

Contacts and Miscellaneous Activities

Introduction


Now is a good time to think about starting to develop a habit to check SafeMeasures and SDM at least weekly, but no more frequently than two times a week, for upcoming activities to complete. Checking frequently makes it more likely that necessary tasks can be completed before they are overdue. Checking takes less than ten minutes under normal conditions.



Contact Notebook

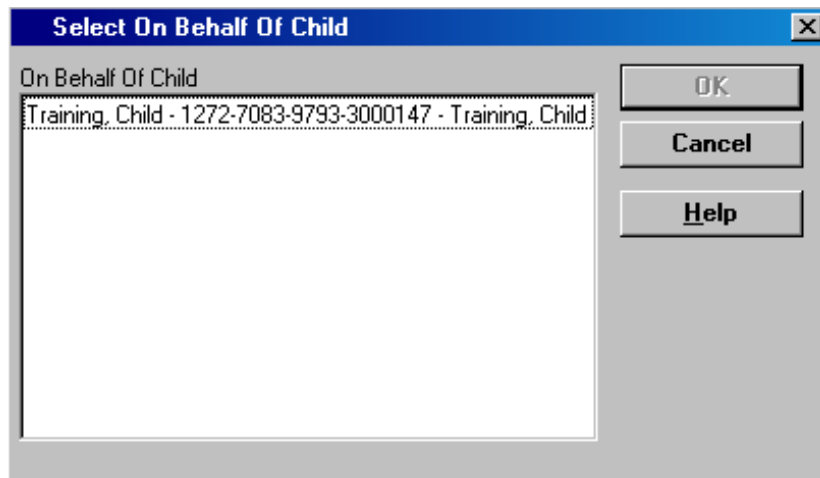
Social workers make numerous contacts during the day. Every time a social worker reads an email, fax or letter, takes a phone call or talks to someone about a specific child, case, family member or service provider that is a contact. The best contact record documents all contacts in a case or referral.



The "Contact" notebook is in the "Service Management" section

Click on the orange section button  and the "Service Management" notebooks will be available to the right of the section buttons. There are only two notebooks for this section, "Contacts" and "Service Providers."

The rolldex  is the contact icon, and the cornucopia with a person standing in it  is the service provider icon. To record a new contact, click the "+" icon under the contact icon. Doing so will result in the following dialogue or selection box.



It is important to remember that the selection is not who the contact was with; but rather, which of the children listed is the contact going to benefit in some way. The selection choices will all be related siblings in the case. It is possible that all children listed will receive some benefit from the contact, such as a telephone call to the parents' attorney to set up a visit. It is also possible that only one child will benefit from the contact such as attending a IEP meeting for a specific child in the case.

Click on the child or children that the contact is in behalf of, then click the "OK" button in the top right of the dialogue box. That will open the following window. This window displays the three pages that make up the contact notebook. The three pages are "Contact," "Associated Services" and "Associated Visits." It is important to use all three pages. Do not rely on the contact narrative section to record everything. In today's world, with the increasing federal and state emphasis on data, it is a disservice to the child, the worker and the County not to use all three pages and record each service and visit as a separate entity. A screen shot of the contact notebook opening screen follows.

Client Services - Case [Training, Child] - [Contact []]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Contact | Associated Services | Associated Visits

Contact Information

Staff Person: Homsher, Nyal
 Start Date: [] Start Time: : am End Date: [] End Time: : am
 Contact Purpose: [] Method: [] Location: [] Status: []

+ Participants
 + On Behalf of Child
 1 Training, Child 12
 + Contact Party Type




Case Management Services/Referrals

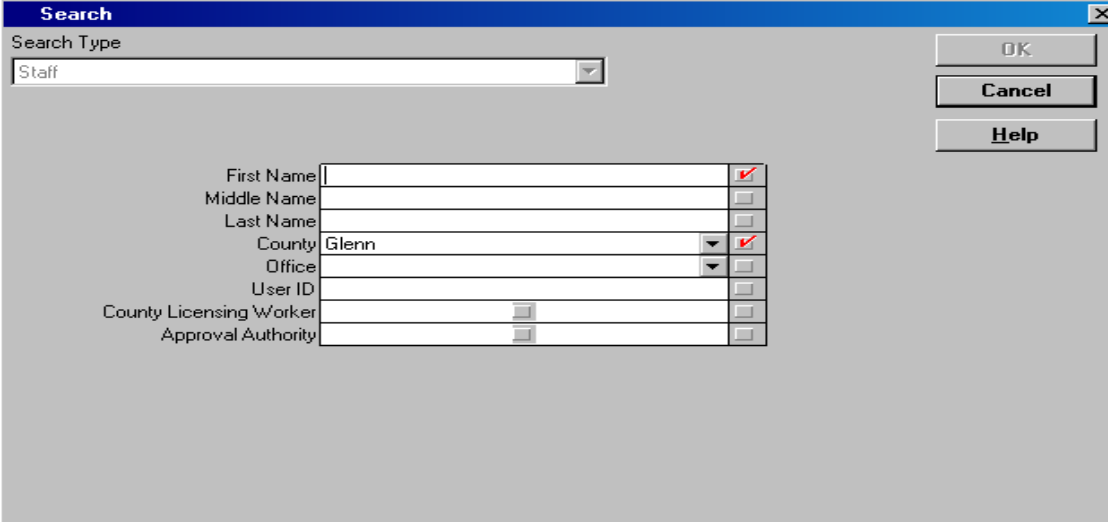
Case Management Services/Referrals	Wraparound
<input type="checkbox"/> Wraparound	

Narrative

Ready Case [Training, Child] -> Contact []

The “Staff Person” field will automatically enter the name of the user who is logged on to the computer from which the entry is

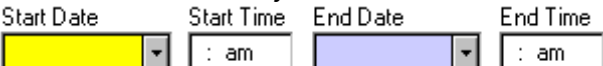
being made.  Staff Person
 If that is not the correct staff that made the contact, the name may be changed in two different ways. Click the down arrow next to the name; a list of all assigned workers will appear and can be selected. If the correct worker is not on that list, click on the  icon above the name. That will display a Staff Search screen.



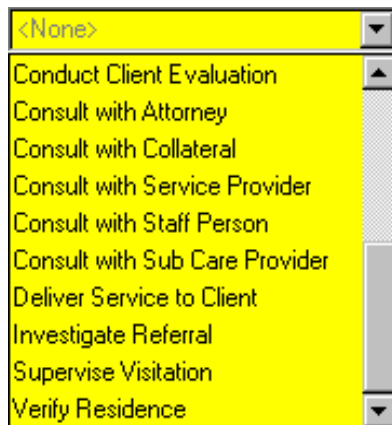
The image shows a "Search" dialog box with a title bar containing a close button. Inside the dialog, there is a "Search Type" dropdown menu currently set to "Staff". To the right of the dialog are three buttons: "OK", "Cancel", and "Help". Below the search type, there is a list of fields for searching: "First Name", "Middle Name", "Last Name", "County", "Office", "User ID", "County Licensing Worker", and "Approval Authority". Each field has a corresponding input box and a small icon to its right. The "County" field is currently set to "Glenn" and has a red checkmark icon. The "Office" field has a dropdown arrow icon. The other fields have empty input boxes and small square icons.

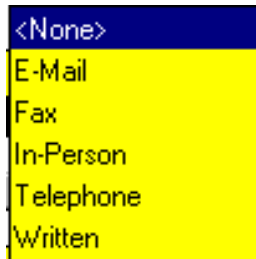
Using exact spelling, enter the name of the staff person who made the contact. In this search, the application will not find names that are close. If the application is successful searching for that staff, the screen will return to the starting point before the icon was clicked. Then click on the down arrow and the name searched for will be in the list. If the application was unsuccessful or could not find a match to the typed name, a message indicates that no matches were found. First, confirm that

the person searched for is actually a county employee known to CWS/CMS as a staff person, and reconfirm the spelling of the name then search again. A name of a staff person making this contact is **mandatory**.

The “Start Date” is a **mandatory** field. When a date is entered, the application will automatically use the same date as the “End Date.” The “End Date” may be changed if necessary for accuracy.  The application does not force the entry of a start or end time for the contact. Best practice dictates that the time of the contacts be entered. If sorting the contacts as they occurred is needed, then at least the start time is necessary for the system to sequence the contacts properly.

The next field is “Contact Purpose.”  Choose the purpose of the contact from the following selection.

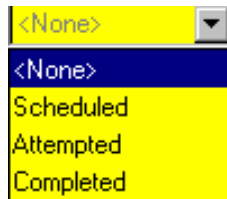




Next, select the “Method.”



If “In-Person” is selected, then “Location” becomes mandatory . The next field, “Status,” is also a drop down



menu. Unless “Scheduled” is the selected status, the application will not allow a date to be selected in the future in the “Start Date” field.

The data entered on this page so far appears below.

Staff Person	Start Date	Start Time	End Date	End Time
Weekly, Susan	02/05/2010	09:35am	02/05/2010	: am
Contact Purpose	Method	Location	Status	
Deliver Service to Client	In-Person	In Placement	Completed	

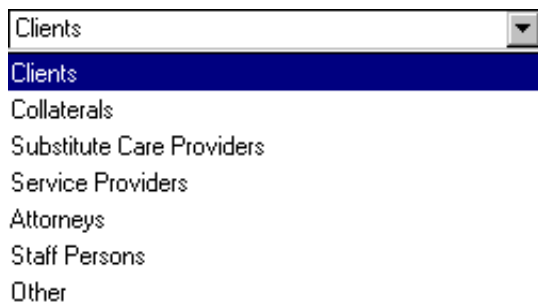
The “Participants” information box allows users to document who took part in the contact.

