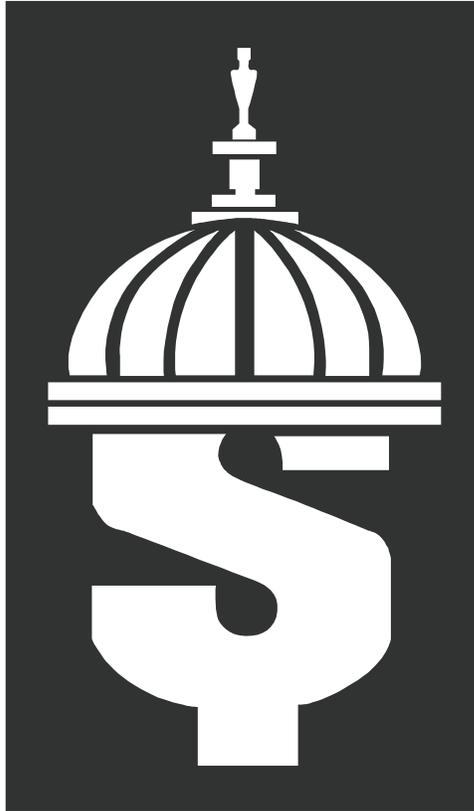
## CHILD SUPPORT ENFORCEMENT



# **Section VII**

## **IV-E**

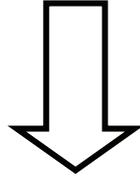
### **FORMS AND PROCEDURES**



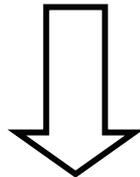
### **IV-E for Social Services Case Managers**

## Indicating an Initial Funding Source

SSCM (or designated staff person) completes the **Form 527 within 5 days** of a child entering foster care.



SSCM or designated staff obtains the authorizing signature on the Form 527 and forwards to Accounting.



Keep a copy of the signed Form 527 in the child's case record.



## FORM 527

# INITIAL AUTHORIZATION OF FOSTER CARE

**This form is used to indicate an initial funding source for a child entering Foster Care**



- Check any available documents/data systems for correct spelling of child's name, correct birth date and social security number
- Information should be printed
- Date Placed by Court Order is essential information for funding

The program code checked is one of the Initial codes as determined by the child's current placement:

- Initial Family Foster Care (UAS Code 503)
- Initial Institutional Foster Care (UAS Code 507)
- Initial SFC (Specialized Foster Care) State Approved Per Diem Waiver (UAS Code 579)
- Initial Privately Supervised FFC-Private Foster Care Agency (UAS Code 565)

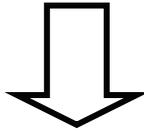
# FORM 527 (Initial Authorization of Foster Care)

**Georgia Department of Human Resources  
INITIAL AUTHORIZATION OF FOSTER CARE**

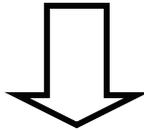
1.) Name of Child _____			2.) Date of Birth _____ / _____ / _____		
Last	First	Middle I	Month	Day	Year
3.) Sex - Race <input type="checkbox"/> 1 - WM <input type="checkbox"/> 2 - WF <input type="checkbox"/> 3 - BM <input type="checkbox"/> 4-BF <input type="checkbox"/> 5 - Other					
4.) Social Security # _____		5.) Medicaid # _____		6.) Caseworker Case Number _____	
7.) Caseworker Name _____			8.) Caseworker Phone Number _____		
9.) Date Placed by Court Order _____			10.) Child's County of Residence _____		
11.) Child's Program (Check the appropriate block or blocks)					
<input type="checkbox"/> Match Child (IV-E Eligible)		<input type="checkbox"/> Refugee Unaccompanied Minor - Foster Care UAS Code 526		<input type="checkbox"/> IV-E SFC State Approved Per Diem Waivers UAS Code 574	
<input type="checkbox"/> Match Child (NON IV-E Eligible)		<input type="checkbox"/> IV - E AIDS SFC UAS Code 529		<input type="checkbox"/> IV-E Voluntary SFC State Approved Per Diem Waivers UAS Code 575	
<input type="checkbox"/> IV - E FFC UAS CODE 501		<input type="checkbox"/> AIDS-CW-SFC USA CODE 530		<input type="checkbox"/> IV - E Related SFC (State) UAS Code 576	
<input type="checkbox"/> CW- FFC (IV-B) UAS Code 502		<input type="checkbox"/> IV - E Voluntary FFC UAS Code 560		<input type="checkbox"/> CW SFC State Approved Per diem Waivers UAS Code 577	
<input type="checkbox"/> Initial FFC UAS Code 503		<input type="checkbox"/> IV-E Voluntary IFC UAS Code 561		<input type="checkbox"/> CW SFC (State) UAS Code 578	
<input type="checkbox"/> FFC - State UAS Code 504		<input type="checkbox"/> IV-E AIDS Voluntary FFC UAS Code 562		<input type="checkbox"/> Initial SFC State Approved Per Diem Waivers AS Code 579	
<input type="checkbox"/> IV - E IFC UAS Code 505		<input type="checkbox"/> IV-E SFC Families First UAS Code 563			
<input type="checkbox"/> CW-IFC (IV-B) UAS Code 506		<input type="checkbox"/> SFC (State) Families First UAS Code 564			
<input type="checkbox"/> Initial IFC (IV)- UAS Code 507					
<input type="checkbox"/> CW- FFC UAS Code 522				<input type="checkbox"/> Other _____	
List					
12.) Name of Foster Home/Institution _____					
13.) Address of Foster Home/Institution _____					
Street or RFD		City	County	State	Zip Code
14.) Authorized Foster Care Per Diem Rate \$ _____					
<b>AUTHORIZATION OF BOARDING CARE</b>					
15.) I hereby certify that the action indicated is in accordance with Departmental rules and regulations and that boarding care in behalf of a child is authorized (continuously until notified) at the daily rate specified above.					
Effective Date _____ / _____ / _____		Authorized By: _____		Date _____ / _____ / _____	
Month	Day	Year	County Director or Designee	Month	Day
. Required for MATCH Children Only (If child is Medicaid eligible)					
.. Do not complete for MATCH children					

## Applying for Medicaid through Revenue Maximization

SSCM (or designated staff person) completes the **Medicaid Information Section of the Form 223** within **5 working days** (or sooner, if possible) of the child entering care.



Fax the application to the Revenue Maximization Intake Unit.  
**Fax number: 404/657-1209**



Revenue Maximization Intake Unit provides notification of RSM Eligibility to the county office. A temporary Medicaid card is issued if requested.

The case is then transferred to the appropriate Revenue Maximization Regional office for the IV-E determination.



## Form 223

# MEDICAID & IV-E APPLICATION FOR FOSTER CARE AND ADOPTION ASSISTANCE

Form 223 is used to apply for immediate medical coverage for the child through the Revenue Maximization Intake Unit. The Form 223 also provides the MES with the information needed to make a determination about IV-E Foster Care and Medicaid.

- Before completing the form, screen available sources for history and other information about the family.
- Check SUCCESS (OFI's computer system) to see if there is an existing Medicaid case. If a case exists, notify the OFI worker to remove child due to the current RSM application.
- Complete every question and item on the form. If info is unknown, then document "unknown". If only incomplete info is known, then document what you know. For example, an exact address may not be known, but a street name is better than no address at all. A birth date may be unknown, but an age, even an approximate age, may still be useful info.
- Update the IV-E section of the application as information becomes available and re-send the application to RevMax. The RevMax MES will hold the application up to 45 days to determine if the IV-E requirements can be established.
- Make yourself available to the MES if he or she has questions or needs further clarification about your application.



GEORGIA DEPARTMENT OF HUMAN RESOURCES  
**Medicaid and IV-E Application for Foster Care and Adoption Assistance**

**This form is completed for each child entering foster care within five (5) working days of the child's placement.  
 Date 527 sent to Accounting: \_\_\_\_\_**

Applicant Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_ US Citizenship: Y N **Note: If not a U.S. Citizen, attach a copy of the INS documentation.**  
 Child's Mother: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Child's Father: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  Legal father  Putative Father  
 Parents are:  Married  Never Married  Separated  Divorced Has paternity been established?  Yes  No  
 Has child support been ordered in the juvenile court?  Yes  No **If YES, attach a copy of the order for OCSE.**

**MEDICAID INFORMATION:** County: \_\_\_\_\_ Removal Date: \_\_\_\_\_ Prior Months MAO?  Yes  No Month: \_\_\_\_\_

1. **Does this child receive any income directly?**  Yes  No Is income Supplemental Social Security Income (SSI)?  Yes  No  
 If yes, indicate type, amount and frequency: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

2. **Does this child have any resources?**  Yes  No  
 If yes, indicate type and amount: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

3. **Is the child pregnant?**  Yes  No **Verified and documented?**  Yes  No **Estimated Delivery Date:** \_\_\_\_\_

4. **Is the child covered by health insurance other than Medicaid?**  Yes  No  
 If yes, name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Copy of card?  Yes  No  
**JPPS/SSCM Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed name of JPPS/SSCM:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**IV-E INFORMATION:** **INITIAL COURT ORDER(S) FAXED:**  YES  NO

4a. List the name of the person with whom the child was living at removal: \_\_\_\_\_  
 b. Is this a parent specified relative\* other? If specified relative or other, list relationship: \_\_\_\_\_  
 c. In the court order, from whom is custody removed? \_\_\_\_\_  
 d. Is the person named in 4c the same person as in 4a?  Yes  No If no, did the child live with the person in 4c within the 6 months prior to removal from the home?  Yes  No If yes, list the months: \_\_\_\_\_  
 \*(For question 4b, specified relative is defined as a relative within the degree of relationship by 1996 AFDC policy)

List standard filing unit members in the removal home:

Name	DOB	Relationship to child	Gender	Race	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. **Parental Deprivation (for AFDC Relatedness)** Circle all that apply and parent(s) involved:  
 Absence Death Incarceration Disability/Incapacity Unemployed Parent  
 Mother Father Mother Father Mother Father Mother Father Mother Father

6. **Is the child placed in an approved foster care or child caring institution?**  Yes  No  
 Name and address of current placement: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

7. **Legal Information:** Date of Juvenile Court complaint/petition, VPA, or VS signature date: \_\_\_\_\_  
 Physical/Constructive removal date: \_\_\_\_\_ Date of court hearing: \_\_\_\_\_  
 a. Circle order type: court order or VPA or VS b. If VPA or VS, date of VPA/VS: \_\_\_\_\_  
 c. Does initial court order contain "contrary to welfare/best interest" language?  Yes  No  
 d. Was a court order that addresses "reasonable efforts to prevent removal" obtained within 60 days of child's removal? (w/a to Adoption Assistance) :  YES  No Date of court order or hearing: \_\_\_\_\_

**JPPS/SSCM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed name of JPPS/SSCM:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_

## **INSTRUCTIONS FOR FORM 223**

**APPLICANT CHILD'S NAME:** Use the child's formal name and not a nickname.

**SOCIAL SECURITY NUMBER:** If you have a SSN for the child enter it. In some cases the child will not have a SSN or you may be unable to get the SSN. In this case, enter unknown and proceed with the application.

**DOB:** Be sure to provide the correct DOB.

**U.S. CITIZENSHIP:** Answer either yes or no. Do **not** leave blank. If the child is not a U.S. Citizen, attach a copy of INS documentation verifying alien status. If you don't have INS documentation at the time the application is being completed, this will need to be noted and submitted once it is received.

**CHILD'S MOTHER/ CHILD'S FATHER:** Document as much information as you can obtain. Remember that "partial" info (for example, the age of the father rather than his actual birth date) is better than no information.

**PARENTS ARE:** Circle the marital status of the parents of the child. Also indicate whether paternity has been established for the child.

**HAS CHILD SUPPORT BEEN ORDERED IN JUVENILE COURT?:** Circle yes or no. If yes, then fax a copy of the court order to RevMax along with the Form 223.

### **MEDICAID INFORMATION:**

**Question 1 - DOES THIS CHILD RECEIVE ANY INCOME DIRECTLY?**  
Include income that the parent receives on behalf of the child such as Social Security, child support, SSI or any income earned by the child.

### **Question 2 - DOES THIS CHILD HAVE ANY RESOURCES?**

Only indicate resources that are **in the child's name** and are directly accessible by the child. Examples include: savings accounts or savings bonds that are in the child's name, or a car that is titled and registered in the child's name.

### **Question 3 – IS THE CHILD PREGNANT?**

Indicate whether the child is pregnant and whether this has been verified by a medical source. If the Estimated Delivery Date (sometimes annotated as EDD) is known, notate it.

If either the verification of the pregnancy or the EDD is available fax it with the Form 223.

### **Question 4 – IS THE CHILD COVERED BY HEALTH INSURANCE OTHER THAN MEDICAID?**

In other words, do the child's parents cover him under a private health insurance policy? Document any available information.

If a copy of the health insurance card is available, fax it with the Form 223.

### **NAME AND CONTACT INFORMATION FOR SSCM**

The SSCM completes the application by signing, dating and printing her name in the Medicaid Information of the Form 223. Phone numbers (including cell) and fax number should be documented.

## **IV-E INFORMATION:**

### **INITIAL COURT ORDERS FAXED**

The REVMAX case record **must** contain all copies of initial court orders. Indicate whether they have been faxed or not. The Revenue Maximization Regional Office should receive a copy of the initial court order within 10 working days of the child's placement. The MES is instructed to contact the SSCM if the court order is not received during this 10 days.

### **4a. – LIST THE NAME OF THE PERSON WITH WHOM THE CHILD WAS LIVING AT REMOVAL**

Determine with whom the child was physically living at the time of removal (i.e. the month the VPA was signed or the child was removed by court order).

**4b. IS THIS A \_\_\_ PARENT \_\_\_ SPECIFIED RELATIVE \_\_\_ OTHER?**

Indicate if the person the child was living with was a parent, a relative or other.

If other or specified relative is checked, then the relationship of this person to the child must be documented.

**4c. IN THE COURT ORDER, FROM WHOM IS CUSTODY REMOVED?**

Document the individual from whom legal custody was removed when the child was removed from the home.

**4d. IS THE PERSON NAMED IN 4c THE SAME PERSON AS 4a?**

Check yes if the person the child was living with at the time of removal and from whom custody was removed were the same.

If it was not the same person, then check no and indicate whether the child lived with the person listed on 4c in the last six months. Then list each of the months that the child lived with this person.

**List household members in the removal home:**

The **specified relative** with whom the child lived **most recently** (during the **eligibility month** or within six months prior to the eligibility month) **and** from whom legal custody was removed is considered the **removal home**. List the household members and other identifying information for this home.

**Question 5 - PARENTAL DEPRIVATION:**

This question refers to the **OFI definition of deprivation**. Circle each type of deprivation that applies and to which parent it applies.

**Helpful Hint: DEPRIVATION - UNEMPLOYED PARENT**

**If there are two parents in the home**, ask yourself:

(1) Is one or both of them unemployed? If yes, deprivation exists. Circle whether this applies to the Mother, Father or both.

(2) If one of or both of them is working, how many hours per week do they work? Is it less than full-time? If it is less than full-time, deprivation **could** exist. Note on the form the number of hours per week the parent is working and which parent this applies to.

Although the form doesn't specifically ask for this information, this is something the MES will need to know. Writing it in on the form may save some time later.

**Question 6 – IS THE CHILD PLACED IN AN APPROVED FOSTER CARE OR CHILD CARING INSTITUTION?**

Child must be in a home with “full approval status” as defined by state regulations for foster homes, to be IV-E eligible. If the child is in a DFCS foster home, check with your Resource Development staff to see if the home is in “full approval status.” Another resource is the IDSONLINE Foster/Adoptive Report.

If the child is in a private facility, you should be checking Appendices F, G and I in the Foster Care Policy manual for the list of approved group homes, childcare facilities and private foster care agencies.

**Question 7- LEGAL INFORMATION**

**DATE OF JUVENILE COURT COMPLAINT/PETITION, VPA, OR VS SIGNATURE DATE**

Enter the date the complaint **or** petition was **filed** (whichever was earlier) or the date the VPA or VS was signed.