+	Participants

Click on the “+” [Notice that the “+” is yellow, that signifies that the data in this box is mandatory.] and work with the following dialogue box.

Select Participants	
Participant Type	OK
Clients	Cancel
Participants	Help
Training, Child (8) Training, Father (40) Training, Mother (39) Training, Sibling (7)	

The application will default to a choice of clients. They are not the only options. To see all the options available, click the down arrow in the “Participant Type” box. Then select from the following list of participant types.



Clients

Clients

Collaterals

Substitute Care Providers

Service Providers

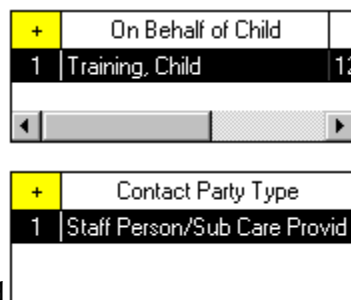
Attorneys

Staff Persons

Other

If an individual has been associated with this case or any of the clients in this case, that individual’s name will appear when that participant’s type is selected, and then select that individual by clicking on him/her. If the individual does not appear on any of these selections, then select “Other.” That will allow the completion of the contact remembering to specify the name and relationship of the participant in the narrative box as part of the narrative.

The next two fields, or information boxes, are “On Behalf of Child” and “Contact Party Type.” Both of these fields are



On Behalf of Child

1 Training, Child 12

Contact Party Type

1 Staff Person/Sub Care Provid

mandatory; however, they are automatically completed without further input. The “Contact Party

Type” is entered based upon the "participants" type or types selected in the “Participants” information box. It will show as many participant types as were selected. The “On Behalf of Child” is based on the choice made when initiating the contact.

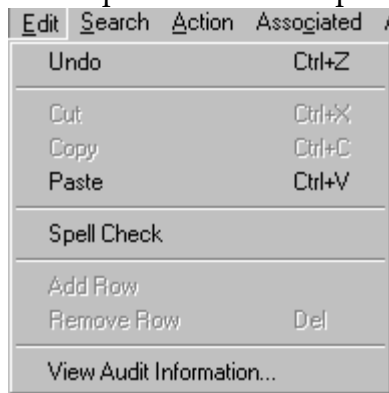
To the immediate right of the above two information boxes is the “Case Management Services/Referrals” information box. The grid in this box allows the documentation of “Case Management Services” FFE (Family Engagement Efforts) or referrals associated with this contact. These same case management choices are available when creating or updating a case plan. It is easy to document that the case management services entered in the case plan were created using this information box.

The screenshot shows a window titled "Case Management Services/Referrals". Inside the window, there is a grid. The top-left cell of the grid contains a "+" sign. The top-right cell contains the text "Wraparound". Below the grid, there is a legend consisting of a small square icon followed by the text "Wraparound".

Clicking the “+” in the top left corner of the grid within the information box brings up a list of possible services, FEEs or referrals to select. This list is a compilation of the choices available when creating a case plan. It is not a complete list of all case plan options. Clicking on the “Wraparound” box in the lower left corner of the information box makes it possible to select if or which of the selected services is a “Wraparound” service. Any services entered in this grid will also be shown on the “Associated Services” page.

The last element of this page is the “Narrative” box. The narrative is entered by typing the information. The narrative has a capacity of 8,000 characters. The purposes of the contact narrative includes documenting issues relating to the child’s location and safety, the child's well-being and other issues for the child. Also, document staff efforts to counsel the parent(s)/guardian(s) as to current progress on completing the case plan, and monitor and assess the quality of care given the child.

After typing the narrative, use spell check on the narrative. To do a spell check, click on the drop down menu “edit” and select “Spell Check.” “Spell Check” is available in all narrative fields in CWS/CMS.



A sample of a completed contact page follows.

Contact Associated Services Associated Visits					
Contact Information					
Staff Person	Start Date	Start Time	End Date	End Time	
Weekly, Susan	02/05/2010	09:35am	02/05/2010	: am	
Contact Purpose	Method	Location	Status		
Deliver Service to Client	In-Person	In Placement	Completed		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow; text-align: center;">+</td> <td>Participants</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td>Collateral, Training</td> <td></td> </tr> <tr> <td colspan="3" style="height: 100px;"></td> </tr> </table>	+	Participants		1	Collateral, Training					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow; text-align: center;">+</td> <td>On Behalf of Child</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td>Training, Child</td> <td style="text-align: center;">12</td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> </table>	+	On Behalf of Child		1	Training, Child	12				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow; text-align: center;">+</td> <td>Contact Party Type</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td>Staff Person/Sub Care Provid</td> <td></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> </table>	+	Contact Party Type		1	Staff Person/Sub Care Provid				
+	Participants																												
1	Collateral, Training																												
+	On Behalf of Child																												
1	Training, Child	12																											
+	Contact Party Type																												
1	Staff Person/Sub Care Provid																												

Case Management Services/Referrals										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow; text-align: center;">+</td> <td>Case Management Services/Referrals</td> <td>Wraparound</td> </tr> <tr> <td style="text-align: center;">1</td> <td>CM-Case Plan Development</td> <td></td> </tr> <tr> <td colspan="3" style="height: 100px;"></td> </tr> </table>	+	Case Management Services/Referrals	Wraparound	1	CM-Case Plan Development					<input type="checkbox"/> Wraparound
+	Case Management Services/Referrals	Wraparound								
1	CM-Case Plan Development									

Narrative

Identifies remarks or comments which have been made that are relevant to the contact. You can enter up to 8,000 characters in this field.

You can also use this field to describe a contact for a referral child client who is not named as the victim in an Allegation notebook and who therefore cannot be named as the On Behalf of Child, but who must be disposed so you can close the referral.

The second page is “Associated Services.” Use this page to record any service provided to any client in the case.

Client Services - Referral [Training, Mother] - [Contact []]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Start Date	End Date	Service Category	Service Type	Wrap-around
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Service

☐ Offered but not delivered ☐ Hard Copy On File

Start Date: [] : am Service Category: []

End Date: [] : am Service Type: []

☐ Wrap-around

Provider

☐ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name: []

On Behalf of Child: []

Service Recipient: []

Other Participants: []

Narrative: []

Ready Referral [Training, Mother] -> Contact []

To enter a service, start by clicking the “+” in the top left corner of the grid. That will **mandate** a number of fields on the page and enable the remaining fields.

Client Services - Referral [Training, Mother] - [Contact [08/30/2010]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Units

*	Start Date	End Date	Service Category	Service Type	Wraparound
1					

Service

☐ Offered but not delivered ☐ Hard Copy On File

Start Date Start Time Service Category

End Date End Time Service Type

☐ Wraparound

Provider

☒ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name

On Behalf of Child

1 Training, Child

Service Recipient


2 Training, Sibling

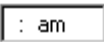
Other Participants


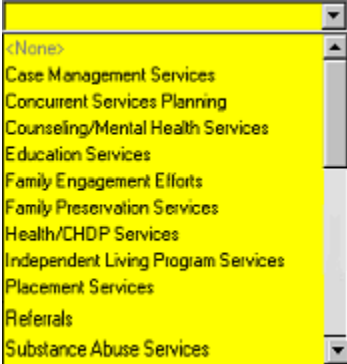
Narrative

Ready Referral [Training, Mother] -> Contact [08/30/2010]

The first field is a check box to document that services were offered but were not delivered. That could happen if the client refused the services. ☐ Offered but not delivered The next field is another check box that if checked indicates that a hard copy (paper) of the service is in the file. ☐ Hard Copy On File

The first **mandatory** field is the “Start Date.”  This date is not controlled, or locked to, the “Start Date” of the contact page. It is possible to go back as far in the case or referral as necessary to record the actual date of the service in the case or referral. In “case,” the start date of the case is the control date. In “referral,” the start date of the referral is the control date.

Next is the “Start Time”  field. Enter the start time for the service if known. To the immediate right is the “Service Category” drop down menu to select the category of service.

  To select a category, click on the down arrow, and then click on the appropriate category. After selecting the category, the next field is immediately below the category field and is a drop down menu. The name of that field is “Service Type.” For each “Service Category” there is a menu or list of “Service Types.” Click on the desired type of service for the service previously selected.

The following three pages show the options for each category type.

Case Management Services	Concurrent Services Planning	Counseling/Mental Health Services
Service Type	Service Type	Service Type
<None>	<None>	<None>
<None>	<None>	<None>
Adoption	CSP - Assess Child for Adoptions	Domestic Violence Program
Arrange and Maintain Placement	CSP - Complete Adoption Home Study	General Counseling
Arrange ADA (Amer Disabilities Act) Svcs	CSP - Complete Guardian Assessment	Other
Arrange Bilingual Services	CSP - Complete Relinquishment	Psychiatric/Psychological Evaluation
Arrange Emergency Shelter Care	CSP - Disclosure to Birth Parents	Psychotropic Med Eval/Monitoring
Arrange Legal Consultation	CSP - ID/Assess Perm Planning Family	Sexual Abuse
Arrange Service Delivery	CSP - Joint Assessment Review -CWS/Adi	Therapeutic Day Treatment Services
Arrange Transportation	CSP - Other	
Arrange Visitation	CSP - Place in Perm Planning Family	
Arrange/Refer Legal Consultation	CSP - Recommend Permanency Alternative	
Case Plan Development	CSP - Refer/Complete Adopt Home Study	
Foster Youth Rights and Svcs Delivered	CSP - Refer/Complete Guard Assessment	
Investigate Referral	CSP - Refer/Complete Relinquishment	
Obtain Medical Consent		
Other		
Perform Case Planning Activities		
Provide Bilingual Services		
Provide Crisis Intervention		
Provide Your Rights Brochure		
SW Plan Contact		
Transport Client		
Wraparound Services		

Family Engagement Efforts
Service Type
<None>
<None>
Case Planning w/Family
Family Mtg/TDM/Family Case Conferencing
Mediation w/Family
Meeting w/CalWORKs Staff and Family
Meeting w/Community Partners and Family
Meeting w/Foster Parents and Family
Meeting w/Parent Partners and Family
Outreach w/Family

Substance Abuse Services
Service Type
<None>
<None>
Counseling
Other
Substance Abuse (inpatient)
Substance Abuse (outpatient)
Substance Abuse Testing
12-Step Program

Family Preservation Services
Service Type
<None>
<None>
FP - Auxiliary Request
FP - California Children Services
FP - Child Care
FP - Counseling
FP - Drug Treatment
FP - Emergency Care
FP - Employment and Training
FP - Health Care
FP - Housing
FP - Income Support
FP - Other
FP - Parent Training
FP - Referral to Family Preservation
FP - Regional Center Services
FP - Respite Care
FP - Special Education
FP - Substitute Role Model
FP - Teaching and Demo
FP - Transportation

Health/CHDP Services
Service Type
<None>
<None>
Arrange Medical, Dental, Vision
Arrange Transportation for Dental
Arrange Transportation for Medical
Current Service Provider
CHDP Dental Delivered
CHDP Medical Delivered
Dental Visit
HEP - CHDP Equivalent Physical Exam
HEP - CHDP Physical Exam
HEP - Periodic Dental Exam
Medical Visit
Medication Management
Other
Provide CHDP Medical/Dental Information
Provide Medical Consent
Provide Medical/Dental Information
Schedule CHDP Medical
Schedule Dental

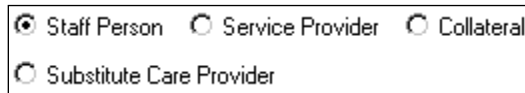
Independent Living Program Services
Service Type
<None>
<None>
ILP - Career/Job Guidance
ILP - Consumer Skills
ILP - Education
ILP - Education Financial Assistance
ILP - Education/Post-Secondary
ILP - Employment/Vocational Training
ILP - Financial Assistance Other
ILP - Health Care
ILP - Home Management
ILP - Housing Options/Locations/THPP
ILP - Interpersonal/Social Skills
ILP - Mentoring
ILP - Money Management
ILP - Needs Assessment
ILP - Other
ILP - Parenting Skills
ILP - Referral to Community Resources
ILP - Referral to ILP Services
ILP - Room & Board Financial Assistance
ILP - Time Management
ILP - Transitional Housing
ILP - Transportation

Placement Services
Service Type
<None>
<None>
Aftercare
Awake Night Staff
Daycare
Discharge Plans
Emergency Shelter Care
Foster Care
Medication Management
On-Ground School
One-to-One Supervision
Other
Relative Home
Respite Care
Structured Environment/Behavior Modification
Therapeutic Milieu
24 hr Supervision/Residential School

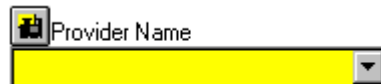
Referrals
Service Type
<None>
<None>
Refer for Adoption Services
Refer for Case Management Services
Refer for Concurrent Planning Services
Refer for Counseling/Mental Health Svcs
Refer for Education Services
Refer for Family Preservation Services
Refer for Health/CHDP Services
Refer for ILP Services
Refer for Placement Services
Refer for Substance Abuse Services
Refer to California Children's Services
Refer to Mental Health Assessment
Refer Adoption Home Study
Refer Guardian Assessment
Refer Legal Consultation
Refer Relinquishment
Referrals to Community Resources

After selecting the service category and type, look immediately below the drop down menu for a check box for “Wraparound” services. ☐ Wraparound If the service is a “wraparound” service, click in the box. To the left of the “Service Category” and “Service Type” drop down menus, below the “Start Date,” is the “End Date” field. This automatically is set to the same date as the “Start Date” but may be changed for accuracy if necessary.


On the right side of the page is the “Provider” information box. Use this box to record who provided the service. The box has four radial buttons: one for “Staff Person,” one for “Service Provider” and one for “Collateral” and one for “Substitute Care Provider.”



“Staff Person” is the default setting and is preselected. If the “Staff Person” is not who provided the service, select the appropriate option and click in the radial button. Next use the drop down menu to select the



“Provider Name.” The menu to select from will be different for each category of service provider and is created from information previously entered into CWS/CMS for this case.

The menu for “Staff Person” will show staff that is assigned to the case or referral. It will also show any staff for which there has already been a search if the database has not been saved since that staff was found. If the staff person being looked for is not in the list, use the “Search” shortcut icon.  Clicking this icon will display a search screen specific to the field next to the button when clicked. In this example, that would be a staff person search.

The identical process would be used if the service provider were a “Service Provider” or “Collateral.” The provider list will change based upon which provider type was identified. Either select a provider from the list or search for the provider using the “Search” shortcut icon.

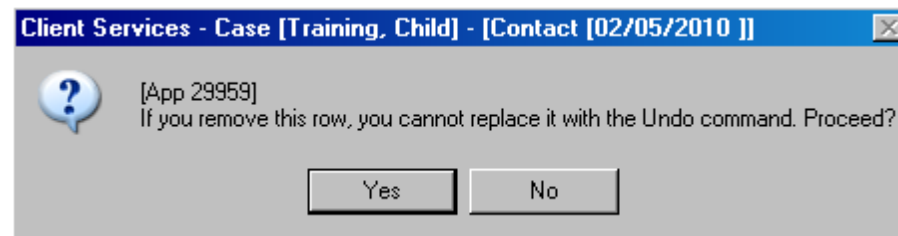
Hint: Only staff, service providers, or collaterals associated with the case or in cache will show on the drop down menus. If the list does not have the individual desired and a search does not locate that individual, and then create the service provider or collateral.

Continuing down the page, the “On Behalf Of Child” information box has data entered in it. This comes from the start of the

+	On Behalf of Child	
1	Training, Child	12

contact when whom the contact was in behalf of was chosen.

Add names by clicking on the “+” in the top left corner of the information box if desired. Only the names of related children will be available. Also, delete children if there were multiple children in the list that were not appropriate. To delete unwanted children from this box, click on the child’s name to be deleted, then either click the delete key on the keyboard or go to the “Edit” drop down menu and select “remove row.” Either choice will have the same result. The following warning message will appear.



If sure of wanting to remove, click “Yes.”

To the right is the next information box, "Service Recipients." Use this information box to record who received the service. It

may not be the child, even though the service ultimately benefits the child, such as a parenting class.

To record who received the service, click the "+" in the grid. Notice the color of the "+." This is a **mandatory** field. There must be a recipient entered here. The drop down menu will have all clients from which to choose. More than one recipient may be entered if need be.

Moving to the next field to the right is the "Other Participants" narrative box. To record other participants than those just listed, type the name of the participant in the box. This field can hold up to 100 characters.

The final field on this page is the "Narrative." Use this field to record any comments or information specific to the service that the worker wishes. This box can hold up to 8,000 characters.

Hint: Rather than typing specific information for a service in the contact narrative, if county practice allows, refer the reader to this page in the contact narrative and then type the specifics of the service here. Record any specifics of the contact itself in the contact narrative section.

Enter a separate line for each service learned of in the contact. Thus, one contact could have a number of services associated to it such as when a foster parent calls and then reports two doctor appointments and three counseling sessions. That would result in one contact and five separate services.

Client Services - Referral [Training, Mother] - [Contact [08/30/2010]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

	Start Date	End Date	Service Category	Service Type	Wraparound
1	08/30/2010	08/30/2010	Case Management Services	Arrange and Maintain Placement	

Service

☐ Offered but not delivered ☐ Hard Copy On File

Start Date: 08/30/2010 Start Time: : am Service Category: Case Management Services

End Date: 08/30/2010 End Time: : am Service Type: Arrange and Maintain Placement

☐ Wraparound

Provider

☒ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name: Weekly, Susan

On Behalf of Child

1	Training Child	1
2	Training Sibling	11

Service Recipient

1	Training Child	8
2	Training Sibling	7

Other Participants

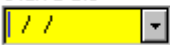
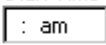
Narrative

Ready Referral [Training, Mother] -> Contact [08/30/2010]

The last page in the contact notebook is “Associated Visits.” Use this page to record child visits. In CWS/CMS, only children have visits. Social workers have contacts. Record visits between the child or children and their parents, other siblings, grandparents and others.