**PHYSICAL/CONSTRUCTIVE REMOVAL DATE**

Enter date the child was removed from the home or voluntarily placed in care

**DATE OF COURT HEARING**

Enter the date of the hearing.

**7a. CIRCLE ORDER TYPE**

This is refers to the type of placement authority

**7b. IF VPA OR VS, DATE OF VPA/VS**

This should be the same date that was entered in the first question

**7c. DOES INITIAL COURT ORDER CONTAIN “CONTRARY TO WELFARE/BEST INTEREST” LANGUAGE?**

Circle Yes or No

**7d. WAS A COURT ORDER THAT ADDRESSES “REASONABLE EFFORTS TO PREVENT REMOVAL” OBTAINED WITHIN 60 DAYS OF CHILD’S REMOVAL?**

Circle Yes or No

**Helpful Hint:** Remember that this language may be included in **any** court order that is issued within the first 60 days of the child entering care.

**DATE OF COURT ORDER OR HEARING**

Enter the date of the court order.

If the court order was issued **nunc pro tunc** (i.e. the order will be signed after the 60 days, but the judge’s finding was actually made at a hearing that was held within the 60 days), circle yes and indicate nunc pro tunc in the date of order space.



**If the finding was made at a hearing that was held within the 60 days, then the language requirement is met even if the court order was not signed and sent to you until later. You will need to complete a Notification of Change in IV-E Status (Form 227) and submit to MES once the order is received signed and dated.**

## FORM 224 REMOVAL HOME INCOME & ASSET CHECKLIST

The Form 224 is used to provide the MES with information about the income and assets of the removal home.

- Complete **every** line on the form writing “no” if the family does not have a particular type of income or asset and writing ‘unknown’ if you are unsure.
- For each income or asset listed you must also state to whom the income or asset belongs. Write in the person’s name in the Recipients column next to the corresponding income or asset.
- The form asks for the gross amount of monthly employment income. If you don’t know the monthly amount but can get an hourly amount, enter the hourly amount. Be sure to **note that this is hourly** and how many hours (on the average) the person works per week. The MES will can determine the monthly amount.
- For vehicles, it is important to determine which person actually **owns** the vehicle. If the parent has a car, but there is still money owed on it, list the vehicle, but be sure to **note the approximate amount owed and the monthly payment amount** if you can get this information from the parent.
- If there is no known income or resources for the household then you must document how the family is managing without any income or resources.
- You may learn additional information later. Update this form and re-fax it to the MES as information becomes available.



**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
REMOVAL HOME INCOME AND ASSET CHECKLIST**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**This information is for:**  **Application Month** **Month:** \_\_\_\_\_  **Prior Month MAO** **Month:** \_\_\_\_\_

**INSTRUCTIONS:** List the amounts of income and resources of the removal family by family member. Include any details known, such as employer, in the space provided. If there is no income or resources of a particular type, write *n/a* in the space provided. Attach additional sheets if more space is needed. **IF NO INCOME OR RESOURCES ARE REPORTED, HOUSEHOLD MANAGEMENT MUST BE ADDRESSED IN THE SECTION PROVIDED BELOW.**

Income Source	Gross Amt/Mo	Recipients	Description
Employment			Full or part-time work where a paycheck is received. Operation of a family day care in the family's home is considered self-employment. <b>Employer name, address, and phone number:</b> _____
Miscellaneous			Events of work where the work and pay do not occur on a regular basis. Example: Part-time work a few hours a week (amount of time varies)
Interest and Dividends			Interest paid on a savings or checking account, paid monthly. Dividends are payments made by a company to owners of the company's stock.
Child Support or Alimony			Any payments made by the parent(s) who is obligated to financially support a child or spouse. Court ordered child support? <input type="radio"/> Yes <input type="radio"/> No Attach copy of the order. If child support was ordered in another court of competent jurisdiction, specify the type of order and attach a copy. <input type="radio"/> OCSE order <input type="radio"/> Divorce order Issued in _____ County, State of _____
Adoption Assistance			Subsidies paid to parents adopting a child(ren) with special needs. Paid to whom? _____
Unemployment Benefit			Payment made weekly by the State to an unemployed worker who has been laid off or fired by their previous employer.
Worker's Compensation			Payment made by insurance companies on behalf of a company to a worker who has been injured/killed on the job and cannot work for a period of time.
Social Security Benefits			Federal funds paid monthly to persons age 62 or over or disabled, and their dependents. Social Security may be paid on behalf of a deceased family member.
Supplemental Security Income			SSI is a monthly payment to persons who are aged, blind, or disabled. NOTE: If SSI is received by the child, child is IV-E eligible at time of filing of adoption petition.
Veteran's Benefits			Monthly payments made to a person who served in the U.S. military. If veteran is disabled or deceased, a family member may receive the payment.
Military Allotments			A portion of a serviceman's/woman's pay set-aside for a family member, paid periodically.
TANF Benefits			Monthly benefits paid out by States to needy families (welfare)
Contributions			Any money received from friends and family.
Resources	Dollar Value	Owner	
Cash			Cash on hand.
Checking or Savings			Amounts held in checking and/or savings accounts. Include trust funds for children.
Money Loaned			Money owed to the household members from others.
Certificates of Deposit (CD'S)			Money deposited in a long-term savings plan with a specific maturity date for when the funds may be withdrawn.
Stocks and Bonds			Ownership of stock of a company, or bonds, company or public debt instruments that increase to a specified value
Other (define)			
Real Estate			List real estate holdings other than home residence. Address: _____
Vehicles			List any motor vehicle (ex: car, truck, motorcycle, boat or recreational vehicle) <b>Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____ <b>Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____

**HOW IS THE HOUSEHOLD MANAGING WITHOUT INCOME AND/OR RESOURCES?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does anyone working pay for childcare or for the care of a disabled adult living in the home?  Yes  No  
 If yes, to whom is money paid? \_\_\_\_\_ Amount paid per mo: \$ \_\_\_\_\_

**JPPS/SSCM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of SSCM/JPPS:** \_\_\_\_\_ **Phone number:** ( ) \_\_\_\_\_

# Form 225 IV-E ELIGIBILITY DOCUMENTATION SHEET

The Form 225 is used by the MES to document their actions on IV-E cases.

- Whenever you receive this form, review to determine action taken.
- Keep a copy of all 225s received from the MES in the child's case record.



GEORGIA DEPARTMENT OF HUMAN RESOURCES  
IV-E Eligibility Documentation Sheet

**Check one:**

Initial Decision: \_\_\_\_\_ Review: \_\_\_\_\_ Interim Change: \_\_\_\_\_ Child's Name: \_\_\_\_\_

AU # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Court Order Language:
Foster Care Placement:
Age:
Citizenship/Alienage:
Living with a Specified Relative & Removal Household:
Parental Deprivation:
Family Resources & Income (complete Form 239):
AFDC Relatedness Criteria Met?
Child's Income & Resources (complete IV-E budget):
Comments:
Comments:
IV-E Eligibility Month: _____ IV-E Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO IV-E /SSI only : _____ IV-E Reimbursable: <input type="checkbox"/> YES <input type="checkbox"/> NO Begin Date: _____ End Date (if applicable) _____ If not reimbursable, check all that apply: <input type="checkbox"/> IV-E Language <input type="checkbox"/> Custody <input type="checkbox"/> SSI <input type="checkbox"/> Age <input type="checkbox"/> Unapproved placement <input type="checkbox"/> Income/resources <input type="checkbox"/> Deprivation Medicaid Eligibility: <input type="checkbox"/> YES <input type="checkbox"/> NO Class of Assistance _____ MES Signature: _____ Date: _____ Printed name of MES: _____ Phone Number: (    ) _____

**Note: Court Order Language, Foster Care Placement, Age, Parental Deprivation & Child's Income/Resources ONLY must be completed at Review**

## Form 529

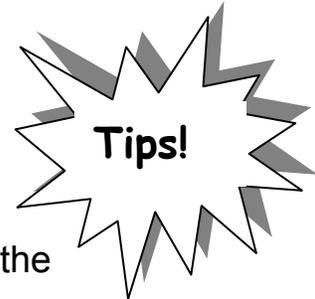
# AUTHORIZATION OF FOSTER CARE STATUS CHANGE/TERMINATION

Form 529 is used by the MES to communicate changes in funding sources for children in foster care

### Expect to receive 529s from the MES:

- ◆ When a child is changed from “Initial” to the appropriate funding source (IV-E or IV-B) after the determination is made
- ◆ At re-determination. The MES generates a 529 whether there is a change to the child’s IV-E payment status or not.
- ◆ Any time there is a change in a child’s funding source
- ◆ SSCMs are responsible for making sure the 529 is completed and signed before forwarding it to Accounting. This includes entering the correct **UAS code** on the form if necessary.
- ◆ SSCMs also use this form to report other foster care changes (e.g. when a child moves from one placement to another or when a child’s per diem changes)

Always keep a copy of the **completed and signed 529s** in the child’s case record.

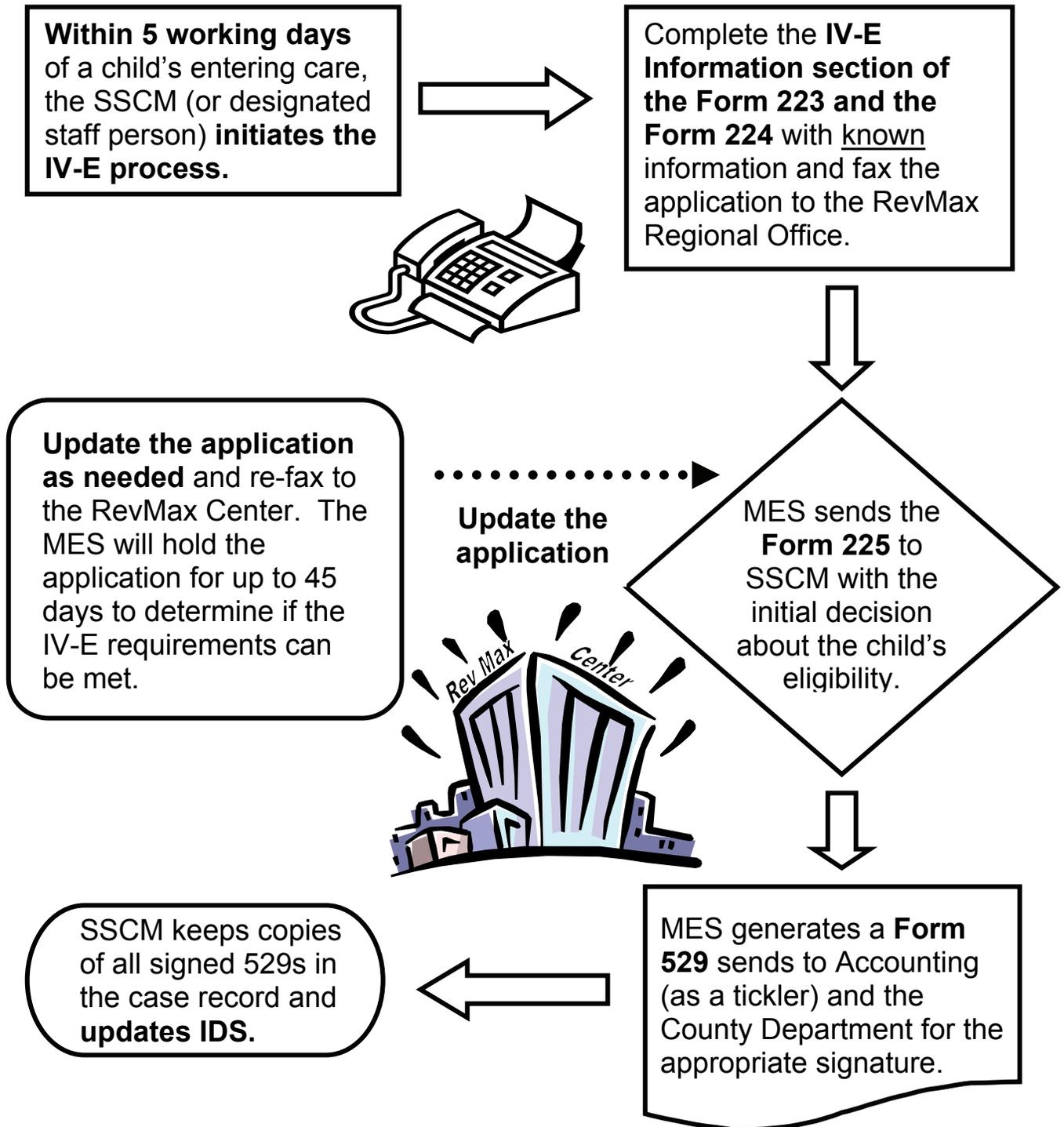


**Georgia Department of Human Resources  
AUTHORIZATION OF FOSTER CARE STATUS CHANGE/TERMINATION**

1.) Name of Child		2.) Date of Birth			Month	Day	Year
3.) Sex- Race		4.) Social Security #					
5.) Case #		6.) Name of Foster Home or Institution					
7.) Child's County of Residence							
8.) Caseworker Name				9.) Caseworker Phone			
10.) Change from Program				To Program			
(see listing on reverse)				(see listing on reverse)			
Effective		If changed to IV-E FC Date Placed by Court Order			Month	Day	Year
Month	Day	Year			Month	Day	Year
11.) MATCH child becomes Medicaid eligible effective		Month	Day	Year	Enter Medicaid Number		
12.) MATCH child Medicaid # changed effective		Month	Day	Year	Enter New Medicaid Number		
13.) MATCH child loses Medicaid eligibility effective		Month	Day	Year			
14.) Change Authorized Foster Care Per Diem Rate to \$							
15.) Boarding Care is Terminated effective				Reason:			
Month	Day	Year					
16.) If child is transferred to another home, give name:				Effective Date			
				Month	Day	Year	
Address:		City		County		State	
Street or RFD		City		County		State	
						Zip Code	
17.) Authorized By:				Date			
County Director or Designee				Month	Day	Year	

- Do not complete for MATCH children

## Initiating the IV-E Process



# FORM 226

## MEDICAID & IV-E RE-DETERMINATION

**Redeterminations that are due each month are entered on a list that is sent by RevMax to the county office.**

### **INSTRUCTIONS FOR FORM 226**

**Question #1:** Answer each question if the child entered care by a Voluntary Placement Agreement.

Court order issued within 180 days of placement with BI/CTW language: Answer yes or no. If yes, enter date of court order.

VPA signed by parent and agency: Answer yes or no. If yes, enter date the VPA was signed.

**Question #2:** Answer each question if the child entered care by a court order **on or after 3/27/2000**.

**Question #3:** Only answer these questions if the child entered care **before 3/27/2000** by court order. If the child entered care after this date, skip this question.

**Note:** The answers for questions 1-3 will not change between 6-month periods (i.e. at each re-determination period); however, you must still complete this information.

**Question #4:** Answer yes or no and enter the dates of all court orders that included the judicial determination that “reasonable efforts to finalize permanency plan were made”. Remember to fax all court orders to RevMax.

**Question #5:** Answer Yes or No. If yes, enter the date of the current court order and the expiration date of the current court order. If no, enter the date of the court order relieving the department of custody and the reason the agency was relieved of custody.

**Question #6:** MES needs to know if deprivation, based on the absence, disability, and/or unemployment of either parent, continues to exist. Indicate any months that deprivation did not exist. Enter the parent's personal information, including name of employer if applicable.

**Helpful Hint:** This question is referring to the home that has been determined to be the **removal home**.

**Question #7:** If the child has an income from working, Social Security, SSI benefits or Child Support it should be documented. The monthly cost of care (per diem) for each of the past six months the child was in care should be noted. If there were months where the child's income exceeded the cost of care, those months should be noted. Any changes in the child's resources should be noted and described.

**Question #8:** Since unapproved placements are not IV-E reimbursable, MES needs to know what dates (if any) the child was in an unapproved placement.