Contact			Associated Services		Associated Visits	
Associated Visits						
+	Start Date			End Date		
Start Date	Start Time	Participants		Other Participants		
<input type="text"/>	: am					
End Date	End Time					
<input type="text"/>	: am					
Method	Status	Visit Party Type		Visit Supervision		
<input type="text"/>	<input checked="" type="radio"/> Attempted <input type="radio"/> Completed			<input checked="" type="radio"/> Unsupervised <input type="radio"/> Staff Person <input type="radio"/> Substitute Care Provider <input type="radio"/> Other		
Narrative						

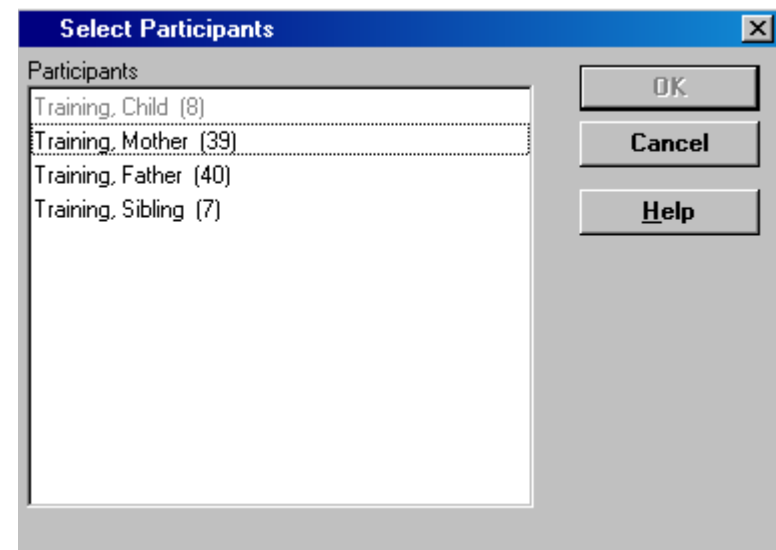
As always, to record child visits, click the “+” in the top left corner of the grid. The next step is to complete that “Start Date”

field.   Notice that now the “Start Date” is a **mandatory** field. Best practice is to include the time the visit started. The “Start Date” is not controlled by the date of the contact, and the actual date of the visit may be entered without regard to the date of the contact that disclosed the visit. The application will enter the same date entered in “Start Date” in “End

Date.”   The “End Date” is editable if necessary for accuracy.

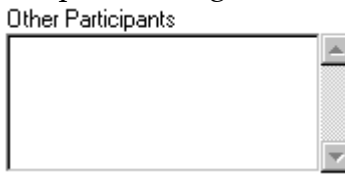
The “Participant” information box will have the name of the child that is the subject of the contact. Clicking on the “+” will enable the selection of additional participants from the list of clients that will appear in a selection dialogue box.

An example of the selection dialogue box is shown at the right.

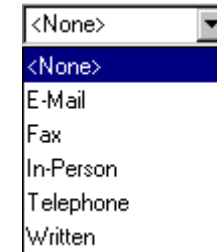


If a participant is not in the select participants dialogue box, it will need to be entered. To the right of the “Participants” box is a

narrative box “Other Participants.”

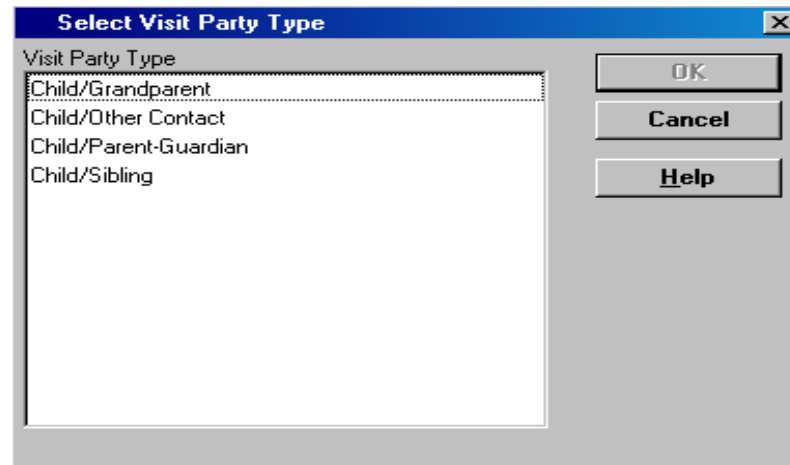


Type the name of others who were there in this box. The box holds up to 100 characters.



Returning to the left of the page is the “Method” drop down menu. Select one of the methods. More common is the “In-Person” option.

After selecting the method, the next field is "Visit Party Type." Click the "+" in the left corner of the information box. Select the type of visit from the list in the dialogue box.



Next record the type of supervision for the visit by selecting the correct radial button next to the supervision types.

Visit Supervision

- ☒ Unsupervised
- ☐ Staff Person
- ☐ Substitute Care Provider
- ☐ Other

The last field on the page is the “Narrative” field.

Narrative

Remarks relevant to the visit. You can enter up to 8,000 characters in this field.

After completing the narrative field, the page is complete and the visit has been documented.

A sample of a completed “Associated Visits” page is on the next page.

Client Services - Case [Training, Child] - [Contact [02/05/2010]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Contact Associated Services Associated Visits

Associated Visits

+	Start Date	End Date
1	02/06/2010	02/06/2010

Start Date: 02/06/2010 Start Time: 10:00am
 End Date: 02/06/2010 End Time: 01:00pm

Method: In-Person Status: ☒ Attempted ☐ Completed

+	Participants	
1	Training, Child	8

Other Participants

+	Visit Party Type
1	Child/Parent-Guardian

Visit Supervision

☒ Unsupervised
☐ Staff Person
☐ Substitute Care Provider
☐ Other

Narrative

Remarks relevant to the visit. You can enter up to 8,000 characters in this field.

Ready Case [Training, Child] -> Contact [02/05/2010]

ICPC Notebook

The “Interstate Compact on the Placement of Children” (ICPC) is a nationwide compact, or contract, among all 50 states that sets forth rules for moving children from one state jurisdiction to another. The ultimate purpose is to provide a layer of safety for the child for whom the move is being considered. In simple terms, the sending state notifies the receiving state of the intent to send a child to the receiving state. The sending state provides information about the characteristics of the child and the details of the proposed placement along with supporting Court records. The receiving state does a home evaluation to assess the safety issues for the child and then reports to the sending state. The receiving state may determine that the placement can be made, or may determine that the placement cannot be made. If the placement is made, the sending state maintains ultimate responsibility for the child in most cases.

In CWS/CMS, the ICPC process begins with the completion of the “ICPC-100A” page. The ICPC-100A page is found in the



“Case Management” section.

ID	Svc Comp	Assignment	Trans Req	ICPC-100A	ICPC-100B	Doc Tracking	Spec Proj	Closure Summary
----	----------	------------	-----------	-----------	-----------	--------------	-----------	-----------------

ICPC Requests (100A)

+	Request Date	Request Type	County	State	Facility	Term. Date	Term. Reason

Request Date County State Administrator

☐ Adoptions
 [Copy ICPC Information](#)

Termination Date Termination Reason Request Type

Request Status Comments

Date	Status

Date Status

Home Study

Start Date Home Study Type Name of Person or Facility

Type of Care Relationship to Child Care Facility Description

Ready
Case [Training Case]

Open the ICPC page by clicking on the page “ICPC”. Start recording data by clicking on the “+” in the top left corner of the grid box. This will result in the following screen options.

ICPC Requests (100A)

+	Request Date	Request Type	County	State	Facility	Term. Date	Term. Reason
1		Outgoing	Sacramento				

Request Date: County: State: Administrator:

☐ Adoptions [Copy ICPC Information](#)

Termination Date: Termination Reason: Request Type:

ICPC Requests (100A)

+	Request Date	Request Type	County	State	Facility	Term. Date	Term. Reason
1		Outgoing	Sacramento				

Request Date: County: State: Administrator: ☐ Adoptions

Termination Date: Termination Reason: Request Type:

Note that the "Request Date" is now necessary, as is the selection of the state that the request is being sent to, which is referenced as the "Receiving State." When the "Request Date" and "State" have been completed continue to the "Request Status" information box below the newly completed data. The "Request Status" information box is shown below.

Request Status

+	Date	Status

Date: Status:

Comments

Click on the "+" and enter the date of the request. After entering the date, click on the down arrow next to "Status". Select

<None>
Accepted
Created
Pending
Rejected
Sent

one of the following options.

Initially, the correct status is pending. When completed, the top of the page should look like the example below.

-ICPC Requests (100A)

*	Request Date	Request Type	County	State	Facility	Term. Date	Term. Reason
1	01/01/2013	Outgoing	Sacramento	Rhode Island			

Request Date: 01/01/2013 County: Sacramento State: Rhode Island Administrator: T. Everett ☐ Adoptions [Copy ICPC Information](#)

Termination Date: Termination Reason: Request Type: Outgoing

Request Status:

*	Date	Status
1	01/01/2013	Pending

Date: 01/01/2013 Status: Pending

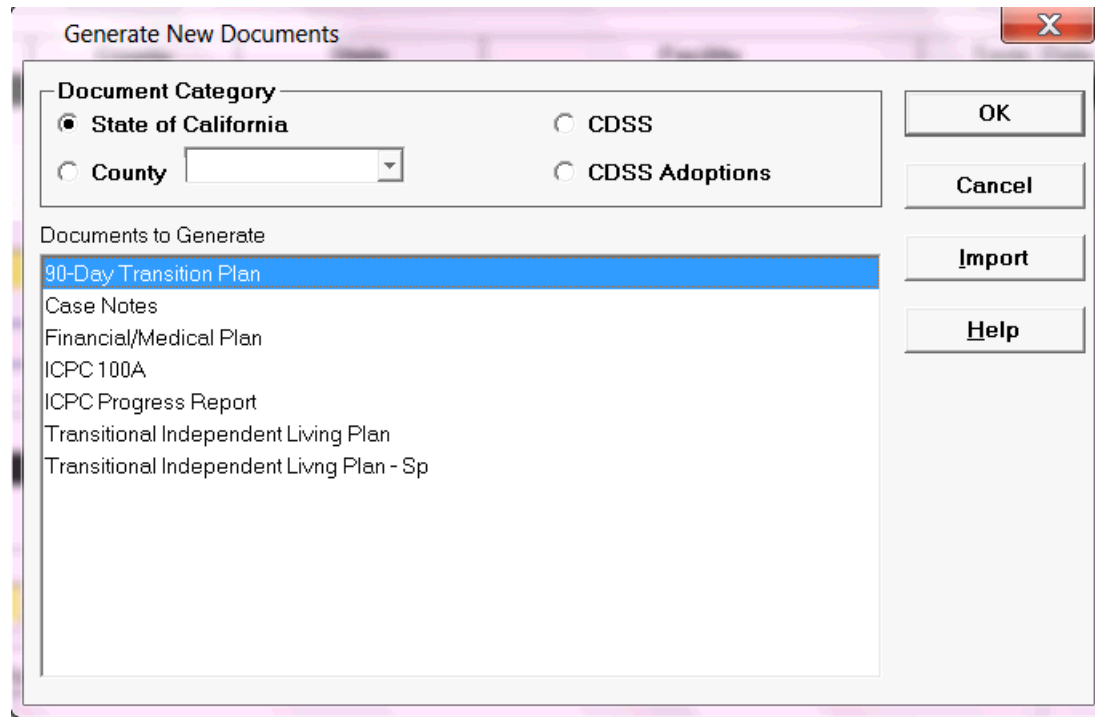
Comments:

The next step is to create the ICPC100A document.

In CWS/CMS, the documents are in the "Case Management Document" notebook. The ICPC 100A documents are not available until the "ICPC-100A" page is started. There are two additional documents available: The "ICPC 100A" and the



"Financial/Medical Plan." To create the new document, click on the "+" under the "Open Existing Documents" icon. From the list of possible documents, select "ICPC 100A."



The following select dialogue box will open.

Select Notebook X

Item to Select
 ICPC Request (100A) OK

For this Case Cancel

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1610-5553-8621-6000018	Training Case	09/03/2004	

Sort...

Help

Select this ICPC Request (100A)

	Request Date	Request Type	Facility	State	Term. Date
1	01/01/2013	Outgoing		Rhode Island	

It is possible that there will be more than one request being made. Select the one to complete at this time and then click the "OK" button. The ICPC 100A document will be created. It is a three-page document, but pages 2 and 3 are instructions; the only page that needs to be completed is page 1.

Note that much of page 1 will already be completed because the document is created based upon information already entered in CWS/CMS. However, several sections of the page will need to be addressed before it is complete. On the next page is a representation of page 1 of the ICPC 100A.

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number:		<input type="checkbox"/> UNABLE TO DETERMINE/UNKNOWN	
ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: <input type="checkbox"/> American Indian or Alaskan Native	
Date of Birth		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
Type of placement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		<input type="checkbox"/> Asian	
NAME of PARENT:		<input type="checkbox"/> Black or African American	
NAME of AGENCY or PERSON RESPONSIBLE for PLACING for Child:		<input type="checkbox"/> White	
Address:		PHONE:	
NAME of AGENCY or PERSON FINANCIALLY RESPONSIBLE for Child:		PHONE:	
Address:			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:		SOC. SEC. # (optional):	
Address:		SOC. SEC. # (optional):	
Phone:			
Type of Care Requested:		<input type="checkbox"/> Parent <input type="checkbox"/> ADOPTION	
<input type="checkbox"/> Foster Family Home		<input type="checkbox"/> Relative (Not Parent)	
<input type="checkbox"/> Residential Treatment Center		<input type="checkbox"/> IV-E Subsidy	
<input type="checkbox"/> Group Home Care		<input type="checkbox"/> Non IV-E Subsidy	
<input type="checkbox"/> Institutional Care-Article VI		To Be Finalized In:	
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Sending State	
Adjudicated Delinquent		<input type="checkbox"/> Receiving State	
<input type="checkbox"/> Other:			
Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Sending Agency Custody/Guardianship		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Parent Relative Custody/Guardianship		<input type="checkbox"/> Unaccompanied Refugee Minor	
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Other:	
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if appropriate):		Supervisory Services Requested:	
<input type="checkbox"/> Parent Home Study		<input type="checkbox"/> Request Receiving State to Arrange Supervision	
<input type="checkbox"/> Relative Home Study		<input type="checkbox"/> Another Agency Agreed to Supervise	
<input type="checkbox"/> Adoptive Home Study		<input type="checkbox"/> Sending Agency to Supervise	
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:	
Name and Address of Supervising Agency in Receiving State:		Supervisory Reports Requested:	
		<input type="checkbox"/> Quarterly	
		<input type="checkbox"/> Semi-Annually	
		<input type="checkbox"/> Upon Request	
		<input type="checkbox"/> Other:	
Enclosed:		<input type="checkbox"/> Child's Social History	
<input type="checkbox"/> Home Study of Placement Resource		<input type="checkbox"/> Court Order	
<input type="checkbox"/> ICWA Enclosure		<input type="checkbox"/> Financial/Medical Plan	
<input type="checkbox"/> IV-E Eligibility Documentation		<input type="checkbox"/> Other Enclosures	
Signature of Sending Agency or Person:		DATE:	
Signature of Sending State Compact Administrator, Deputy or Alternate:		DATE:	
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE 16(1) OF ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:		DATE:	

The "To" and "From" addresses are completed based upon the selection of two things: the state to which the ICPC-100A is being sent, and the information entered in "Resource Management" from the sending County. Section 1, "Identifying Information", is completed based upon information in CWS/CMS. If the field is blank but the requested information (such as a social security number), type the information directly into the field.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:	Joan Steele 102 South Main Street Waterbury, Vermont 05671-2401	FROM:	Nyal Homsher Northern Training Region Training Department 604 E. Walker Street Orland, CA 95963
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SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:			Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Training			<input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible	Race:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaskan Native	
			<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
Sex:	Date of Birth	Title IV-E determination	<input type="checkbox"/> Asian	
M	10/01/2001	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Black or African American	
			<input type="checkbox"/> White	
Name of Mother:			Name of Father:	
Mother Training			Father Training	
Name of Agency or Person Responsible for Planning for Child:			Phone:	
Northern Training Region			Unknown	
Address:				
604 E. Walker Street, Orland, CA 95963				
Name of Agency or Person Financially Responsible for Child:			Phone:	
Northern Training Region			Unknown	
604 E. Walker Street, Orland, CA				

Section II, "Placement Information", is mandatory. Provide all available information regarding the potential placement and caregivers.

SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:		Soc Sec # (optional):	
Address:		Phone:	
Type of Care Requested:		<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
		<input type="checkbox"/> Relative (Not Parent)	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	Relationship:	<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI,		To Be Finalized In:
<input type="checkbox"/> Child Caring Institution	Adjudicated Delinquent	<input type="checkbox"/> Other:	<input type="checkbox"/> Sending State
			<input type="checkbox"/> Receiving State
Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Sending Agency Custody/Guardianship		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Parent Relative Custody/Guardianship		<input type="checkbox"/> Unaccompanied Refugee Minor	
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Other:	

Select one box for "Type of Care Requested" and provide the relationship or the relative who is not a parent. Select one box for the "Current Legal Status of Child."

SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable):		Supervisory Services Requested:	
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually	
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request	
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other: <input type="text"/>	
Name and Address of Supervising Agency in Receiving State: <input type="text"/>			
Enclosed:			
<input type="checkbox"/> Child's Social History	<input type="checkbox"/> Court Order	<input type="checkbox"/> Financial/Medical Plan	<input type="checkbox"/> Other Enclosures
<input type="checkbox"/> Home Study of Placement Resource	<input type="checkbox"/> ICWA Enclosure	<input type="checkbox"/> IV-E Eligibility Documentation	
Signature of Sending Agency or Person:			Date:
<input type="text"/>			<input type="text"/>
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
<input type="text"/>			<input type="text"/>

In Section III, "Services Requested", select one box for "Initial Report Requested," one box for "Supervisory Services Requested" and one box for "Supervisory Reports Requested." The most normal request in "Supervisory Services" is for the receiving state to arrange supervision. The most normal request for reports is quarterly.

The "Childs Social History," "Court Order," "Financial/Medical Plan," and IV/E Eligibility Documentation" are always included. If there is "ICWA" documentation, include copies.

On the bottom of Section III are two signature lines. The top signature line is for the person creating and preparing the ICPC 100A.

Signature of Sending Agency or Person:	Date:
<input type="text"/>	<input type="text"/>
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:
<input type="text"/>	<input type="text"/>

The bottom line is for the sending county's ICPC Liaison to sign. Each county has an ICPC liaison; learn who the liaison is in your specific county.

When these sections have been completed, close the document; if prompted regarding saving, save the document. Next, open the “Financial/Medical Plan” in exactly the same way as the ICPC-100A: Click the “+” under existing documents to create a new document and then select the document, “Financial/Medical Plan.” Again, select which ICPC request this is for.

The Financial/Medical Plan document is actually a two-part document. The first part is a cover letter and the second part is the financial/medical plan. The financial/medical portion has three sections: “Eligibility Determination,” “Financial Plan” and “Medical Plan”

The top portion of the first part of the document is completed by the application. The date will be completed in production.

A sample of the document will be shown on the following three pages. The first page shows the identification portion of the document. The second page shows the first half of the user entered data. The third page shows the last half of the user entered data.

This page shows the identifying information populated by the application.