- **Complete this form in its entirety**
- **Submit to MES by deadline indicated**

**MEDICAID and IV-E Redetermination Form  
GEORGIA DEPARTMENT OF HUMAN RESOURCES**

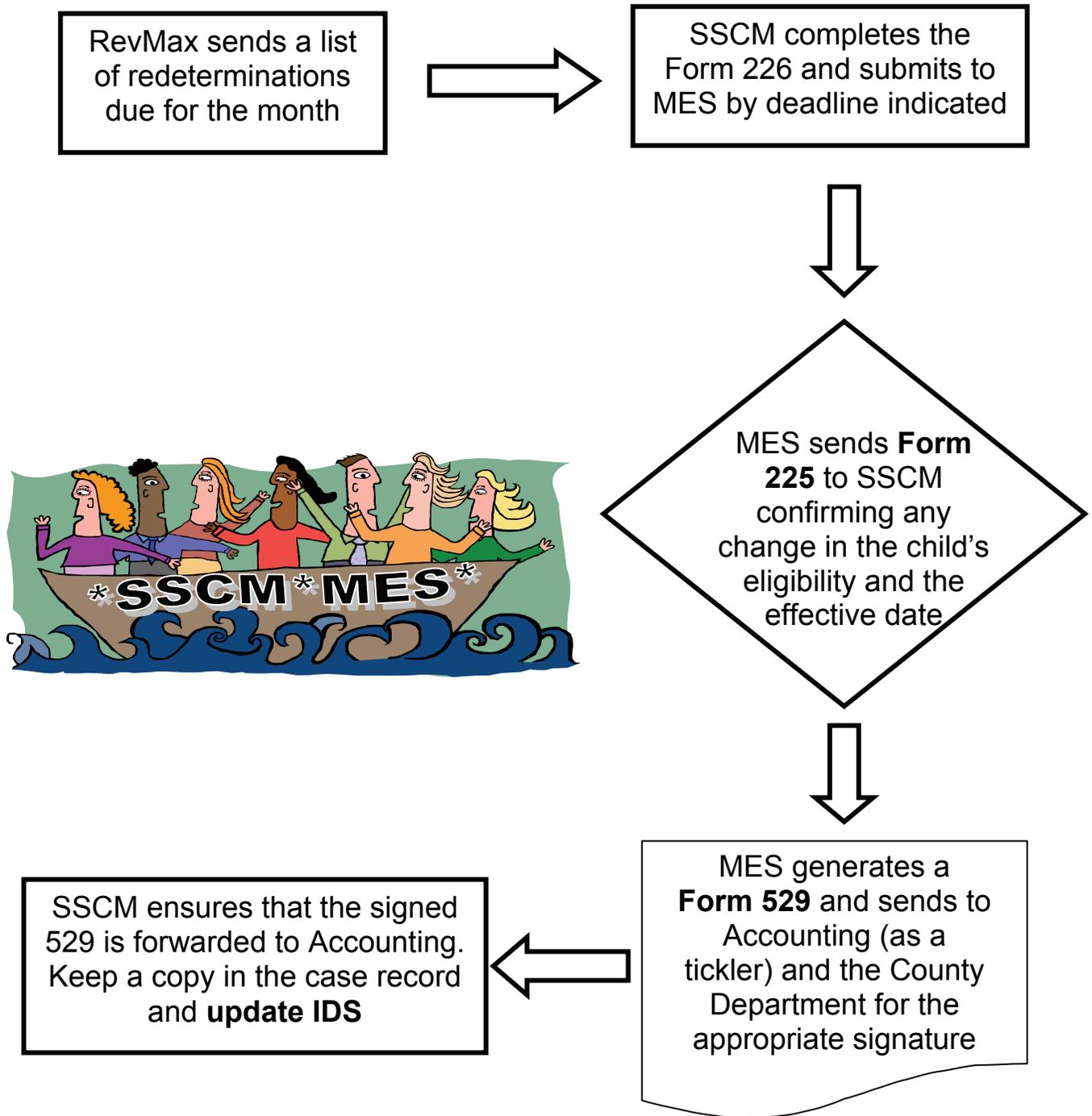
Child's Full Name:		Child's AU No.	
Date of Birth:		Child's Medicaid No.	
Date Child entered care:		Month Review Due:	
Current Placement:			
<b>1. If the child entered via a VPA:</b>			
Was a court order issued within 180 days of the child's placement containing the language "best interest/contrary to the welfare" for the child who initially entered foster care? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
Was the VPA signed by parent/legal guardian and agency representative? <input type="radio"/> Yes <input type="radio"/> No Date signed:			
<b>2. If the child entered care on or after 03/27/2000 via a court order:</b>			
Did the initial removal order contain best interest/contrary to the welfare language? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
Was there a judicial determination with reasonable efforts to prevent removal or reasonable efforts were not required language obtained no later than 60 days from the date of removal? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
<b>3. If the child entered care prior to 3/27/2000 via a court order:</b>			
Is there a subsequent order that contains best interest/contrary to the welfare language? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
Note: if more than 6 months have elapsed from the initial court order without a court order with the BI/CTW Language, the child is not IV-E eligible.			
Was there a judicial determination with reasonable effort to prevent removal language? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
Was there a judicial determination with reasonable efforts were made to reunify child and family language? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
<b>4. Regardless of date child entered care:</b>			
Has there been a judicial determination with reasonable efforts to finalize permanency plan language every 12 months since the child entered care? <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
<b>5. Does DFCS continue to have legal responsibility for the child?</b> <input type="radio"/> Yes <input type="radio"/> No Date of court order:			
If yes, expiration date of current court order:			
If no, date relieved of custody: Reason:			
<b>6. Does deprivation continue to exist?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, check types of deprivation and which parent:			
<b>ABSENT</b>		<b>DECEASED</b>	
<b>DISABLED/INCAPACITATED</b>		<b>UNEMPLOYED</b>	
<b>TPR/VOLUNTARY RELINQUISHMENT</b>			
<input type="radio"/> Mother <input type="radio"/> Father	<input type="radio"/> Mother <input type="radio"/> Father	<input type="radio"/> Mother <input type="radio"/> Father	<input type="radio"/> Mother <input type="radio"/> Father
If disabled/incapacitated or unemployed is checked, current medical information or employment information will be required.			
Indicate any months deprivation did not exist by an (X) 01 02 03 04 05 06 07 08 09 10 11 12 N/A			
Complete the following information		Mother	
Name:		Father	
SSN:			
Current Address:			
Employer or Sources of Income:			
<b>7. What is the child's monthly income?</b> <b>Source:</b>			
What is the cost of care by month (month/cost):		/ / /	
Indicate any months that income was greater than the cost of care by an (X) 01 02 03 04 05 06 07 08 09 10 11 12 N/A			
Are there any changes to the child's resources? <input type="radio"/> Yes <input type="radio"/> No Value of Resources:			
Describe changes:			
<b>8. Were all the placements approved/licensed providers?</b> <input type="radio"/> Yes <input type="radio"/> No If no, list time frames the child was in a non-approved/unlicensed placement:			
From (Month/Day/Year):		To Month/Day/Year):	
JPPS/SSCM Signature:		Date:	
JPPS/SSCM Printed Name:		Phone:	

Form 226 (R. 07/05)

Original - Services Record

Copy faxed to RevMax MES

## Medicaid and IV-E Re-Determination



# Form 227 NOTIFICATION OF CHANGE IN FOSTER CARE OR ADOPTION ASSISTANCE

The Form 227 is used to communicate to the MES any changes in the child's status that might affect IV-E eligibility or reimbursability.



## Tips!

- The SSCM is responsible for communicating changes to the MES that may affect the child's IV-E status. Changes should be reported in a timely manner as they occur, but no later than 10 days after they occur.
- In response, the MES will send a Form 225 confirming any changes in the child's eligibility and the effective date.
- Any changes in the child's funding classification must also be entered on IDS.
- Remember to keep a copy of all forms in the case record.

## INSTRUCTIONS FOR FORM 227

### **Court Order Language:**

Refers to the requirement for a judicial determination of "reasonable efforts to finalize" the permanency plan in effect that is required within 12 months of a child entering foster care.

### **Foster Care Placement:**

If the child has changed placements, the names and effective dates should be noted here. Be sure to enter the information in the appropriate space based on whether or not the new placement is a "fully approved" placement for IV-E or a non IV-E approved placement.

**Adoption Assistance:**

Any dates concerning Adoption placement, filing for Adoption petition or Adoption finalization should be documented here.

**Parental Deprivation:**

If there was a change in deprivation factor in the **removal home**, that change should be reported here. The date this change is effective, the parent whose status changed, and the deprivation factors must be reported.

**Child's Income/Resources:**

Any change in the child's income or resources and the effective date are reported here. This includes reporting when DFCS becomes the payee for a child's benefits (i.e. SSI, SSA, or child support).

**Age:**

If the child has reached 18 yrs. of age, it is reported on this form with the date of the 18<sup>th</sup> birthday.

**Legal Responsibility:**

If DFCS has been relieved of custody or if a court order on a child expired, it must be reported with the effective date.

**Note:** This form should also be used to report if an expired court order has been re-instated. The effective reinstatement date should be noted.

**VPA:**

In the case of Voluntary Placements the date of the judicial determination must be documented as well as the fact that it was or was not obtained within 180 days of placement.

**Trial Home Visit:**

If the trial home visit exceeded 6 months or the time frame authorized by the court, the exceeded date should be noted.

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
NOTIFICATION OF CHANGE IN FOSTER CARE OR ADOPTION ASSISTANCE**

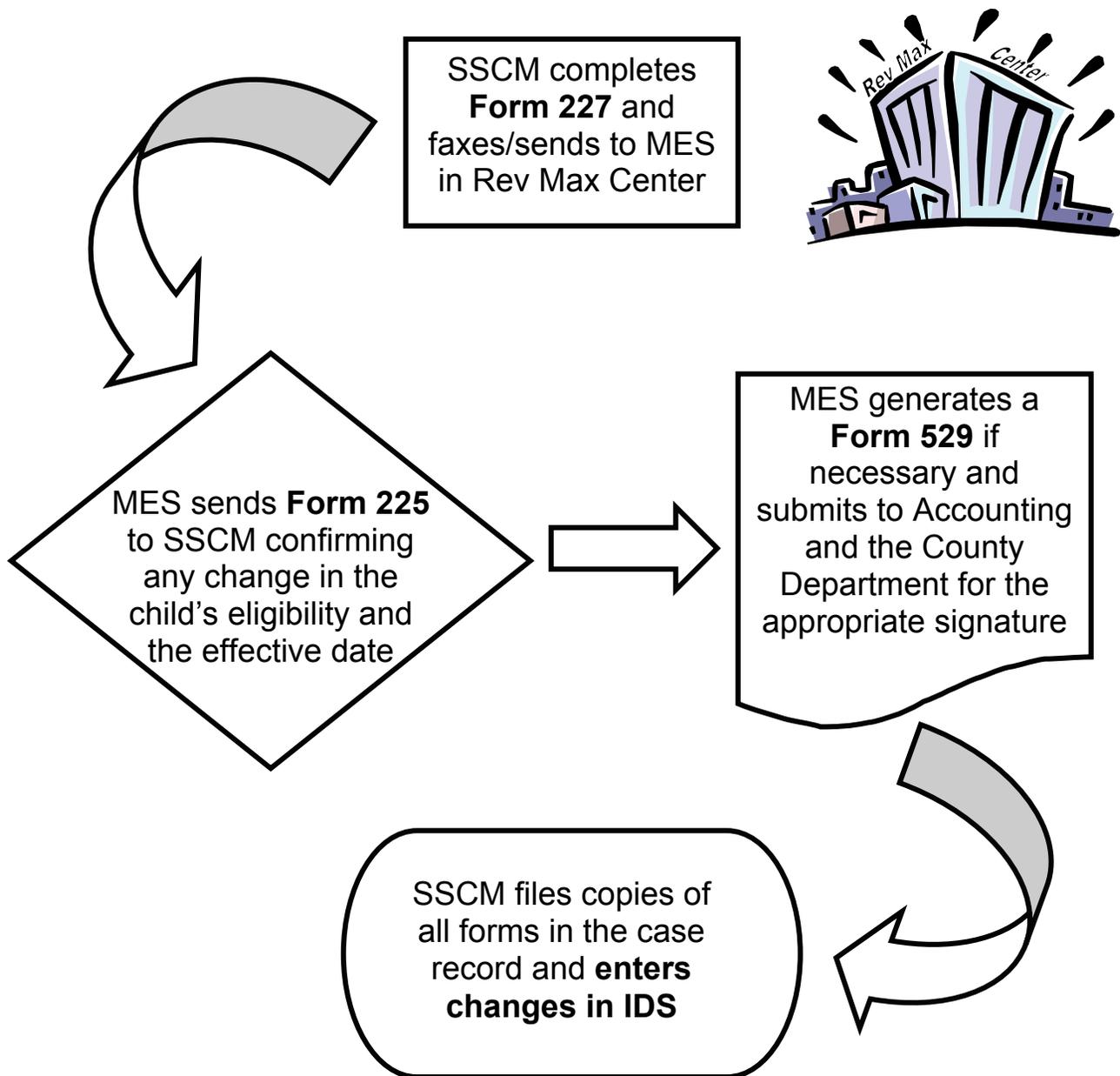
**Child:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Court Order Language</b> <i>"Reasonable efforts to finalize"</i>	<input type="checkbox"/> Judicial determination was made on this date: _____ <input type="checkbox"/> Date of the court order with the required language is: _____ <input type="checkbox"/> Judicial determination was NOT made because: <input type="checkbox"/> It was omitted from the court order; <input type="checkbox"/> The court found that DFCS had NOT made "reasonable efforts"; <input type="checkbox"/> The finding was not timely, i.e., within 12 months
<b>Foster Care Placement</b>	<input type="checkbox"/> Child was placed in a fully approved/licensed facility effective: _____ Name/Address: _____ <input type="checkbox"/> Child moved to the above placement from another IV-E reimbursable home/facility? <input type="checkbox"/> No <input type="checkbox"/> Yes* * To avoid two IV-E payments on the same day(s) of the child's move or concurrent placement, indicate in "Comments" the Name/Address of the prior home/facility and the date(s) of the IV-E payment. <input type="checkbox"/> Child placed in a NON IV-E approved placement effective: _____ Name/Address: _____
<b>Adoption Assistance</b>	<input type="checkbox"/> Adoptive placement effective date: _____ <input type="checkbox"/> Adoption petition filing date: _____ <input type="checkbox"/> Adoption finalized as of date: _____
<b>Parental Deprivation</b>	<input type="checkbox"/> A change occurred in more or more of these "deprivation factors" in the removal home: <input type="checkbox"/> Absent parent returned <input type="checkbox"/> Parent deceased <input type="checkbox"/> Parent disabled/incapacitated <input type="checkbox"/> Parent unemployed <input type="checkbox"/> TPR/Surrender of parental rights Parent effected by this change: <input type="checkbox"/> Father <input type="checkbox"/> Mother Effective date: _____
<b>Income/Resources (child's)</b>	<input type="checkbox"/> There was a change in the child's income in the amount of \$ _____ received from: <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> VA Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Personal earnings <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> The child acquired resources total valued at: \$ _____ Source(s): _____
<b>Age</b>	<input type="checkbox"/> This child reaches (or has reached) age 18 on (date): _____
<b>Legal Responsibility</b>	<input type="checkbox"/> Effective Date _____ <input type="checkbox"/> DFCS no longer has legal responsibility for the child because: <input type="checkbox"/> Custody order expired <input type="checkbox"/> DFCS was relieved of custody <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> DFCS re-instated its expired order effective (date): _____
<b>VPA</b>	<input type="checkbox"/> A judicial determination that continuation in foster care is in the "best interest" of the child: <input type="checkbox"/> Was obtained from the court within 180 days of placement <input type="checkbox"/> Was NOT obtained from the court within 180 days of placement. Effective date: _____
<b>Trial Home Visit</b>	<input type="checkbox"/> The child's trial home visit exceeded 6 months or the time frame authorized by the court. Effective date: _____
<b>Comments</b>	

**SSCM/JPPS signature:** \_\_\_\_\_ **CL#:** \_\_\_\_\_ **County:** \_\_\_\_\_

**SSCM/JPPS Printed Name:** \_\_\_\_\_ **Telephone No.:** (    ) \_\_\_\_\_

## Communicating Changes to the MES



## ELIGIBILITY TIMELINE FOR THE SSCM

Timeframe	Activity
<b>Removal to Five Working Days</b>	<p><b>Complete CMO</b></p> <p><b>Complete Form 527</b> (Initial Authorization) and forward to Accounting (Indicate one of the “Initial” UAS codes)</p> <p><b>Complete IDS 590</b></p> <p><b>Complete “Medicaid Information” section of Form 223</b> (Medicaid and IV-E Application for Foster Care) and FAX to the RevMax for a determination of RSM. Also FAX to the Rev Max Intake Unit as a case tickler.</p> <p><b>Initiate the IV-E process by completing “IV-E Information” section of the Form 223 and the Form 224</b> (Income and Asset Checklist) and FAX to the Rev Max Center for a determination of IV-E Eligibility and Medicaid class of assistance. Update forms as information becomes available and re-fax to Rev Max Center.</p>
<b>Ongoing</b>	<p><b>Notify the MES via Form 227</b> (Notification of Change in IV-E Status) <b>any time there is a change</b> in the child’s circumstances that may impact IV-E funding.</p>
<b>6 Months</b>	<p><b>Update the Form 226</b> (Medicaid IV-E Re-determination Form) when generated by the MES for the 6-month re-determination of Medicaid and IV-E.</p>
<b>12 months</b>	<p><b>Update the Form 226</b> (Medicaid IV-E Re-determination Form) when generated by the MES for the 6-month re-determination of Medicaid and IV-E <b>(including the “reasonable efforts to finalize the permanency plan” court order language)</b></p>

## Section VIII

### FINAL ACTIVITY “The Case Manager’s In-Box”





## ASSESSMENT “THE CASE MANAGER’S IN-BOX”

### **Purpose:**

To apply the policy, definitions and procedures learned in training to actual case scenarios and evaluate how well participants mastered this material

### **Materials Needed:**

Participant Guide:

Moxley Family Activities

Forms and Procedures Section, including the Eligibility Timeline

### **Directions:**

1. Work individually
2. Read all the case materials for each activity as directed by the trainer
3. Complete the written assessment for each activity and complete any forms that are necessary to complete each activity
4. Use the material in your Participant Guide as a reference if needed.