Date: March 18, 2013

Nyal Homsher
ICPC Coordinator
Northern Training Region
Training Department
604 E. Walker St
Orland, CA 95963

T, Everett
Dept. of Childen, Youth & Families
530 Wood Street
Bristol, Rhode Island 02809

Subject:	S.Training
Case ID:	1610-5553-8621-6000xxx

Dear Everett T:

This page shows the first half of the user supplied information. The “Current Services Program” and “Financial/Medical Plan” sections are completed by the application.

Request: State what is being requested.

An example might be: XXXXcounty is requesting a home evaluation for a possible relative placement with the uncle of the above named child.

Current Situation and Legal Status: What is the current legal status?

The Child was named a Dependent of the XXXXX County Superior Court on --/--/-- and is in family reunification services with the parents. The next status review is scheduled for --/--/.

<u>Current Services Program:</u>	Emergency Response
---	--------------------

Financial/Medical Plan: (See Enclosures)

Educational Plan: Tell the receiving state what the plan for the child's education is.
The child will attend public school.

This page shows the last half of the user supplied information. Only the “Long Term Plan/Goal” is user supplied. The “Statement of Financial Responsibility” and the “Enclosures” sections will be completed by the application.

Long Term Plan/Goal: State what the long term goal is.

The county is pursuing family reunification at this time, as a permanency alternative, adoption or guardianship by the uncle would be considered with the agreement of the receiving state.

Statement of Financial Responsibility:

The Glenn Northern Training Region Training Department will provide medical and financial support for the child within the AFDC-FG/AFDC-FC guidelines. Resources for appropriate financial and medical assistance will be explored in the receiving state and with the potential caretakers. Should these resources not be available and as long as jurisdiction is maintained in this county, Glenn County will ultimately be responsible for the financial and medical support of the child, and for any needed shelter care and travel should there be a placement disruption.

Enclosures for Your Reference Are:

Financial/Medical Plan, Case Plan, and Authority to Place Information and other Court Orders.

The second portion of the document begins as a separate entity, and will already be completed.

Orland Training Center		
Northern Training Region		
Training Department		
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN		
FINANCIAL/MEDICAL PLAN		

CHILD'S NAME	DATE OF BIRTH	CHILD'S ID
Child Training	10/01/2001	1382-1166-8670-xxxx

The sections are primarily check boxes to choose the appropriate answer for each subsection.

As above, screenshots will be used to demonstrate the sections and choices.

ELIGIBILITY DETERMINATION

<input checked="" type="checkbox"/>	The child listed above is eligible to Title IV-E foster care.
<input type="checkbox"/>	The child listed above is not eligible to Title IV-E foster care
<input type="checkbox"/>	The child listed above is not eligible for a foster care payment because: <div></div>
<input type="checkbox"/>	Title IV-E eligible relatives: AFDC-FC eligibility exists and will continue with payment made at the receiving State's rate of foster care.
<input type="checkbox"/>	Not Title IV-E eligible relatives: AFDC-FG eligibility exists and payment will be made at California's rate for AFDC-FG.
<input type="checkbox"/>	The child is federally entitled under C. O.B.R.A. to receive a Medicaid card from the receiving State.
<input type="checkbox"/>	The child is not Title IV-E eligible and will reside with a relative. California will issue a Medi-Cal card monthly and providers must be registered through the Medi-Cal system to receive payment.

In this screen shot, the system defaulted to the answer that the child is eligible.

FINANCIAL PLAN (Complete either number 1 or number 2)

1. The child will be placed in [] relative's home [] foster home [] group home placement in the receiving State with care providers who are: (check all that apply)

<input type="checkbox"/>	Financially able and willing to support the child.
<input type="checkbox"/>	Planning to apply for an AFDC needy or nonneedy relative caretaker grant for the child in the receiving State.
<input type="checkbox"/>	A licensed facility eligible to receive AFDC-FC from California at the receiving State rate foster care.
<input type="checkbox"/>	Other: <input type="text"/>

2. The child will be placed with [] mother [] father in the receiving State and the parent is: (check all that apply)

<input type="checkbox"/>	Expected to support the child.
<input type="checkbox"/>	Expected to apply for public assistance in the receiving State if unable to support the child.
<input type="checkbox"/>	Other: <input type="text"/>

For the "Financial Plan," Number 1 deals with relative or foster home placement, while number 2 is specific for a parent's home.

The final portion is the Medical plan.

MEDICAL PLAN (Check all that apply)	
<input type="checkbox"/>	The placement resource in the receiving State is willing to provide medical coverage for the child.
<input type="checkbox"/>	The placement resource <u>is expected</u> to apply for medical coverage for the child in the receiving State.
<input type="checkbox"/>	Other:

		DATE
Social Worker		

The form ends with a signature line. The social worker’s name will be filled out.

After completing this CWS/CMS document, assemble the necessary copies of the materials to provide to the county liaison. The liaison should ensure everything is completed correctly, the correct number of copies are provided, and that the packet materials are mailed to the receiving state.

When the receiving state acknowledges that they have accepted the packet material, the user should then return to the ICPC page and enter that date in the “Start Date” field of the “Home Study” information box. The user can and then should enter all other available information. By clicking on the “+” in the data fields, the user may complete all the fields in that information box. In the “Home Study Status” field the user may show multiple entries. The example below demonstrates a sample of a possible initial entry.

Home Study																							
Start Date	Home Study Type	Name of Person or Facility																					
01/07/2013	Relative	ICPC Relative																					
Type of Care	Relationship to Child	Care Facility Description																					
Relative	Cousin (Paternal)	Use this field to describe details of the care facility for the home study. You can enter up to 254 characters in this field. This field is mandatory if Type of Care or Relationship to Child is 'Other'.																					
Home Study Status		Reason For Delay	Delay Notification																				
<table border="1"> <thead> <tr> <th>+</th> <th>Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01/14/2013</td> <td>Pending</td> </tr> </tbody> </table>		+	Date	Status	1	01/14/2013	Pending	<table border="1"> <thead> <tr> <th>+</th> <th>Delay</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td colspan="4"> </td> </tr> </tbody> </table>	+	Delay	Start Date	End Date					<table border="1"> <thead> <tr> <th>+</th> <th>Notification</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td colspan="3"> </td> </tr> </tbody> </table>	+	Notification	Date			
+	Date	Status																					
1	01/14/2013	Pending																					
+	Delay	Start Date	End Date																				
+	Notification	Date																					
Date: 01/14/2013 Status: Pending		Delay: Start Date: End Date:	<input type="radio"/> Sent Date: <input type="radio"/> Received Date:																				
Final Home Study Recommendation		Comments																					
<input type="radio"/> Placement May Be Made Notification Date: <input type="text"/> <input type="radio"/> Placement Shall Not Be Made Placement Made?: <input type="text"/>		<input type="text"/>																					

When the worker receives the completed 100A from the receiving state, they should enter the date of receipt and the final conclusion of the receiving state regarding the authorization of placement. There are only two possible answers, “The Placement May be Made”, or, “The Placement Shall Not be Made”. The bottom of the ICPC 100A page allows a worker to document only one choice. The field is not enabled until the user enters a “Home Study Status” date for a “Completed” home study.

Final Home Study Recommendation

☒ Placement May Be Made Notification Date: 02/15/2013

☐ Placement Shall Not Be Made

Placement Made?

Comments

Until the sending county receives the ICPC 100A signed by the receiving state’s compact administrator or liaison specifying that the placement may be made, the county may not make a placement in that state. Even if the placement is approved, the county may choose not to make the placement. The approval is good for one year, and the county may choose to make the requested placement any time during that year.

When and if the county does make the out-of-state placement, completing another document, the ICPC 100B, is needed. The ICPC 100B is a communication between states regarding ICPC placements. The same document is used to start or end a placement. It may also be used for other communication.

To create the ICPC 100B, click on the “ICPC-100B” page.

ICPC Actions (100B) — (To enter 100B information, select a 100A row below)

	Request Date	Request Type	County	State	Facility	Term. Date	Term. Reason
1	01/01/2013	Outgoing	Sacramento	Rhode Island	ICPC Relative		

ICPC 100B

+	Date	ICPC Action	Document Status	Termination Reason

Date: ICPC Action: Document Status: Comments:

Termination Reason:

Next, click on the “+” in the top left corner of the “ICPC 100B” grid. Complete the fields selecting “Initial Placement” as the “ICPC Action.” See below for a completed example.

ICPC 100B

+	Date	ICPC Action	Document Status	Termination Reason
1	02/14/2013	Initial Placement		

Date: ICPC Action: Document Status: Comments:

Termination Reason:

Note, even though the “Document Status” is not yet completed, a new 100B document may be created at this time.