# MOXLEY FAMILY (ACTIVITY 1)

## **Directions to Participants:**

Read the Case History/Summary below and review all of the case material in your Participant Guide for this activity. Then, complete the assessment. You will have approximately 20 minutes to complete this activity.

## **Case History/Summary:**

Sunday (10/21/01) at 11:00 A.M. the Fire Department responded to an apartment fire. When they arrived they found 12 yr old Daniel and 4 yr old Janice huddled together in the living room with a fire raging in the kitchen. The children were home alone. Daniel told the firemen that his mother was at work and he was just trying to cook some food for himself and his sister, when the curtains caught on fire and the fire spread throughout the kitchen. When asked where his mother worked, Daniel said at 'the restaurant' he didn't know the name, location or phone number.

CPS intake and law enforcement were contacted and pick up order was issued to take the children into protective custody until their mother could be located. Daniel and Janice were placed in an approved foster home with the Simmons family.

10/22/01 CM C. Jones, CPS Investigations, was assigned the case. CM Jones received a call from the local police stating that Daniel and Janice's mother, Linda Moxley, called looking for her children. They told her that the children had been taken into CPS custody and that a caseworker would be in touch with her soon.

10/22/01 CM Jones met with Ms. Moxley. Ms. Moxley was in tears as she explained to CM Jones that her babysitter, Ms. Mae, died from a heart attack one week ago. Her babysitter was like a mother to her and the only support she had. The children were very close to Ms. Mae and regularly had their meals at her house, down the street from their apartment. Ms. Moxley was extremely depressed after Ms. Mae's death and did not go back to work until her boss came to her home and said if she did not return to work immediately, she would be fired. She returned

to work the Sunday of the fire thinking that she would check on her children on her lunch hour. She had instructed Daniel and Janice not to touch the stove and not to let anyone in the apartment. She was sure they'd be all right.

Ms. Moxley explained to the CM that she was afraid for her children's safety because she just didn't know how much more she could take. Her husband, Daniel's father died when Daniel was 2 yrs. old (he receives SSA) and Janice's father, Tyrone Streeter is currently incarcerated on domestic violence charges. Mr. Streeter and Ms. Moxley never married but have lived together "on and off" according to Ms. Moxley. She states that when he was in the home, Mr. Streeter made "most of the money." Now that he is in jail, the burden is on her. Ms. Moxley also states she suffered a mental breakdown 6 yrs. ago when her parents died in a car accident right before the birth of her daughter. That was when she met Ms. Mae. She is now faced with finding other housing and identifying a resource for childcare.

10/23/01 After completing the initial investigation and determining that Ms. Moxley had no other relatives or friends to help with her children, CM Jones advised Ms. Moxley that she would be recommending to the court that the children remain in foster care until Ms. Moxley was stable.

10/24/01 The 72-hour hearing was held and the judge ordered that the children remain in protective custody. The case was transferred to the foster care case manager, Mr. Thomas, on the same date.

10/31/01 The adjudicatory hearing was held. The children were found to be deprived and temporary custody was granted to DFCS. The Initial (i.e. 30-day) Case Plan was developed with Ms. Moxley and incorporated into the court order. Daniel and Janice remained in the Simmons foster home.

### **Participant's Assignment:**

You are Mr. Thomas, the Foster Care Case Manager who was assigned this case. Respond to the questions below.

### **Assessment Questions:**

- 1. Describe what needs to be done within 5 days of the child entering Foster Care including forms and timeframes.**



**3. Using the model forms included with this activity, complete the necessary forms to apply for IV-E Foster Care for Janice and Daniel and answer the following questions about the application.**

A. What type of deprivation did you circle in question #5 on Form 223? Which parent did you say the type of deprivation applied to? Explain your rationale.

B. What date did you indicate for the Juvenile Court complaint/petition or VPA signature in question #7 on Form 223? Explain your rationale.

C. Besides documenting the court orders on the form 223, what else needed to be done with the court orders?

**4. After the MES provides you with the Form 225 and the Form 529, what do you need to do? Include any forms that need to be reviewed, completed or updated.**

**5. Review the 529s included in this activity. Are there any changes or corrections that need to be made to this 529?**

## FORM 527 (Initial Authorization of Foster Care)

### Georgia Department of Human Resources INITIAL AUTHORIZATION OF FOSTER CARE

1.) Name of Child <u>Moxley Daniel</u>			2.) Date of Birth <u>07/</u> <u>01/</u> <u>1989</u>		
Last	First	Middle I	Month	Day	Year
3.) Sex – Race <input type="checkbox"/> 1 - WM <input type="checkbox"/> 2 - WF <input checked="" type="checkbox"/> 3 - BM <input type="checkbox"/> 4 - BF <input type="checkbox"/> 5 - Other					
4.) Social Security # <u>466-50-1926</u>			5.) Medicaid # _____		6.) Caseworker Case Number <u>423501-01</u>
7.) Caseworker Name <u>Carol Jones</u>			8.) Caseworker Phone Number <u>404/350-6262</u>		
9.) Date Placed by Court Order <u>10/21/01</u>			10.) Child's County of Residence <u>Fulton</u>		
11.) Child's Program (Check the appropriate block or blocks)					
<input type="checkbox"/> Match Child (IV-E Eligible)	<input type="checkbox"/> Refugee Unaccompanied Minor – Foster Care UAS Code 526		<input type="checkbox"/> IV-E SFC State Approved Per Diem Waivers USA Code 574		
<input type="checkbox"/> Match Child (NON IV-E Eligible)	<input type="checkbox"/> IV – E AIDS SFC UAS Code 529		<input type="checkbox"/> IV-E Voluntary SFC State Approved Per Diem Waivers UAS Code 575		
<input type="checkbox"/> IV – E FFC UAS CODE 501	<input type="checkbox"/> AIDS-CW-SFC USA CODE 530		<input type="checkbox"/> IV – E Related SFC (State) UAS Code 576		
<input type="checkbox"/> CW- FFC (IV-B) UAS Code 502	<input type="checkbox"/> IV – E Voluntary FFC UAS Code 560		<input type="checkbox"/> CW SFC State Approved Per diem Waivers UAS Code 577		
<input checked="" type="checkbox"/> Initial FFC UAS Code 503	<input type="checkbox"/> IV-E Voluntary IFC UAS Code 561		<input type="checkbox"/> CW SFC (State) UAS Code 578		
<input type="checkbox"/> FFC – State UAS Code 504	<input type="checkbox"/> IV-E AIDS Voluntary FFC UAS Code 562		<input type="checkbox"/> Initial SFC State Approved Per Diem Waivers AS Code 579		
<input type="checkbox"/> IV – E IFC UAS Code 505	<input type="checkbox"/> IV-E SFC Families First UAS Code 563				
<input type="checkbox"/> CW-IFC (IV-B) UAS Code 506					
<input type="checkbox"/> CW- FFC UAS Code 522			<input type="checkbox"/> Other _____ List		
12.) Name of Foster Home/Institution <u>Jack and Susan Simmons</u>					
13.) Address of Foster Home/Institution <u>181 hope Ln</u>			<u>Atlanta</u>	<u>Fulton</u>	<u>Ga</u> <u>30331</u>
Street or RFD			City	County	State Zip Code
14.) Authorized Foster Care Per Diem Rate \$ <u>13.50</u>					
<b>AUTHORIZATION OF BOARDING CARE</b>					
15.) I hereby certify that the action indicated is in accordance with Departmental rules and regulations and that boarding care in behalf of a child is authorized (continuously until notified) at the daily rate specified above.					
Effective Date <u>10/</u> <u>21/</u> <u>2001</u>		Authorized By: <u>Melissa Bridge</u>		Date <u>10</u> <u>24</u> <u>01</u>	
Month	Day	Year	County Director or Designee	Month	Day Year
. Required for MATCH Children Only (If child is Medicaid eligible)					
.. Do not complete for MATCH children					

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
**Medicaid and IV-E Application for Foster Care and Adoption Assistance**

**This form is completed for each child entering foster care within five (5) working days of the child's placement.**

Date 527 sent to Accounting: 10/24/01

Applicant Child's Name: Moxley, Daniel SSN: 466-50-1926  
 DOB: 7/189 Gender: X M F Race: B US Citizenship: X Y N Note: **If not a U.S. Citizen, attach a copy of the INS documentation**  
 Child's Mother: Linda Moxley SSN: 456-02-9345 Race: B DOB: 6/5/66  
 Address: 1021 Windy Way City, State, Zip: Atlanta, Ga., 30560  
 Child's Father: Deceased SSN: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Legal father Putative Father  
 Parents are: X Married Never Married Separated Divorced Has paternity been established? X Yes No  
 Has child support been ordered in the juvenile court? Yes X No If YES, attach a copy of the order for OCSE.

**MEDICAID INFORMATION:** County: Fulton Removal Date: 10/21/01 Prior Months MAO? Yes X No Month: \_\_\_\_\_  
 1. Does this child receive any income directly? Yes X No Is income Supplemental Social Security Income (SSI)? Yes No  
 If yes, indicate type, amount and frequency: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 2. Does this child have any resources? Yes X No  
 If yes, indicate type and amount: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 3. Is the child pregnant? Yes No Verified and documented? Yes No Estimated Delivery Date: \_\_\_\_\_  
 4. Is the child covered by health insurance other than Medicaid? Yes X No  
 If yes, name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Copy of card? Yes No  
 JPPS/SSCM Signature Charles Thomas Date: 10/21/01  
 Printed name of JPPS/SSCM: Charles Thomas Phone: ( 404 ) 651-6543 FAX: ( 404 ) 651-6543

**IV-E INFORMATION:** INITIAL COURT ORDER(S) FAXED: X YES NO

4a. List the name of the person with whom the child was living at removal: Linda Moxley  
 b. Is this a X parent \_\_\_\_\_ specified relative\* \_\_\_\_\_ other? If specified relative or other, list relationship: \_\_\_\_\_  
 c. In the court order, from whom is custody removed? Linda Moxley  
 d. Is the person named in 4c the same person as in 4a? X Yes No If no, did the child live with the person in 4c within the 6 months prior to removal from the home? Yes No If yes, list the months: \_\_\_\_\_  
 \*(For question 4b, specified relative is defined as a relative within the degree of relationship by 1996 AFDC policy)

List standard filing unit members in the removal home:

Name	DOB	Relationship to child	Gender	Race	SSN
<u>Linda Moxley</u>	<u>6/5/66</u>	<u>Mother</u>	<u>F</u>	<u>B</u>	<u>456-02-9345</u>
<u>Janice Streeter</u>	<u>8/7/97</u>	<u>Sister</u>	<u>F</u>	<u>B</u>	<u>467-19-0154</u>
_____	_____	_____	_____	_____	_____

5. Parental Deprivation (for AFDC Relatedness) Circle all that apply and parent(s) involved:  
 Absence X Death \_\_\_\_\_ Incarceration \_\_\_\_\_ Disability/Incapacity \_\_\_\_\_ Unemployed Parent \_\_\_\_\_  
 Mother Father X Mother X Father \_\_\_\_\_ Mother Father \_\_\_\_\_ Mother Father \_\_\_\_\_

6. Is the child placed in an approved foster care or child caring institution? X Yes No  
 Name and address of current placement: Jack and Susan Simmons  
 Relationship: \_\_\_\_\_ 181 Hope Ln.  
Atlanta, Ga., 30331

7. Legal Information: Date of Juvenile Court complaint/petition, VPA, or VS signature date: 10/21/01  
 Physical/Constructive removal date: 10/21/01 Date of court hearing: 10/24/01  
 a. Circle order type: X court order or VPA or VS b. If VPA or VS, date of VPA/VS: \_\_\_\_\_  
 c. Does initial court order contain "contrary to welfare/best interest" language? X Yes No  
 d. Was a court order that addresses "reasonable efforts to prevent removal" obtained within 60 days of child's removal? (n/a to Adoption Assistance) : X YES No Date of court order or hearing: 10/21/01

JPPS/SSCM Signature: Charles Thomas Date: 10/25/01  
 Printed name of JPPS/SSCM: Charles Thomas Phone Number: ( 404 ) 651-1110

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
REMOVAL HOME INCOME AND ASSET CHECKLIST**

Child's Name: Moxley, Daniel      DOB: 7/1/89      Medicaid #: 406978012p

Mother's Name: Linda Moxley      Father's Name: Deceased

This information is for:  Application Month    Month: 10/01      Prior Month MAO    Month: \_\_\_\_\_  
**INSTRUCTIONS:** List the amounts of income and resources of the removal family by family member. Include any details known, such as employer, in the space provided. If there is no income or resources of a particular type, write n/a in the space provided. Attach additional sheets if more space is needed. **IF NO INCOME OR RESOURCES ARE REPORTED, HOUSEHOLD MANAGEMENT MUST BE ADDRESSED IN THE SECTION PROVIDED BELOW.**

Income Source	Gross Amt/Mo	Recipients	Description
Employment	\$600/mo. - Hot Skillet Cafe	Linda Moxley	Full or part-time work where a paycheck is received. Operation of a family day care in the family's home is considered self-employment. <b>Employer name, address, and phone number:</b> _____
Miscellaneous	No		Events of work where the work and pay do not occur on a regular basis. Example: Part-time work a few hours a week (amount of time varies)
Interest and Dividends	No		Interest paid on a savings or checking account, paid monthly. Dividends are payments made by a company to owners of the company's stock.
Child Support or Alimony	No		Any payments made by the parent(s) who is obligated to financially support a child or spouse. Court ordered child support? Yes No Attach copy of the order. If child support was ordered in another court of competent jurisdiction, specify the type of order and attach a copy. OCSE order    Divorce order Issued in _____ County, State of _____
Adoption Assistance	No		Subsidies paid to parents adopting a child(ren) with special needs. Paid to whom? _____
Unemployment Benefit	No		Payment made weekly by the State to an unemployed worker who has been laid off or fired by their previous employer.
Worker's Compensation	No		Payment made by insurance companies on behalf of a company to a worker who has been injured/killed on the job and cannot work for a period of time.
Social Security Benefits	\$200/mo.	Moxley, Daniel	Federal funds paid monthly to persons age 62 or over or disabled, and their dependents. Social Security may be paid on behalf of a deceased family member.
Supplemental Security Income	No		SSI is a monthly payment to persons who are aged, blind, or disabled. NOTE: If SSI is received by the child, child is IV-E eligible at time of filing of adoption petition.
Veteran's Benefits	No		Monthly payments made to a person who served in the U.S. military. If veteran is disabled or deceased, a family member may receive the payment.
Military Allotments	No		A portion of a serviceman's/woman's pay set-aside for a family member, paid periodically.
TANF Benefits	No		Monthly benefits paid out by States to needy families (welfare)
Contributions	No		Any money received from friends and family.
<b>Resources</b>	<b>Dollar Value</b>	<b>Owner</b>	
Cash	No		Cash on hand.
Checking or Savings	No		Amounts held in checking and/or savings accounts. Include trust funds for children.
Money Loaned	No		Money owed to the household members from others.
Certificates of Deposit (CD'S)	No		Money deposited in a long-term savings plan with a specific maturity date for when the funds may be withdrawn.
Stocks and Bonds	No		Ownership of stock of a company, or bonds, company or public debt instruments that increase to a specified value
Other (define)	No		
Real Estate	No		List real estate holdings other than home residence. Address: _____
Vehicles	No		List any motor vehicle (ex: car, truck, motorcycle, boat or recreational vehicle) <b>Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____ <b>Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____

**HOW IS THE HOUSEHOLD MANAGING WITHOUT INCOME AND/OR RESOURCES?** \_\_\_\_\_   
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does anyone working pay for childcare or for the care of a disabled adult living in the home?    Yes        No  
 If yes, to whom is money paid? \_\_\_\_\_    Amount paid per mo: \$ \_\_\_\_\_

JPPS/SSCM Signature: Charles Thomas      Date: 10/25/01

Printed name of SSCM/JPPS: Charles Thomas      Phone number: ( 404 ) 651-6543

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
**Medicaid and IV-E Application for Foster Care and Adoption Assistance**

**This form is completed for each child entering foster care within five (5) working days of the child's placement.**

Date 527 sent to Accounting: 10/24/01

Applicant Child's Name: Streeter, Janice SSN: 467-19-0154  
 DOB: 8/7/97 Gender: M X F Race: B US Citizenship: X Y N Note: **if not a U.S. Citizen, attach a copy of the INS documentation**  
 Child's Mother: Linda Moxley SSN: 456-02-9345 Race: B DOB: 6/5/66  
 Address: 1021 Windy Way City, State, Zip: Atlanta, Ga., 30560  
 Child's Father: Tyrone Streeter SSN: unk Race: unk DOB: unk  
 Address: incarcerated City, State, Zip: \_\_\_\_\_ Legal father  Putative Father  
 Parents are: Married  Never Married Separated Divorced Has paternity been established? Yes  No  
 Has child support been ordered in the juvenile court? ? Yes  No If YES, attach a copy of the order for OCSE.

**MEDICAID INFORMATION:** County: Fulton Removal Date: 10/21/01 Prior Months MAO? Yes  No Month: \_\_\_\_\_  
 1. Does this child receive any income directly? Yes  No  Is income Supplemental Social Security Income (SSI)? Yes  No   
 If yes, indicate type, amount and frequency: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 2. Does this child have any resources? Yes  No   
 If yes, indicate type and amount: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 3. Is the child pregnant? Yes  No  Verified and documented? Yes  No  Estimated Delivery Date: \_\_\_\_\_  
 4. Is the child covered by health insurance other than Medicaid? Yes  No   
 If yes, name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Copy of card? Yes  No   
**JPPS/SSCM Signature** Charles Thomas **Date:** 10/21/01  
**Printed name of JPPS/SSCM:** Charles Thomas **Phone:** ( 404 ) 651-6543 **FAX:** ( 404 ) 651-6543

**IV-E INFORMATION:** INITIAL COURT ORDER(S) FAXED: X YES NO

4a. List the name of the person with whom the child was living at removal: Linda Moxley  
 b. Is this a  parent  specified relative\*  other? If specified relative or other, list relationship: \_\_\_\_\_  
 c. In the court order, from whom is custody removed? Linda Moxley  
 d. Is the person named in 4c the same person as in 4a?  Yes  No If no, did the child live with the person in 4c within the 6 months prior to removal from the home?  Yes  No If yes, list the months: \_\_\_\_\_  
 \*(For question 4b, specified relative is defined as a relative within the degree of relationship by 1996 AFDC policy)  
 List standard filing unit members in the removal home:

Name	DOB	Relationship to child	Gender	Race	SSN
<u>Linda Moxley</u>	<u>6/5/66</u>	<u>Mother</u>	<u>F</u>	<u>B</u>	<u>456-02-9345</u>
<u>Daniel Moxley</u>	<u>7/1/89</u>	<u>Brother</u>	<u>m</u>	<u>B</u>	<u>466-50-1926</u>
_____	_____	_____	_____	_____	_____

5. **Parental Deprivation** (for AFDC Relatedness) Circle all that apply and parent(s) involved:  
 Absence  Death   Incarceration  Disability/Incapacity  Unemployed Parent   
 Mother Father  Mother Father  Mother  Father  Mother Father  Mother Father

6. **Is the child placed in an approved foster care or child caring institution?**  Yes  No  
 Name and address of current placement: Jack and Susan Simmons  
 Relationship: \_\_\_\_\_ 181 Hope Ln.  
Atlanta, Ga., 30331

7. **Legal Information:** Date of Juvenile Court complaint/petition, VPA, or VS signature date: 10/21/01  
 Physical/Constructive removal date: 10/21/01 Date of court hearing: 10/24/01  
 a. Circle order type:  court order or VPA or VS  b. If VPA or VS, date of VPA/VS: \_\_\_\_\_  
 c. Does initial court order contain "contrary to welfare/best interest" language?  Yes  No  
 d. Was a court order that addresses "reasonable efforts to prevent removal" obtained within 60 days of child's removal? (n/a to Adoption Assistance) :  YES  No Date of court order or hearing: 10/21/01

**JPPS/SSCM Signature:** Charles Thomas **Date:** 10/25/01  
**Printed name of JPPS/SSCM:** Charles Thomas **Phone Number:** ( 404 ) 651-1110



\_\_\_\_\_  
CLERK/DEPUTY CLERK

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

Daniel Moxley                      SEX:   M                        DOB:   7/1/89                        CASE #   01-01J-110    
Janice Streeter                      SEX:   F                        DOB:   8/7/97                        CASE #   01-01J-111    
A Child Under 18 Years of Age                      FILE: # \_\_\_\_\_

**ORDER FOR SHELTER CARE**

A complaint has been made to the Court concerning the above-named children. The Court finds from information brought before it that continuation in the home at this time would be contrary to the welfare of said children. It is necessary for the protection of said children that they be placed in shelter care **because**

firefighters responded to an apartment fire and found the children home alone in the apartment. The children reported that their Mother was at work, but could not provide the name, location or phone number of her place of work. No other adult was available to provide care for the children until their Mother could be located.

The Court also finds that pursuant to Official Code of Georgia Ann. Section 15-11-58(a):

- (X) reasonable efforts have been made by the Department to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from the child's home and to make it possible for said child to remain safely in the home, to wit:

Agency tried but was unsuccessful in contacting the children's mother. The Mother did not leave information about her whereabouts with the children and children were unable to communicate information to assist the agency in finding Mother.

- ( ) reasonable efforts by the Department to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from the child's home and to make it possible for said child to remain safely in the home were not required pursuant to O.C.G.A. Section 15-11-58 (a)(4) (A-C) because:

- ( ) the Department failed to make reasonable efforts to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from the child's home and to make it possible for said child to remain safely in the home. The following efforts would have been reasonable to prevent or eliminate the need for removal:

IT IS THEREFORE ORDERED that said children be placed in the custody of Fulton County Department of Family and Children Services until further Order of the Court or until released by a person duly authorized by the Court. Said children are being placed pursuant to Official Code of Georgia Ann. Section 15-11-46 for the following reasons:

- ( ) to protect the person or property of others or of the child;
- ( ) the child may abscond or be removed from the jurisdiction of the court;
- (X) because he/she has no parent, guardian, or custodian or other person able to provide supervision and care for him/her and return him/her to the Court when required;
- ( ) an Order for his/her detention or shelter care has been made by the Court pursuant to the Juvenile Proceedings Code.

Pursuant to O.C.G.A. Section 15-11-48(f), the Court approves the following physical placement of the children: foster home under the supervision of the County Department pending the 72 Hour Hearing on October 24, 2001 at 9 a.m.

It is further ordered that the custodian be and hereby is authorized to obtain a physical examination, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, requires prompt treatment for the care of said child while said child is in his/her/its custody.

ORDERED AND ADJUDGED this 21st day of October, 2001.

*Joe Brown*

\_\_\_\_\_  
JUDGE/ASSOCIATE JUDGE  
Fulton County Juvenile Court



( X ) The Fulton County Department of Family and Children Services made reasonable efforts to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for the removal of the child from his/her home, and to make it possible for the child to return safely home, to wit:

Agency tried but was unsuccessful in contacting the children's mother. The Mother did not leave information about her whereabouts with the children and children were unable to communicate information to assist the agency in finding Mother.

Since initial removal of children from the home, the Agency has worked to assist Ms. Moxley in obtaining adequate housing and a childcare resource. However, Ms. Moxley has been unable to do so and is living in a homeless shelter.

( ) Reasonable efforts by the \_\_\_\_\_ County Department of Family and Children Services to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for the removal of the child from his/her home, and to make it possible for the child to return safely home were not required under O.C.G.A. Section 15-11-58(a)(4)(A-C) because: \_\_\_\_\_

( ) The \_\_\_\_\_ County Department of Family and Children Services failed to make reasonable efforts to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for the removal of the child from his/her home, and to make it possible for the child to return safely home. The following efforts would have been reasonable to prevent or eliminate the need for removal: \_\_\_\_\_

( ) This is a private deprivation matter in which DFACS is not involved. The child is not placed in foster care. Reasonable efforts are not an issue.

Continuation in the home would be contrary to the welfare of the children and removal of the children from the home is in their best interest because The parent does not have a safe and stable living environment for the children at this time.

IT IS THEREFORE ORDERED that temporary custody of the above named child should be and is HEREBY AWARDED to Fulton County Department of Family and Children Services pending (the filing of a Petition and) an Adjudicatory Hearing to be scheduled in this Court.

IT IS FURTHER ORDERED that the following home evaluation(s) be performed: \_\_\_\_\_

IT IS FURTHER ORDERED that the named custodian is hereby authorized to obtain for this child physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child.

IT IS SO ORDERED this 24<sup>th</sup> day of October 2001.

*Joe Brown*

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JUDGE/ASSOCIATE JUDGE  
Fulton County Juvenile Court

**FORM 529 (Authorization of Foster Care Status Change/Termination)**

**Georgia Department of Human Resources  
AUTHORIZATION OF FOSTER CARE STATUS CHANGE/TERMINATION**

1) Name of Child <u>Streeter Janice</u>		2) Date of Birth		<u>08/</u>	<u>17/</u>	<u>1997</u>
		Month	Day	Year		
3) Sex- Race <input type="checkbox"/> 1 - WM <input type="checkbox"/> 2 - WF <input type="checkbox"/> 3 - BM <input checked="" type="checkbox"/> 4 - BF <input type="checkbox"/> 5 - Other		4) Social Security # <u>467-19-0154</u>				
5) Case # <u>423501-02</u>		6) Name of Foster Home or Institution <u>Simmons</u>				
7) Child's County of Residence <u>Fulton</u>						
8) Caseworker Name <u>Thomas</u>			9) Caseworker Phone <u>404/651-4930</u>			
10) Change from Program <u>UAS 503</u>		To Program <u>UAS 501</u>				
(see listing on reverse)		(see listing on reverse)				
Effective <u>10/</u>	<u>21/</u>	<u>2001</u>	If changed to IV-E FC Date Placed by Court Order <u>10/</u>			<u>01/</u>
Month	Day	Year	Month			Day
11) MATCH child becomes Medicaid eligible effective <u>    </u> / <u>    </u> / <u>    </u>			Month	Day	Year	Enter Medicaid Number <u>    </u>
12) MATCH child Medicaid # changed effective <u>    </u> / <u>    </u> / <u>    </u>			Month	Day	Year	Enter New Medicaid Number <u>    </u>
13) MATCH child loses Medicaid eligibility effective <u>    </u> / <u>    </u> / <u>    </u>			Month	Day	Year	
14) Change Authorized Foster Care Per Diem Rate to \$ <u>    </u>						
15) Boarding Care is Terminated effective <u>    </u> / <u>    </u> / <u>    </u>			Month	Day	Year	Reason: <u>    </u>
16) If child is transferred to another home, give name: <u>    </u>			Effective Date <u>    </u> / <u>    </u> / <u>    </u>			
			Month	Day	Year	
Address: <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>						
Street or RFD		City	County	State	Zip Code	
17) Authorized By: <u>Melissa Bridge</u>		Date <u>11/</u>		<u>20/</u>	<u>01</u>	
County Director or Designee		Month	Day	Year		

- Do not complete for MATCH children

**FORM 529 (Authorization of Foster Care Status Change/Termination)**

**Georgia Department of Human Resources  
AUTHORIZATION OF FOSTER CARE STATUS CHANGE/TERMINATION**

1.) Name of Child <u>Moxley, Daniel</u>		2.) Date of Birth		<u>07/</u>	<u>01/</u>	<u>1989</u>
		Month	Day	Year		
3.) Sex- Race <input type="checkbox"/> 1 - WM <input type="checkbox"/> 2 - WF <input checked="" type="checkbox"/> 3 - BM <input type="checkbox"/> 4 - BF <input type="checkbox"/> 5 - Other		4.) Social Security # <u>466-50-1926</u>				
5.) Case # <u>423501-01</u>		6.) Name of Foster Home or Institution <u>Simmons</u>				
7.) Child's County of Residence <u>Fulton</u>						
8.) Caseworker Name <u>Thomas</u>		9.) Caseworker Phone <u>404/651-4930</u>				
10.) Change from Program <u>UAS 503</u>		To Program <u>UAS 501</u>				
(see listing on reverse)		(see listing on reverse)				
Effective <u>10/</u>	<u>21/</u>	<u>2001</u>	If changed to IV-E FC Date Placed by Court Order <u>10/</u>		<u>01/</u>	<u>2001</u>
Month	Day	Year			Month	Day
11.) MATCH child becomes Medicaid eligible effective <u>    </u> / <u>    </u> / <u>    </u>		Month	Day	Year	Enter Medicaid Number <u>    </u>	
12.) MATCH child Medicaid # changed effective <u>    </u> / <u>    </u> / <u>    </u>		Month	Day	Year	Enter New Medicaid Number <u>    </u>	
13.) MATCH child loses Medicaid eligibility effective <u>    </u> / <u>    </u> / <u>    </u>		Month	Day	Year		
14.) Change Authorized Foster Care Per Diem Rate to \$ <u>    </u>						
15.) Boarding Care is Terminated effective <u>    </u> / <u>    </u> / <u>    </u>		Month	Day	Year	Reason: <u>    </u>	
16.) If child is transferred to another home, give name: <u>    </u>		Effective Date		<u>    </u> / <u>    </u> / <u>    </u>		
		Month	Day	Year		
Address: <u>    </u>		<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
Street or RFD	City	County	State	Zip Code		
17.) Authorized By: <u>Melissa Bridge</u>		Date <u>11/</u>	<u>20/</u>	<u>01</u>		
County Director or Designee		Month	Day	Year		

- Do not complete for MATCH children

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

Janice Streeter

SEX: F

DOB: 8/7/97

File #

Case # 01-01J-111

A Child Under 18 Years of Age

**ORDER OF ADJUDICATION and DISPOSITION**

The above and foregoing matter came before the Court on October 31, 2001, for an Adjudicatory Hearing based upon a Petition filed by the Fulton County Department of Family and Children Services alleging the above named child to be deprived.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

Present in Court were:

<input checked="" type="checkbox"/> Mother <u>Linda Moxley</u>	<input checked="" type="checkbox"/> Attorney <u>C.T. Everette</u>
<input type="checkbox"/> Father	
(Legal) _____	<input type="checkbox"/> Attorney _____
(Putative) _____	<input type="checkbox"/> Attorney _____
<input checked="" type="checkbox"/> DFACS <u>Cynthia Jones and Charles Thomas</u>	<input checked="" type="checkbox"/> SAAG <u>Peter Piper</u>
<input type="checkbox"/> Other Petitioner _____	<input type="checkbox"/> Attorney _____
<input type="checkbox"/> Guardian ad Litem _____	
<input type="checkbox"/> Other _____	

The following interested part(y)(ies) was/were NOT present: Tyrone Street, putative father.