+	Date Sent	State	Administrator
1	02/12/2010	Vermont	Steele, Joan

Date Sent

02/12/2010

State

Vermont

Administrator



Steele, Joan

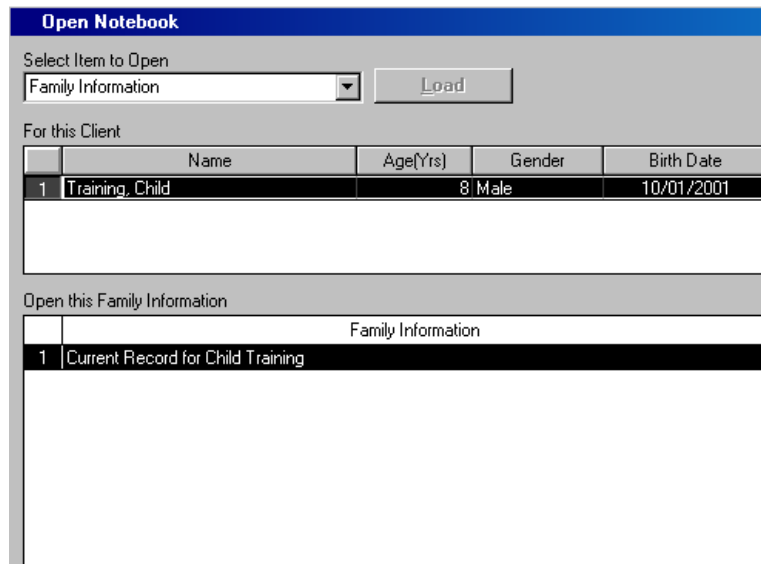
Adoptions

Next, as with the ICPC 100A, create new ICPC 100B document by clicking the “+” under the existing document icon in the case management section. CWS/CMS will now have the “ICPC100B” document as an available choice. Select the “ICPC100B’ and click “OK.”

As stated previously, the “ICPC 100B” serves many purposes. For users with the proper authorities and privileges, this notebook could also be used to track incoming ICPC requests.

Family Information Notebook


The “Family Information Notebook”  is in the “Client Management” section . It is not possible to create a new notebook. This is because a “Family Information Notebook” is created for each client when the client is created. Use the “Family Information Notebook” to record information regarding paternity findings, parental rights terminations and partners that either parent has lived (married or not).



The "Open Notebook" dialog box contains a "Select Item to Open" dropdown menu with "Family Information" selected and a "Load" button. Below this is a section "For this Client" with a table listing client information. The table has columns for Name, Age(Yrs), Gender, and Birth Date. The first row shows "Training, Child", "8 Male", and "10/01/2001". Below the table is a section "Open this Family Information" with a table listing family information. The first row shows "Current Record for Child Training".

	Name	Age(Yrs)	Gender	Birth Date
1	Training, Child	8 Male		10/01/2001

	Family Information
1	Current Record for Child Training

To open a “Family Information Notebook” for a client, first click on the “Existing Family Notebook” icon,  then in the “Open Notebook” dialogue box to the left.

Click on the appropriate client.

The application will normally open the notebook to the first page of three. The first page is “Paternity Findings.” Remember that “any Court of competent jurisdiction” may make a paternity finding. Regardless of which Court made the finding, it should be entered in CWS/CMS.

- Paternity Finding

+	Father Name	Finding	Finding Date	Test Date

Father Name

Legal Designation Birth Father Date of Birth Age (Years)

Court

Location Finding Date

Paternity Finding

☐ Established
 ☐ Ruled Out
 ☐ No Finding Made

Test Results

Date

Comments

Paternity Determination Comments

Start by clicking the “+” in the grid, then from the “Select Father” dialogue box, select the father for whom the finding was made.

Select Father ✕

Father Type

Fathers

Next, select the appropriate legal designation from the dropdown menu for “Legal Designation.” After selecting the “Legal Designation,” the “Birth Father” dropdown menu will become enabled. Select the appropriate selection in that field.

Legal Designation	Birth Father
<None>	<None>
<None>	<None>
Alleged	Yes
Presumed	No
	Unknown

The father’s “Date of Birth” will already be entered if available from the father’s client notebook. The age will be calculated based upon the date of birth. If this field has been edited, it will also change the date for birth for this client in the client’s notebook.

Legal Designation	Birth Father	Date of Birth	Age (Years)
Presumed	Yes	01/01/1970	40

Complete the “Location” field by typing in the location of the Court that made the finding being recorded. Also, enter the date of the finding.

Select the correct paternity finding by clicking on the correct radial button. In the example, the father was found to be the presumed father and paternity was established.

Court	
Location	Finding Date
Willows, Ca	02/15/2006
Paternity Finding	
<input checked="" type="radio"/> Established <input type="radio"/> Ruled Out <input type="radio"/> No Finding Made	

Test Results

Date

Comments
 Commentary on paternity test results for the individual sele

To the right of the “Court” information box is the “Test Results” information box. If there were test results, enter the date.

The **final** field on the page is the “Paternity Determination Comments” narrative box.

Paternity Determination Comments

Additional information about the paternity finding regarding the individual selected in the Paternity Finding grid was established. You can enter up to 180 characters in this field

A completed “Paternity Findings” page follows.

Client Services - Case [Training, Child] - [Family Information [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Paternity Finding | Parental Rights | Cohabitation

+	Father Name	Finding	Finding Date	Test Date
1	Training, Father	Established	02/15/2006	

Father Name

Legal Designation: Presumed
 Birth Father: Yes
 Date of Birth: 01/01/1970
 Age (Years): 40

Court
 Location: Willows, Ca
 Finding Date: 02/15/2006

Paternity Finding
☒ Established
☐ Ruled Out
☐ No Finding Made

Test Results
 Date:
 Comments: Commentary on paternity test results for the individual sele

Paternity Determination Comments
 Additional information about the paternity finding regarding the individual selected in the Paternity Finding grid was established. You can enter up to 180 characters in this field

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Family Information [Child Training]

The second page documents whether parental rights were terminated, the date of the termination, and the type of termination.

Parental Rights Terminated

Parent	Effective Date	Voluntary

Parent

Effective Date
 ☐ Appealed

Termination
☒ Voluntary ☐ Court Ordered
 Type

Parent's Competency was Determined by
☒ Neither ☐ Adoption Worker
☐ Professional Certification
 Exam Date Name of Professional
☐ Conservatorship Allows Relinquishment

Court Location

Court Case Number

Comment

As with all data grids, start the entry process by clicking on the "+" in the top left corner of the grid. This will result in a "Select Parental Rights" selection dialogue box. Select the parents for whom the termination of rights are being recorded, and then click the "OK" button.

Select Parent Parental Rights

Parents

Training, Father (40)
Training, Mother (39)

OK
 Cancel
 Help

Next, complete the “Effective Date” field by entering the date of the termination action.

Effective Date
//

If the termination order was appealed, check the “Appealed” box. ☐ Appealed

The next field to complete is the “Termination” information box. Use this information box to record what type of termination this was: IE voluntary or Court ordered.

Termination
☒ Voluntary ☐ Court Ordered
Type

For either choice, select a more specific description from the drop own menu. The options will change based upon the selections.

Termination
☒ Voluntary ☐ Court Ordered
Type
<None>
Birth parent deceased
Denial
Designated Relinquishment
Standard Relinquishment
Waiver

Termination
☐ Voluntary ☒ Court Ordered
Type
<None>
FC 7630
FC 7660 et seq
FC 7666
FC 7820 et seq
FC 8604(c)
WIC 366.26

For a Court ordered termination, complete two new **mandatory** fields, “Court Location” and “Court Case Number.”

Court Location

Court Case Number

To the left of the “Court Location” and “Court Case Number” fields is the “Parents Competency was Determined by” information box. If the termination was voluntary, this information box will need to be completed.

Parent's Competency was Determined by

☒ Neither ☐ Adoption Worker

☐ Professional Certification

Exam Date Name of Professional

☐ Conservatorship Allows Relinquishment

First, select who determined the competency of the parent to relinquish parental rights.

If it was an adoptions worker, the field is already completed unless the conservator check box applies. If the person taking the relinquishment had a “professional certification,” then the “Exam Date” and the “Name of Professional” will need to be entered. Enter the date that competency was determined by the professional in the “Exam Date” field. Type the name of the professional in the “Name of Professional” field.

The last field is the “Comment” narrative box. Use this box to record any additional termination information on the parent selected in the Parental Rights Terminated grid.

This field allows up to 100 characters.

Comment

Next, follow the above steps with the other parent to record the termination of that parent's rights.

The last page of the “Family Information” notebook is the “Cohabitation” page.

Paternity Finding
Parental Rights
Cohabitation

Cohabitation

+	Parent	Partner	Begin Date	Term. Date	Relationship

Parent

Partner

Birth Date

Name

Marriage/Cohabitation Beginning

Married

☐ Yes

☐ No

☐ Unknown

Begin Date

Verification Status

Marriage Location (city, county, state, country)

Comment

Marriage/Cohabitation Termination

Termination Date

Termination Type

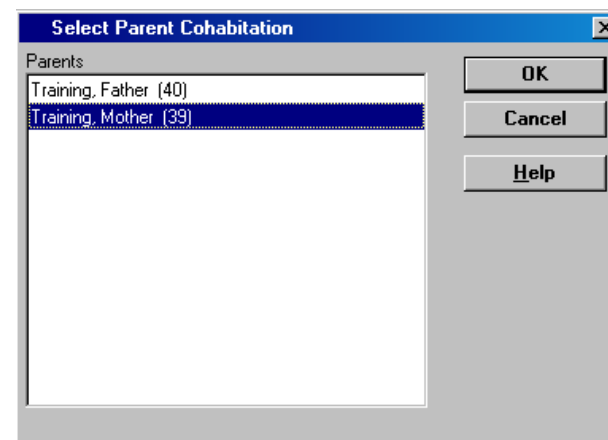
Divorce Location (city, county, state, country)

Verification Status

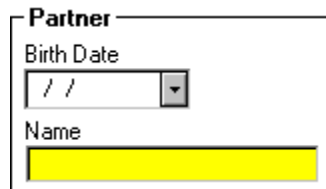
Civil Case Number

Use the page to the left to record marriages or cohabitations of the parents. To record a partner, click on the “+” in the grid’s top left corner.