2.

The child is of the age and sex and has the name set forth above. (The child is a resident of Fulton County, Georgia.) (The child was physically present in Fulton County, Georgia, at the time of the filing of the Petition.)

3.

The mother of the child, Linda Moxley, was present in Court for the hearing. She was notified of the proceedings by personal service.

The (putative) (legal) father of the child, Tyrone Streeter, was not present in Court for the hearing. He was notified of the proceedings by certified mail. The putative father is currently incarcerated at Reid State Detention Center.

4.

**The child was found at home with a 12 year old sibling without parental supervision when a major fire occurred in their apartment. Firefighters who responded to the call found the children at home alone huddled together in the living room while a fire was burning in their kitchen.**

5.

**The children reported that their mother was at work, but were unable to provide the name, location, or phone number of her place of work. No other adult was available to provide care for the children.**

6.

**The parent is currently without adequate housing due to the fire. The parent does not have adequate child care arrangements for the children.**

7.

**The parent has a history of emotional problems. The parent has stated that she is afraid for her children's safety because of all the pressure she is under.**

**DFCS has worked to assist the parent in obtaining adequate housing and child care. However, the parent has been unable to follow up on these resources and is currently living in a homeless shelter.**

CONCLUSIONS OF LAW

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child and the mother. Venue is proper in this Court.

This child is a deprived child as defined in O.C.G.A. Section 15-11-2(8)(A) in that she is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental or emotional health or morals. The causes of the deprivation are:

- |  |   |
|--|---|
| <input type="checkbox"/> Physical abuse      | <input type="checkbox"/> Sexual abuse                           |
| <input type="checkbox"/> Emotional abuse     | <input checked="" type="checkbox"/> Neglect/Lack of Supervision |
| <input type="checkbox"/> Medical Neglect     | <input checked="" type="checkbox"/> Neglect/Inadequate Housing  |
| <input type="checkbox"/> Educational Neglect | <input type="checkbox"/> Substance Abuse by Parent              |
| <input type="checkbox"/> Abandonment         | <input type="checkbox"/> Mental/Physical Impairment of Parent   |
| <input type="checkbox"/> Other _____         |   |

The Fulton County Department of Family and Children Services made reasonable efforts to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to return home. **The reason(s) the child cannot be adequately and safely protected at home is/are: The parent cannot provide a safe and stable living environment for the children at this time. The parent is in need of a mental health evaluation to help determine her ability to properly care for the children.**

## DISPOSITION

Temporary custody and control of this child is HEREBY AWARDED to the Georgia Department of Human Resources through its agent the Fulton County Department of Family and Children Services.

The Permanency Plan is to reunite this child with the parent(s). ACCORDINGLY, the Fulton County Department of Family and Children Services is HEREBY DIRECTED to prepare a Case Plan for reunification pursuant to Section 15-11-58 of the Official Code of Georgia Annotated which shall become the Court Ordered plan of care unless a party appeals the plan as provided by law. At a minimum, said plan shall include the following goals which must be accomplished before the child may return home: The parent must obtain a psychiatric and/or psychological evaluation and follow through on any recommended treatment; The parent must obtain adequate housing for herself and the children; The parent must secure adequate child care arrangements for the children during the hours she is working.

IT IS FURTHER ORDERED that while said child is in the custody of the Fulton County Department of Family and Children Services the parents of said child shall participate in the Judicial Citizen Panel Review program or Judicial Review as directed and the Fulton County Department of Family and Children Services is HEREBY directed to furnish the Court or the Judicial Citizen Review Panels all information in its possession concerning the family, including but not limited to psychological evaluations performed on the child, the parents or any other extended family member if available.

**IT IS FURTHER ORDERED that the mother shall notify the Clerk of this Court of any change in address within 72 hours of the change.**

IT IS FURTHER ORDERED that the Fulton County Department of Family and Children Services is authorized to obtain for said child physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child.

**This Order shall expire on 10/20/02, unless sooner terminated by Order of this Court.**

IT IS SO ORDERED this 31<sup>st</sup> day of October, 2001.

*Joe Brown*

\_\_\_\_\_  
JUDGE/ASSOCIATE JUDGE

Fulton \_\_\_\_\_ County Juvenile Court

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

Daniel Moxley

SEX: M

DOB: 7/1/89

File #

Case # 01-01J-110

A Child Under 18 Years of Age

**ORDER OF ADJUDICATION and DISPOSITION**

The above and foregoing matter came before the Court on October 31, 2001, for an Adjudicatory Hearing based upon a Petition filed by the Fulton County Department of Family and Children Services alleging the above named child to be deprived.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

Present in Court were:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Mother <u>Linda Moxley</u>                    | <input checked="" type="checkbox"/> Attorney <u>C.T. Everett</u> |
| <input type="checkbox"/> Father   |  |
| (Legal) _____   | <input type="checkbox"/> Attorney _____                          |
| (Putative) _____  | <input type="checkbox"/> Attorney _____                          |
| <input checked="" type="checkbox"/> DFACS <u>Cynthia Jones and Charles Thomas</u> | <input checked="" type="checkbox"/> SAAG <u>Peter Piper</u>      |
| <input type="checkbox"/> Other Petitioner _____                                   | <input type="checkbox"/> Attorney _____                          |
| <input type="checkbox"/> Guardian ad Litem _____                                  |  |
| <input type="checkbox"/> Other _____  |  |

The following interested part(y)(ies) was/were NOT present: \_\_\_\_\_

2.

The child is of the age and sex and has the name set forth above. (The child is a resident of Fulton County, Georgia.) (The child was physically present in Fulton County, Georgia, at the time of the filing of the Petition.)

3.

The mother of the child, Linda Moxley, was present in Court for the hearing. She was notified of the proceedings by personal service. The legal father of the child, Bob Moxley is deceased.

4.

**The child was found at home with a younger sibling without parental supervision when a major fire occurred in their apartment. Firefighters who responded to the call found the children at home alone huddled together in the living room while a fire was burning in their kitchen.**

5.

**The children reported that their mother was at work, but were unable to provide the name, location, or phone number of her place of work. No other adult was available to provide care for the children.**

6.

**The parent is currently without adequate housing due to the fire. The parent does not have adequate child care arrangements for the children.**

7.

**The parent has a history of emotional problems. The parent has stated that she is afraid for her children's safety because of all the pressure she is under.**

8.

**DFCS has worked to assist the parent in obtaining adequate housing and child care. However, the parent has been unable to follow up on these resources and is currently living in a homeless shelter.**

CONCLUSIONS OF LAW

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child and the mother. Venue is proper in this Court.

This child is a deprived child as defined in O.C.G.A. Section 15-11-2(8)(A) in that he is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental or emotional health or morals. The causes of the deprivation are:

- |  |   |
|--|---|
| <input type="checkbox"/> Physical abuse      | <input type="checkbox"/> Sexual abuse                           |
| <input type="checkbox"/> Emotional abuse     | <input checked="" type="checkbox"/> Neglect/Lack of Supervision |
| <input type="checkbox"/> Medical Neglect     | <input checked="" type="checkbox"/> Neglect/Inadequate Housing  |
| <input type="checkbox"/> Educational Neglect | <input type="checkbox"/> Substance Abuse by Parent              |
| <input type="checkbox"/> Abandonment         | <input type="checkbox"/> Mental/Physical Impairment of Parent   |
| <input type="checkbox"/> Other _____         |   |

The Fulton County Department of Family and Children Services made reasonable efforts to preserve and reunify the family prior to the placement of the child in foster care, to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to return home. **The reason(s) the child cannot be adequately and safely protected at home are: The parent cannot provide a safe and stable living environment for the children at this time. The parent is in need of a mental health evaluation to help determine her ability to properly care for the children.**

Therefore, continuation in the home would be contrary to the welfare of the child and removal of the child from the home is in the best interest of the child.

## DISPOSITION

Temporary custody and control of this child is **HEREBY AWARDED** to the Georgia Department of Human Resources through its agent the Fulton County Department of Family and Children Services.

The Permanency Plan is to reunite this child with the parent(s). **ACCORDINGLY**, the Fulton County Department of Family and Children Services is **HEREBY DIRECTED** to prepare a Case Plan for reunification pursuant to Section 15-11-58 of the Official Code of Georgia Annotated which shall become the Court Ordered plan of care unless a party appeals the plan as provided by law. At a minimum, said plan shall include the following goals which must be accomplished before the child may return home: The parent must obtain a psychiatric and/or psychological evaluation and follow through on any recommended treatment; The parent must obtain adequate housing for herself and the children; The parent must secure adequate child care arrangements for the children during the hours she is working.

**IT IS FURTHER ORDERED** that while said child is in the custody of the Fulton County Department of Family and Children Services the parents of said child shall participate in the Judicial Citizen Panel Review program or Judicial Review as directed and the Fulton County Department of Family and Children Services is **HEREBY** directed to furnish the Court or the Judicial Citizen Review Panels all information in its possession concerning the family, including but not limited to psychological evaluations performed on the child, the parents or any other extended family member if available.

**IT IS FURTHER ORDERED** that the mother shall notify the Clerk of this Court of any change in address within 72 hours of the change.

IT IS FURTHER ORDERED that the Fulton County Department of Family and Children Services is authorized to obtain for said child physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child.

**This Order shall expire on 10/20/02, unless sooner terminated by Order of this Court.**

IT IS SO ORDERED this 31<sup>st</sup> day of October, 2001.

*Joe Brown*

\_\_\_\_\_  
JUDGE/ASSOCIATE JUDGE

Fulton County Juvenile Court

Georgia Department of Human Resources  
CONTACT SHEET

PAGE NO. \_\_\_\_\_

CASE NAME: Moxley

CASE ID NO.: \_\_\_\_\_

Date Staff Member Type Contact/Activity	Individual(s) Contacted, Purpose, Content, and/or Results of Contact
<p>10/25/01 Charles Thomas TC</p>	<p>TC w/ Ms. Linda Moxley. Per Ms. Moxley she is still working at the Hot Skillet Cafe in Hapeville. She states she earns about \$600.00 per month. Also, Daniel's Social Security check is \$200.00 per month. CM advised Ms. Moxley that I would be contacting SSA to have DFCS made the payee for Daniel's check while he is in FC.</p>
<p>10/25/01</p>	<p>Faxed IV-E application to RSM and Rev Max Center for Daniel and Janice.</p>
<p>10/31/01</p>	<p>CM contacted SSA to report that Daniel is in DFCS custody and to have DFCS made payee for his Social Security Check.</p>

CASE NAME: \_\_\_\_\_ CASE ID NO.: \_\_\_\_\_

PAGE NO. \_\_\_\_\_ Form 452 (Rev. 7-83)



## **(ACTIVITY 2)**

### **MOXLEY FAMILY UPDATE**

**Directions:** Read the Case History/Summary below and review all of the case material in the handout, **Activity 2**. Then, complete the assessment. You will have approximately 20 minutes to complete this activity.

#### **CASE HISTORY/SUMMARY:**

Daniel and Janice Moxley have now been in foster care 5 months. Both children were determined to be IV-E eligible when they first entered care. Both children remained in the Simmons foster home until Daniel's placement disrupted due to his severe acting out behaviors. According to the information in the Family and Child Assessment, Daniel often witnessed Tyrone beating his mother. Daniel has been in therapy and the therapist believes this is one reason that Daniel exhibits violent behavior. It has been decided that because of Daniel's acting out, the two siblings will need to be separated.

3/10/02 The agency receives notification from the Social Security Administration that DFCS will become the payee for Daniel's social security check effective 4/1/02.

3/20/02 Daniel is placed in an outdoor therapeutic program (OTP) in north Georgia. CM is unsure how long Daniel will be there, but anticipates it will be at least 9 months.

4/1/02 CM provided transportation for Ms. Moxley to visit Daniel in his new placement. During the drive to the program, CM learned that Mr. Streeter has been released from jail and has moved in with Ms. Moxley. CM asked Ms. Moxley how long Mr. Streeter had been living with her and Ms. Moxley stated that "she believed" he moved in around the middle of February.



**4. After you have submitted forms to the MES, what should you expect to receive back and what should you do with it?**

**5. What date was the first redetermination due?**

**Internal Data System**

<b>1. County Name:</b> <u>Fulton</u>	<b>2. Date:</b> <u>11/20/01</u>						
<b>3. Case Action Type:</b> <input checked="" type="checkbox"/> 1) Initial <input type="checkbox"/> 2) Change <input type="checkbox"/> 3) Close (+for PLC cases only)	<b>4) CPS Screened Out</b> <b>5) Delete</b> <b>6) Re-Open</b>						
<b>4. Case Number:</b> <u>423501</u> <u>01</u>	(sub-number used for PLC cases only)						
<b>5. Case Open/Case Close Date</b> <u>10/24/01</u>							
<b>6. Primary Service:</b> <input type="checkbox"/> (choose one) <ul style="list-style-type: none"> <li>1) PLC (complete questions 22-27, 28-47 if applicable)</li> <li>2) CPS Report Screened Out</li> <li>3) CPS Report Accepted for Service/Active Case</li> <li>4) APS Report Accepted for Service/Active Case</li> <li>5) Placement Services for Adults</li> <li>6) Preventative Services</li> <li>7) Foster Home Study on Progress</li> <li>8) Foster Home Approved Status (complete questions 18-21)</li> <li>9) Adoptive Home Study in Progress</li> <li>10) Adoptive Study Approved Status (complete questions 18-20)</li> <li>11) Court Ordered Study</li> <li>12) Out of Town Inquiry (OTI) - From Another County</li> <li>13) Out of Town Inquiry (OTI) - ICPC-From Another State</li> </ul>							
<b>7. Caseload ID#:</b> <u>P10</u>							
<b>8. Case Manager's Name:</b> <u>Charles Thomas</u>							
<b>Primary Client Information</b>							
<b>9. Name:</b> <u>Daniel Maxley</u>							
<b>10. Social Security Number:</b> <u>466</u> - <u>50</u> - <u>1926</u>							
<b>11. Date of Birth:</b> <u>7/1/89</u>							
<b>12. Success Client #:</b> <input type="checkbox"/>							
<b>13. Primary Client Address:</b> <u>1021 Windy Way</u> City, State, Zip: <u>Atlanta, GA 30360</u>							
<b>14. Gender:</b> <input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female							
<b>15. Ethnicity: (check all that apply)</b> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Black</td> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Hawaiian or Pacific Islander</td> <td><input type="checkbox"/> Unable to Determine</td> </tr> </table>		<input checked="" type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Unable to Determine
<input checked="" type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian					
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Unable to Determine					
<b>16. Hispanic/Latino Origin:</b> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No <input type="checkbox"/> 3) Unable to Determine <small>IS 590 (Effective 10/99)</small>							

**THE FOLLOWING FOUR QUESTIONS APPLY TO FOSTER AND ADOPTIVE HOMES**

17. Foster/Adopt Home Initial Approval Date: \_\_\_\_\_ 18. Foster Adopt Update Date: \_\_\_\_\_  
 19. Number of beds approved for: \_\_\_\_\_ 20. Foster Home Approval Type: 1) Regular 2) Temporary 3) Special

**THE FOLLOWING FOUR SECTIONS APPLY TO PRIMARY SERVICE-TYPE 1-PLC CASES**

21. Legal Status: \_\_\_\_\_ (1) Temporary Court (3) Permanent Court (5) Aftercare Supervision + (no agency custody)  
 (2) Temporary Voluntary (4) Permanent Voluntary (6) Short Term (7 day) Emergency Care

22. Date of Court Order/Voluntary Expiration: \_\_\_\_\_  
 23. Date of Mother TPR/Death: \_\_\_\_\_ 24. Date of Father TPR/Death: \_\_\_\_\_

25. Primary Permanency Plan: \_\_\_\_\_ Concurrent Permanency Plan: \_\_\_\_\_  
 (1) Reunification (2) Live w/Other Relative (3) Adoption (4) Long-Term Foster Care (5) Emancipation (6) Guardianship

26. Placement Type: \_\_\_\_\_ (+ indicates the case will be discharged from AFCARS - complete #46 & 47)

(1) Parent +	(5) Independent Liv. Aftercare+	(10) ICPC - Foster Home+	(15) Boarding County+
(2) Relative	(6) Group Home	(11) Hospital	(16) Placement Services to Parents+
(3) Relative Foster Home	(7) Adoptive Home	(12) Runaway	
(4) Family Foster Home/ Emergency Shelter	(8) Childcare Institution	(13) (R) YDC (+after 30 days)	
	(9) ICPC - Relative Home+	(14) Other	

27. Special Characteristics: check all that apply:  
 (1) Not Yet Diagnosed  (4) Diagnosed Vision/Hearing Impaired  (7) Other Medically Diagnosed Condition  
 (2) None Diagnosed  (5) Diagnosed Physically Disabled  
 (3) Diagnosed Mental Retardation  (6) Diagnosed Emotionally Disturbed

**THE FOLLOWING SECTIONS APPLY AFCARS Children (Under 18 not in +placement type or legal status) QUESTIONS INDICATED WITH A ✓ ARE ONE TIME AFCARS QUESTIONS. SO NOT UPDATE.**

28. Most Recent Review Date: \_\_\_\_\_ (must be updated every six months minimally)

29. ✓ Has this child ever been adopted?  (1) Yes  (2) No

30. ✓ If yes, what was the child's approximate age when adopted (use code):  
 (0) N/A (1) Less than 2 years old (2) 2-5 years old (3) 6-12 years old (4) 13 years old or older

31. ✓ If the child has been in custody before, enter the date the child was FIRST removed from home: \_\_\_\_\_

32. ✓ What is the total number of removals from home the child has experienced: \_\_\_\_\_

33. ✓ If the child was in custody before, what date was the child last discharged from custody: \_\_\_\_\_

34. ✓ Current Removal Date (the child's most current episode in foster care): \_\_\_\_\_

35. \_\_\_\_\_ Date of the most recent move in foster care (example: date of move to current foster home)

36. ✓ Reasons for Removal from Home - (check all that apply - only indicate if the factor was a direct cause for removal):

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Child Behavior Problem	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Death of Parent
<input type="checkbox"/> Neglect	<input type="checkbox"/> Incarceration of Parent(s)	<input type="checkbox"/> Parent(s) Alcohol Abuse	<input type="checkbox"/> Caretaker's inability to cope
<input type="checkbox"/> Parent(s) Drug Abuse	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Child Alcohol Abuse	<input type="checkbox"/> Inadequate Housing
<input type="checkbox"/> Child Drug Abuse	<input type="checkbox"/> Relinquishment	<input type="checkbox"/> Child Disability	

37. Is the placement Out-of-State:  (1) Yes  (2) No

38. ✓ Caretaker Family Structure  (1) Married Couple (2) Unmarried Couple (3) Single Female (4) Single Male

39. ✓ 1st Caretaker's Date of Birth: \_\_\_\_\_ 40. ✓ 2nd Caretaker's Date of Birth: \_\_\_\_\_

41. Foster/Adopt Family Structure  (1) Married Couple (2) Unmarried Couple (3) Single Female (4) Single Male

42. If placement type is relative foster home, family foster home or adoptive home answer the following:

1st Foster/Adopt Caretaker Date of Birth: _____	2nd Foster/Adopt Caretaker Date of Birth: _____
1st Foster/Adopt Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native Hispanic/Latino Origin: <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	2nd Foster/Adopt Caretaker Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native Hispanic/Latino Origin: <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No

43. Financial Support: check all that apply.  
 IV-E Foster Care  IV-A TANF  Medicaid  No Federal Support  Initial (must be updated)  
 IV-E Adoption Assistance  IV-D Child Support  SSI/Other  IV-B (State)

44. Foster Care Daily Per Diem Amount: \$ 13.50

45. AFCARS discharge date (required for all +Homes): \_\_\_\_\_

46. AFCARS Discharge Reason:  (1) Reunification (2) Live w/other Relative (3) Adoption finalized (4) Emancipation  
 (5) Transfer to another agency/(R) YDC (6) Runaway (7) Death of Child

S 596 (Effective 10/99)



**FORM 529 (Authorization of Foster Care Status Change/Termination)**

**Georgia Department of Human Resources  
AUTHORIZATION OF FOSTER CARE STATUS CHANGE/TERMINATION**

1) Name of Child <u>Moxley, Danie</u>		2) Date of Birth		<u>07/</u>	<u>01/</u>	<u>1989</u>
		Month	Day	Year		
3) Sex- Race <input type="checkbox"/> 1 - WM <input type="checkbox"/> 2 - WF <input checked="" type="checkbox"/> 3 - BM <input type="checkbox"/> 4 - BF <input type="checkbox"/> 5 - Other		4) Social Security # <u>466-50-1926</u>				
5) Case # <u>423501-01</u>		6) Name of Foster Home or Institution <u>Appalachian Wilderness Camp</u>				
7) Child's County of Residence <u>Fulton</u>						
8) Caseworker Name <u>Thomas</u>		9) Caseworker Phone <u>404/651-4930</u>				
10) Change from Program <u>UAS 503</u>		To Program <u>UAS 506</u>				
		(see listing on reverse)		(see listing on reverse)		
Effective <u>03/</u>	<u>20/</u>	<u>2002</u>	If changed to IV-E FC Date Placed by Court Order			
Month	Day	Year	Month	Day	Year	
11) MATCH child becomes Medicaid eligible effective		<u>    </u> / <u>    </u> / <u>    </u>	Enter Medicaid Number		<u>    </u>	
	Month	Day	Year			
12) MATCH child Medicaid # changed effective		<u>    </u> / <u>    </u> / <u>    </u>	Enter New Medicaid Number		<u>    </u>	
	Month	Day	Year			
13) MATCH child loses Medicaid eligibility effective		<u>    </u> / <u>    </u> / <u>    </u>				
	Month	Day	Year			
14) Change Authorized Foster Care Per Diem Rate to \$ <u>0</u>						
15) Boarding Care is Terminated effective		<u>    </u> / <u>    </u> / <u>    </u>	Reason:		<u>    </u>	
	Month	Day	Year			
16) If child is transferred to another home, give name: <u>Appalachian Wilderness Camp</u>		Effective Date		<u>03/</u>	<u>20/</u>	<u>2002</u>
				Month	Day	Year
Address: <u>2500 Oak Rd</u>		<u>Cleveland</u>	<u>White</u>	<u>Ga</u>		
Street or RFD		City	County	State		
				Zip Code		
17) Authorized By: <u>Melissa Bridge</u>		Date <u>04/</u>	<u>01/</u>	<u>02</u>		
County Director or Designee		Month	Day	Year		

- Do not complete for MATCH children

**IV-E Eligibility Documentation Sheet  
GEORGIA DEPARTMENT OF HUMAN RESOURCES**

**Check one:**

Initial Decision  
AU#: 111111011

Review

Interim Change  
Medicaid #: 222222222P

Child's Name: Janice Streeter

<p><b>Court Order Language:</b> Court Order (CO) Date: 10/21/01 Expiration: 10/21/02 Initial CO contains "contrary to the welfare"/"best interest" language. Removal date: 10/21/01 Date of CO: 10/21/01 "Reasonable efforts to prevent removal" language is in a CO within 60 days of removal. Date of CO: 10/31/01 Initial VPA contains "best interest" language. Date of VPA: Expiration: "Reasonable efforts to finalize the permanency plan" language is not due and not in a CO within 12 months of removal and/or 12 months thereafter. Date of CO: Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Foster Care Placement:</b> Child is placed in a fully IV-E approved foster home or licensed child caring institution. Name: SIMMONS Address: 181 HOPE LANE City: ATLANTA St: GA ZIP: 30031 Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Age:</b> Child is under 18. Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Citizen/Alienage:</b> Child is a citizen. Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Parental Deprivation:</b> Unemployment of principal earner FATHER Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Living with a Specified Relative &amp; Removal Household:</b> Legal custody was removed from: MOTHER Relation: Parents (by birth, legal adoption, or step) Date child last stayed with this person: 10/21/01 This date was within 6 months of removal. Verified by: SSCM (specify) C. THOMAS</p>
<p><b>Family Resources &amp; Income:</b> AFDC form 239 is completed and attached. AU of 3 has resources of \$0 and income of \$ 600 which is below the income and/or resource limits. Verified by: SUCCESS/Clearinghouse KDS</p>
<p><b>AFDC Relatedness Criteria Met? Yes</b></p>
<p><b>Child's Resources &amp; Income:</b> IV-E form 239 is completed and attached. AU of 1 has resources of \$ 0 and income of \$ 0.00 which is below the income and/or resource limits. Verified by: SUCCESS/Clearinghouse KDS</p>
<p><b>Comments:</b> RECEIVED CHANGE FORM STATING THAT CHILD DEPRIVATION SOURCE HAS CHANGED TO UNEMPLOYED PARENT.</p>
<p><b>Medicaid Determination:</b> IV-E (F11) Effective date: 10/01/01 <b>IV-E Eligibility Determination:</b> IV-E Eligible, Reimbursable If not eligible, check all reasons that apply: <input type="checkbox"/> IV-E language <input type="checkbox"/> Unapproved Placement <input type="checkbox"/> Income/Resources <input type="checkbox"/> Deprivation <input type="checkbox"/> Child's Income <input type="checkbox"/> SSI <input type="checkbox"/> Age <input type="checkbox"/> Custody Child's countable earned income: \$ 0.00 Reimbursability start date: 10/01/01 Effective Date of IV-E Eligibility: MES Signature: _____ Date: _____</p>

*Note: Court Order Language, Foster Care Placement, Parental Deprivation & Child's Income/Resources ONLY must be completed at review*

Form 225 (7-02)

Original—MES

Fax copy to SSCM or JPPS  
and Accounting

Georgia Department of Human Resources  
CONTACT SHEET

PAGE NO. \_\_\_\_\_

CASE NAME: Maxley

CASE ID NO.: \_\_\_\_\_

Date Staff Member Type Contact/Activity	Individual(s) Contacted, Purpose, Content, and/or Results of Contact
3/22/02 Charles Thomas	CM faxed notification of Change in IV-E status to MES, Susie Jack in Rev Max Center. Reported Daniel's change in placement to OTP and that DFCS becomes payee for Daniel's social security check eff 4/1/02.
4/3/02	CM faxed Notification of change in IV-E status to MES, Susie Jack. Reported that Janice's father has been released from jail and has moved back into the home with Ms. Maxley.

Georgia Department of Human Resources  
CONTACT SHEET

PAGE NO. \_\_\_\_\_

CASE NAME: Moxley

CASE ID NO.: \_\_\_\_\_

Date Staff Member Type Contact/Activity	Individual(s) Contacted, Purpose, Content, and/or Results of Contact
4/4/02 Charles Thomas TC	TC from MES, Susie JACK requesting additional information about Mr. Streeter's employment status. She needs: (1) If he was working before he went to jail, if so how much was he earning (2) How long he was incarcerated (3) Is he currently employed. If so <sup>how</sup> much does he earn per month. (4) Also need to verify Ms. Moxley's current income.
4/8/02 TC	TC made to Moxley home. Spoke with Mr. Streeter. He stated that he is not working or receiving UCB. He has been unable to find work since being released from jail. He states he was working before going to jail and he made a "good salary." CM asked him about how much he was making but he said "about \$1,200 a month."

CASE NAME: \_\_\_\_\_ CASE ID NO.: \_\_\_\_\_

PAGE NO. \_\_\_\_\_

CONTACT SHEET

Form 452 (Rev. 7-83)



## **MOXLEY FAMILY UPDATE (ACTIVITY 3)**

**Directions:** Read the Case History/Summary below and review all of the case material in your Participant Guide for this activity. Then, complete the assessment and complete any forms that are necessary for the activity. You will have approximately 10 minutes to complete this activity.

### **Case History/Summary:**

Daniel and Janice have been in foster care for a year now (children entered care 10/21/01). Daniel is now 13 years old and Janice is 5 years old. Ms. Moxley and Mr. Streeter have failed to complete their case plan goals.

Ms. Moxley takes her medications sporadically and has missed several counseling sessions. Mr. Streeter continues to reside with Ms. Moxley and there is evidence to suggest that Mr. Streeter continues to batter Ms. Moxley. According to her therapist, Ms. Moxley refuses to admit that she is being abused despite the fact that she has had several visits to the hospital emergency room for unexplained “accidents.”

Ms. Moxley and Mr. Streeter have not maintained regular contact with either of the children despite the efforts of the agency to maintain the visitation plan.

10/18/02. The extension/permanency hearing was held for Daniel and Janice. Custody was extended for 1 year for both children. The permanency plan for Janice was changed to adoption and the agency indicated its intention to file for termination of parental rights on Janice’s behalf. Janice remains in the same foster home where she was placed when she first entered care and the foster parents wish to adopt Janice. The permanency plan for Daniel is placement with a fit and willing relative. A paternal aunt has come forward as a placement resource for Daniel. The agency plans to place Daniel with the Aunt upon his completion of treatment at OTP.

## **ASSESSMENT MOXLEY FAMILY UPDATE (ACTIVITY 3)**

### **Assignment:**

You are the current Case Manager for this family. The MES has sent you a notice to say that it is time to do the six-month IV-E re-determination on Daniel and Janice. Since they have now been in care for a year, this is the second case re-determination. This review covers May 2002 – October 2002.

**1. What court actions are required by the time of the 2<sup>nd</sup> IV-E re-determination (i.e. at the time child has been in care for one year)**

**2. Review question #6 from the Form 226 below. Based on the case history/summary and documents included in his activity, decide if you have all the information you need to answer this question for Janice.**

**A. Do you have all the information you need to answer this question? Yes or No.**

**B. If you answered yes, fill in the information for question 6 on the form below**

6. Does deprivation continue to exist? Yes No If yes, check types of deprivation and which parent:

ABSENT		DECEASED		DISABLED/INCAPACITATED		UNEMPLOYED		TPR/VOLUNTARY RELINQUISHMENT	
Mother	Father	Mother	Father	Mother	Father	Mother	Father	Mother	Father

If disabled/incapacitated or unemployed is checked, current medical information or employment information will be required.

Indicate any months deprivation did not exist by an (X) 

01	02	03	04	05	06	07	08	09	10	11	12	N/A
----	----	----	----	----	----	----	----	----	----	----	----	-----

Complete the following information:

Mother

Father

Name:

\_\_\_\_\_

\_\_\_\_\_

SSN:

\_\_\_\_\_

\_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer or Source of Income:

\_\_\_\_\_

\_\_\_\_\_

**C. If you answered no, describe what is missing, how you plan to get it, and what you will do with the information once it is received.**

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

Janice Streeter

SEX: F

DOB: 8/7/97

File #

Case # 01-01J-110

A Child Under 18 Years of Age

**ORDER ON MOTION FOR EXTENSION/PERMANENCY ORDER**

The above and foregoing matter came before the Court on 10/18/02, based upon a Motion for Extension filed by the Fulton County Department of Family and Children Services alleging that said child continues to be a deprived child and requesting that said child be continued in the temporary custody and control of the Fulton County Department of Family and Children Services.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**  
**FINDINGS OF FACT**

1.

Present in Court were:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Mother <u>Linda Moxley</u>  | <input checked="" type="checkbox"/> Attorney <u>C.T. Everette</u> |
| <input type="checkbox"/> Father                                 | <input type="checkbox"/> Attorney _____                           |
| (Legal) _____   | <input type="checkbox"/> Attorney _____                           |
| (Putative) _____  | <input type="checkbox"/> Attorney _____                           |
| <input checked="" type="checkbox"/> DFACS <u>Charles Thomas</u> | <input checked="" type="checkbox"/> SAAG <u>Peter Piper</u>       |
| <input type="checkbox"/> Other Petitioner _____                 | <input type="checkbox"/> Attorney _____                           |
| <input type="checkbox"/> Guardian ad Litem _____                |   |
| <input type="checkbox"/> Other _____                            |   |

The following interested party was NOT present: Tyrone Streeter, Putative Father

2.

The child is of the age and sex and has the name set forth above. The child is a resident of Fulton County, Georgia.

3.

The mother of the child, Linda Moxley, was present in Court for the hearing. She was notified of the proceedings by personal service.

The putative father of the child, Tyrone Streeter, was not present in Court for the hearing. He was notified of the proceedings by personal service.

4.

The child was removed from her home on October 21, 2001, and entered foster care on October 21, 2001. The Order granting custody to the Georgia Department of Human Resources through its agent the Fulton County Department of Family and Children Services will expire on October 20, 2002. Since the child was placed in custody, the Fulton County Department of Family and Children Services has provided the following services to assist in the reunification of this family: Housing referrals, referrals to subsidized child care program, referral to mental health for psychological evaluation, referrals to domestic violence intervention programs, including shelters, transportation for visits with child in child's current placement.

5.

The parents have not availed themselves of these services and have failed to comply with their case plan for reunification as follows: Mother has failed to follow the recommendations of her therapist for ongoing therapy sessions and medications; Father has failed to comply with court ordered batterer intervention program. Parents have failed to maintain meaningful visitation with child despite the agency's efforts to maintain the visitation plan; Parents have failed to follow up

on arrangements for subsidized child care, but continue to state that they cannot afford to pay for child care.

6.

An extension of the Court's Order entered on October 31, 2001 is necessary to accomplish the purposes of the Order.

7.

The Department stated that it intends to file a Petition to terminate the parents' parental rights within 60 days and thereafter place the child for adoption.

#### CONCLUSIONS OF LAW

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child and the child's parents. Venue is proper in this Court.

This child is a deprived child as defined in O.C.G.A. Section 15-11-2(8)(A) in that he is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental or emotional health or morals.

The Fulton County Department of Family and Children Services made reasonable efforts to make it possible for the child to return home. Return to the home would be contrary to the welfare of the child and continued removal of the child from the home is in the child's best interest.

Reasonable efforts have been made to finalize the permanency plan that was in effect. Those efforts were: holding family conference to review the recommendation for a non-reunification case plan; obtained from service providers the parents progress or lack of progress in treatment programs; obtained background information from parents and explained to parents the alternatives they have in planning for a permanent home for their child. Developed a plan for approving an adoptive placement for child.

**DISPOSITION**

The Court HEREBY ORDERS that temporary custody and control of said child be and hereby is continued with the Fulton County Department of Family and Children Services.

**Permanency Plan: Adoption following Termination of Parental Rights.** Prompt filing of a Petition for Termination of Parental Rights is part of making reasonable efforts to find permanency for this child. Failure of the Fulton County Department of Family and Children Services to file its Petition for Termination of Parental Rights in a timely manner could result in a finding by the Court that reasonable efforts to achieve the permanency plan in place have not been made. Reunification services shall continue until a termination of parental rights is granted. The Fulton County Department of Family and Children Services shall actively pursue obtaining an appropriate adoptive placement of the child.

IT IS FURTHER ORDERED that the Fulton County Department of Family and Children Services is authorized to obtain for said child physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child.

This Order shall expire on October 20, 2003, unless sooner terminated by Order of this Court.

IT IS SO ORDERED this 18<sup>th</sup> day of October, 2002.

*Joe Brown*

\_\_\_\_\_  
JUDGE, ASSOCIATE JUDGE  
Fulton County Juvenile Court

IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA

IN THE INTEREST OF:

Daniel Moxley

SEX: M

DOB: 7/1/89

File #

Case # 01-01J-110

A Child Under 18 Years of Age

**ORDER ON MOTION FOR EXTENSION/PERMANENCY ORDER**

The above and foregoing matter came before the Court on 10/18/02, based upon a Motion for Extension filed by the Fulton County Department of Family and Children Services alleging that said child continues to be a deprived child and requesting that said child be continued in the temporary custody and control of the Fulton County Department of Family and Children Services.

Based upon the evidence presented, the Court makes the following Findings of Fact and Conclusions of Law by clear and convincing evidence.

**FINDINGS OF FACT**

1.

Present in Court were:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Mother <u>Linda Moxley</u>  | <input checked="" type="checkbox"/> Attorney <u>C.T. Everette</u> |
| <input type="checkbox"/> Father                                 | <input type="checkbox"/> Attorney _____                           |
| (Legal) _____   | <input type="checkbox"/> Attorney _____                           |
| (Putative) _____  | <input type="checkbox"/> Attorney _____                           |
| <input checked="" type="checkbox"/> DFACS <u>Charles Thomas</u> | <input checked="" type="checkbox"/> SAAG <u>Peter Piper</u>       |
| <input type="checkbox"/> Other Petitioner _____                 | <input type="checkbox"/> Attorney _____                           |
| <input type="checkbox"/> Guardian ad Litem _____                |   |
| <input type="checkbox"/> Other _____                            |   |

The following interested part(y)(ies) was/were NOT present: \_\_\_\_\_

2.

The child is of the age and sex and has the name set forth above. The child is a resident of Fulton County, Georgia.

3.

The mother of the child, Linda Moxley, was present in Court for the hearing. She was notified of the proceedings by personal service.

The legal father of the child, Bob Moxley is deceased.

4.

The child was removed from his home on October 21, 2001, and entered foster care on October 21, 2001. The Order granting custody to the Georgia Department of Human Resources through its agent the Fulton County Department of Family and Children Services will expire on October 20, 2002. Since the child was placed in custody, the Fulton County Department of Family and Children Services has provided the following services to assist in the reunification of this family: Housing referrals, referrals to subsidized child care program, referral to mental health for psychological evaluation, referrals to domestic violence intervention programs, including shelters, transportation for visits with child in child's current placement.

5.

The parents have not availed themselves of these services and have failed to comply with their case plan for reunification as follows: Mother has failed to follow the recommendations of her therapist for ongoing therapy sessions and medications; Mother has failed to maintain meaningful visitation with child despite the agency's efforts to maintain the visitation plan; Mother has failed to follow up on arrangements for subsidized child care, but continues to state that she cannot afford to pay for child care for the children.

6.

An extension of the Court's Order entered on October 31, 2001 is necessary to accomplish the purposes of the Order.

7.

The Department stated that it does not intend to file a Petition to terminate the parents' parental rights but to continue to pursue placement with the child's paternal aunt who is considered to be a fit and willing relative.

#### CONCLUSIONS OF LAW

Based upon the above findings of fact, the Court concludes as follows:

The Court has subject matter jurisdiction over this action and personal jurisdiction over the child and the child's parents. Venue is proper in this Court.

This child is a deprived child as defined in O.C.G.A. Section 15-11-2(B)(A) in that he is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental or emotional health or morals.

The Fulton County Department of Family and Children Services made reasonable efforts to make it possible for the child to return home. Return to the home would be contrary to the welfare of the child and continued removal of the child from the home is in the child's best interest.

Reasonable efforts have been made to finalize the permanency plan that was in effect. Those efforts were: identifying and locating a paternal aunt, assessing the aunt's ability to care for child, completing an evaluation of the aunt's home, developing a visitation plan for the aunt and child in conjunction with treatment provider.

DISPOSITION

The Court HEREBY ORDERS that temporary custody and control of said child be and hereby is continued with the Fulton County Department of Family and Children Services.

**Permanency Plan:** Placement with a fit and willing relative. The Department has identified and assessed a paternal aunt, who is willing and able to provide care for the child once he has completed his residential treatment program. The plan to achieve this placement within 6 months includes: visitation between the child and relative resource at the child's current institutional placement, weekend visits and holiday visits between child and relative resource, agency support for relative resource in transitioning child into the home following release from treatment, training for relative resource provided through treatment program.

IT IS FURTHER ORDERED that the Fulton County Department of Family and Children Services is authorized to obtain for said child physical examinations, ordinary medical care, and such additional medical treatment and care which, in the opinion of a licensed physician, is necessary for the care and well being of the child.

This Order shall expire on October 20, 2003, unless sooner terminated by Order of this Court.

IT IS SO ORDERED this 18<sup>th</sup> day of October, 2002.

*Joe Brown*

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JUDGE, ASSOCIATE JUDGE  
Fulton County Juvenile Court

# **Section IX**

## **Glossary**



### **IV-E for Social Services Case Managers**

## GLOSSARY OF ACRONYMS & ABBREVIATIONS

<b>ADA</b>	Americans With Disabilities Act
<b>AFCARS</b>	Adoption and Foster Care Analysis and Reporting System
<b>AFDC</b>	Aid to Families with Dependent Children (the AFDC program no longer exists, but the policy provides the basis for AFDC relatedness in IV-E)
<b>AP</b>	Absent Parent
<b>A/R</b>	Applicant/Recipient
<b>ASFA</b>	Adoption and Safe Families Act (1997) – Federal Child Welfare Legislation, with particular emphasis on safety and permanency planning
<b>AU</b>	Assistance Unit
<b>BC</b>	Birth Certificate
<b>CMD</b>	Continuing Medicaid Determination
<b>CMO</b>	Care Management Organization
<b>CP</b>	Custodial Parent
<b>CSE</b>	Child Support Enforcement
<b>CT</b>	Caretaker
<b>CW-FC</b>	Child Welfare Foster Care (i.e. IV-B)
<b>DMA</b>	Department of Medical Assistance
<b>DOB</b>	Date of Birth
<b>DOL</b>	Department of Labor
<b>DV</b>	Domestic Violence

<b>EAF</b>	Emergency Assistance to Families
<b>EDC/EDD</b>	Estimated Date of Confinement/Estimated Date of Delivery
<b>EMA</b>	Emergency Medical Assistance
<b>EPSDT</b>	Early and Periodic Screening Diagnosis and Treatment
<b>ERR</b>	Enhanced Relative Rate
<b>FC</b>	Foster Care
<b>FICM</b>	Family Independence Case Manager
<b>ICPC</b>	Interstate Compact for the Placement of Children – defines the conditions under which children from one state may be placed out of state and vice versa.
<b>ICAMA</b>	The Interstate Compact on Adoption and Medical Assistance
<b>IDS/ IDSONLINE</b>	Internal Data System. One of the Social Services Reporting Systems
<b>INS</b>	Immigration and Naturalization Service
<b>IV-E</b>	The Federal funding source for foster care and adoption subsidies
<b>IV-B</b>	Federal child welfare block grant that provides funds to states for foster care expenses. A child must have a determination that he/she is ineligible for IV-E funding to be eligible for IV-B funding.
<b>LOC</b>	Level of Care
<b>LPR</b>	Lawful Permanent Resident
<b>MAO</b>	Medical Assistance Only
<b>MES</b>	Medicaid Eligibility Specialist
<b>MHN</b>	Medical Health Network
<b>OFI</b>	Office of Family Independence

<b>RCS</b>	Relative Care Subsidy
<b>REVMAX</b>	Revenue Maximization (Center, Initiative, Project)
<b>RSM</b>	Right From the Start Medicaid
<b>SPECIFIED RELATIVE</b>	Includes the parent, grandparent, brother, sister, step-brother/sister, uncle/aunt, first cousin, first cousin once removed, nephew/niece, half-blood relationships and persons of preceding generations (e.g. 'great' and 'great-great') and includes the spouses of any persons named, even if the marriage has been terminated.
<b>SSA</b>	Social Security Administration
<b>SSCM</b>	Social Services Case Manager
<b>SSI</b>	Supplemental Security Income
<b>SUCCESS</b>	System for the Uniform Calculation and Consolidation of Economic Support Services
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TPR</b>	Third Party Resource (eligibility term)
<b>TPR</b>	Termination of Parental Rights (social services term)
<b>UCB</b>	Unemployment Compensation Benefits
<b>VA</b>	Veteran's Administration
<b>VPA</b>	Voluntary Placement Agreement
<b>VS</b>	Voluntary Surrender

## **IV-E Puzzle Answers**

### **Initial Authorization**

**Form 527:** The form used to report a child as being in the “Initial” program when a child first enters care

**Child can remain in this funding category for up to 6 months:** Policy statement that explains how long a child can remain in “Initial”

**If child is determined to be IV-B, leave in this funding source for full 6 months;** Policy related to Initial. Federal funds support initial but IV-B is primarily state funds. Leaving in initial as long as possible helps us to maximize federal revenue (i.e. reserve state funds)

**If child is determined to be IV-E, change from this funding source to IV-E immediately.** Policy related to Initial. IV-E is primarily federal funds. Changing a child to IV-E as soon as possible helps us to maximize federal revenue (i.e. reserve state funds)

### **IV-E Eligibility**

**Contrary to the welfare/best interest.** The language required at the first hearing in order for a child to potentially be IV-E eligible

**AFDC relatedness:** One of the eligibility factors for IV-E. A child must meet the AFDC relatedness test in order to be IV-E eligible. This is determined by MES based on information that SSCM provides.

**Reasonable efforts:** The language required in a court order issued within 60 days of a child entering care in order for a child to be potentially IV-E eligible

**Judicial determination with “reasonable efforts” language within 60 days of child entering care:** One of the requirements for children entering care by court order in order for the child to be potentially IV-E eligible

**Judicial determination with “best interest” language by the 180<sup>th</sup> day of Voluntary Placement Agreement:** The requirement for a child entering care by VPA in order for the child to be potentially IV-E eligible.

**Age of the child:** One of the eligibility factors for IV-E. Children must be under the age of 18 to be IV-E eligible

**One time determination:** IV-E eligibility is determined once, when the child enters care

**Removal home’s income and resources:** One of the factors considered in determining AFDC relatedness.

**Federal funding source:** IV-E is a federal funding source.

### **IV-E Reimbursability**

**Fully approved placement:** One of the reimbursability factors. Children must be in “fully approved” placements in order for IV-E payments to be made

**Lose and re-gain based on circumstances.** Children can lose and re-gain reimbursability based on circumstances

**IV-E re-determination:** This is done by MES every 6 months to establish reimbursability for IV-E children

**Reasonable efforts to finalize permanency plan:** A judicial determination must be obtained that contains this language 12 months after a child has been in care and every 12 months thereafter in order for a child to be IV-E reimbursable.

**Child’s income and resources:** A child’s income and resources is considered in determining Financial Need, which is one of the reimbursability factors for IV-E

**Judicial determination with “reasonable efforts to finalize permanency plan” language within 12 months of removal and every 12 months thereafter:** The requirement for every IV-E child in foster

care. A court order with the language “reasonable efforts to finalize permanency plan” must be obtained in order for a child to remain in IV-E reimbursable status. If not, a child loses reimbursability until the judicial determination is made.

## **IV-B**

**Voluntary consent to remain in care at age 18:** IV-E children who sign a voluntary consent to remain in care once they turn 18 must be changed to IV-B. IV-E can only be paid for children under the age of 18

**IV-E eligible, but not reimbursable:** Anytime a IV-E eligible child loses reimbursability status for some reason, he or she is changed to IV-B until reimbursability is re-gained.

**Not IV-E eligible:** A child determined to not be IV-E eligible is automatically IV-B.

**Primarily state funds:** IV-B is primarily a state funded source.