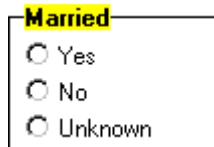
This will result in the “Select Parent” dialogue box. From this dialogue box, select the parent for which a partner is to be recorded. In this example, Mother Training is selected. After selecting a parent, click the “OK” button.



There are only two **mandatory** fields on the page. The first is in the “Partner” information box and is the name of the partner.

A form box titled "Partner" containing two fields. The first field is labeled "Birth Date" and contains a date picker with slashes. The second field is labeled "Name" and is highlighted in yellow.

Type the name of the partner in the name field. The other **mandatory** field is in the “Married” information box.

A form box titled "Married" containing three radio buttons labeled "Yes", "No", and "Unknown".

Select the most appropriate radial button.

When “Married” is selected, it indicates that the marriage between the parent and partner selected in the cohabitation grid is verified by a marriage certificate or registry as required by laws of the jurisdiction where it took place. The “Verification Status” information box is enabled with “Verified,” not on file as the default choice.

A form box titled "Married" containing three radio buttons labeled "Yes", "No", and "Unknown". The "Yes" button is selected. To the right of the radio buttons are two fields: "Begin Date" with a date picker and "Verification Status" with a dropdown menu showing "Verified, not on file".

<None>
Verified, on file
Not verified
Verified, not on file

Clicking the down arrow will allow selecting from four options.

Click on the most appropriate answer.

Next, complete the “Marriage Location” field. This field is enabled only if “Yes” is selected as the marriage option.

If the cohabitation has ended, complete the “Marriage/Cohabitation Termination” information box. First, enter the date of the termination. Then complete the “Termination Type,” and, if enabled, the “Verification Status” fields.

Termination Date	Termination Type	Verification Status
02/01/2001	<None>	Verified, not on file
	<None>	<None>
	Annulment	Verified, on file
	Cohabitation Ended	Not verified
	Death	Verified, not on file
	Dissolution/Divorce	

Complete the information box by entering the “Divorce Location” and the “Civil Case Number” of the action, if available.

Divorce Location (city,county,state,country)	Civil Case Number
<input type="text"/>	<input type="text"/>

The final field is the “Comment” field. Type comments regarding the cohabitation or marriage in this field. A completed “Cohabitation” is shown below.

Client Services - Case [Training, Child] - [Family Information [Child Training]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Paternity Finding Parental Rights **Cohabitation**

Cohabitation

+	Parent	Partner	Begin Date	Term. Date	Relationship
1	Training, Mother	Training Partner		02/01/2001	Mother/Son (Birth)

Parent: Training, Mother

Partner: Training Partner

Birth Date: []

Name: Training Partner

Marriage/Cohabitation Beginning

Married

☒ Yes ☐ No ☐ Unknown

Begin Date: []

Verification Status: Verified, not on file

Marriage Location (city, county, state, country): REDDING, SHASTA, CA, USA

Marriage/Cohabitation Termination

Termination Date: 02/01/2001

Termination Type: Dissolution/Divorce

Verification Status: Not verified

Divorce Location (city, county, state, country): []

Civil Case Number: []

Comment

Additional marriage or cohabitation comments on the adult client selected in the Cohabitation grid. You can enter up to 254 characters in this field.

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Family Information [Child Training]

Careful examination of the information on this page will reveal two potential problems. The date the recorded marriage was reported to have been terminated by an unverified divorce is less than nine months before the birth of the child, and the divorce itself is unverified. First, as it is possible based upon the date of the divorce that “Training Partner” could be eligible for a paternity finding, the paternity of the child should be determined either by testing or by Court Order. Second, the divorce is unverified. It is possible that the divorce is still not final and that because “Mother Training” and “Training Partner” would still be married, legal parental standing could be an issue.

It would be in the child’s best interest to resolve these two potential issues as early in the case as possible. First steps toward resolution could be talking to the mother (record the contact), explaining the problem, and asking for any divorce papers she still has. If there are no documents available, ask where the divorce happened and check with that Court for records.

Regardless of the outcome of the divorce investigation, at the next Court Review Hearing, include both issues and any resolution in the Paternity section of the Court Report.

Eligibility Notebooks

There are three more notebooks in the “Client Management” section ■ of CWS/CMS. Each of the three notebooks corresponds directly to a specific Eligibility document. Each of these documents, along with a SOC 158 and a signed Placement Agreement form, are part of a placement packet that goes to an eligibility worker to set up a foster care case for a child in placement. County practices vary as to who completes these documents. Check with your county to determine if this is your responsibility before completing the notebooks and documents.

Medi-Cal Application Notebook



The first of the three notebooks from left to right is the “Medi-Cal Application” notebook. As with all of the notebooks in CWS/CMS, to view an existing record in the notebook, click on the large icon. To create a new record in the notebook click on the “+” below the large icon. In this case, click to create a new record. Clicking the “+” under the icon will produce an “Open Notebook” dialogue box. Select the child that a Medi-Cal application is being created for, and then click the “OK” button.

The notebook consists of three pages, “ID,” “Information” and “Completion Details.” Except for the “Type of Application” information box and the “SS Claim Number” field, all fields on the “ID” page are [read-only](#). The application type defaults to “New Application.”

Type of Application			
<input checked="" type="radio"/> New Application	<input type="radio"/> Redetermination	<input type="radio"/> Retroactive Application for	<input type="text"/> months

If this is for redetermination or retroactive eligibility, the default is most likely the correct choice. Use the “SS Claim Number” field to record a Social Security number against which the child claims Social Security benefits. SS Claim Numbers begin with the letter C, a sequential number for each child claiming against that Social Security number, then the Social Security number of the deceased parent.

See the sample ID page to the right.

Client Services - Case [Training, Child] - [Medi-Cal Application [Training, Child]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Identification

Type of Application

☒ New Application ☐ Redetermination ☐ Retroactive Application for months

Name Gender Date of Birth

Birth Place / Hospital Name Birth City

SSN SS Claim Number

Citizenship

US Citizen ☒ Yes ☐ No ☐ Unknown

Alien Registration Number

MC 13 Attached ☐

Mother's Name Mother's SSN

Father's Name Father's SSN

Name of Person/Institution with whom Placed

Placement Address

Mailing Address

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Medi-Cal Application [Training Child]

The second page, “Information,” also has limited data entry capacity. The only fields available for data entry are a “SSI/SSP Application Made” check box, the “Date Adoption Agreement Terminates or Renews” field, and the “Title IV-E Eligible” information box. If an SSI/SSP application for the client has been made, click on the box to place a check in the box. The “Date Adoption Agreement Terminates or Renews” date field would only be appropriate if this were an adoption child and would not be known or even exist until the child was placed for adoption. The “Title IV-E Eligible” question is best left for eligibility workers to determine. Once this has been determined, return to this page and enter the determination. With this in mind, it is possible to skip from the “ID” page to the “Completion Details” page.

Client Services - Case [Training, Child] - [Medi-Cal Application [Training, Child]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Information Completion Details

Information

☐ Legal Authorization of Detainment under WIC 602

☒ SSI/SSP Application Made

Monthly Amount Paid
\$ 400.00

Date of Present Placement or move to CA
09/29/2009

Date Adoption Agreement Terminates or Renews
[Dropdown]

Title IV-E Eligible
☐ Yes ☐ No ☒ Unknown

Medical Insurance Company Name
[Text Box]

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Medi-Cal Application [Training Child]

The “Completion Details” page only documents which social worker assigned to the case or referral completed this notebook, when the notebook was completed and when the corresponding document was submitted to eligibility.

Completion Details

Staff Person <div style="background-color: yellow; height: 15px; width: 150px;"></div>	Signed Date <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Submission Date <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
---	--	--

After completing the known fields in the new “Medi-Cal Application” notebook, then create the corresponding document,



the “Medi Cal (MC-250)”. Click on the “+” under the “Existing Document” icon. From the resulting “Generate New Document” dialog box, select the “Medi Cal (MC-250)”, then click the “OK” button.

Generate New Documents

Document Category

☒ **State of California**

☐ **County**

☐ **CDSS**

☐ **CDSS Adoptions**

OK

Cancel

Help

Documents to Generate

- Application for Cash Aid
- Application for Cash Aid - Spanish
- Facts Supporting Eligibility for AFDC
- Facts Supporting Eligibility for AFDC-SP
- Health and Education Passport
- Medi Cal Application (MC 250)**
- SOC 815 - Apprvl of Family Caregvr Home
- SOC 817 - Chklist for Health/Safety Home
- SOC 818 - Relative/NREFM Assessment
- Voluntary Placement Agreement
- Voluntary Placement Agreement - Spanish

Now select which client from the options shown in the “Select Notebook” dialogue box that appears. The application will then create or open the selected document. It will open an already existing document or create a new document if one does not exist.

New Notebook

Select Item to Create

Medi-Cal Application

Load

For this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Training, Son	14	Male	06/07/1998

OK

Cancel

Sort...

Help

APPLICATION AND STATEMENT OF FACTS FOR CHILD NOT LIVING WITH A PARENT OR RELATIVE AND FOR WHOM A PUBLIC AGENCY IS ASSUMING SOME FINANCIAL RESPONSIBILITY	COUNTY USE ONLY
	Case name: Child Training
	Case number: 11-42-5487854-Z-01
	Effective date:

<input checked="" type="checkbox"/> New application	<input type="checkbox"/> Redetermination	<input type="checkbox"/> Request retroactive coverage for _____ months
---	--	--

Name of child Child Training	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (mm/dd/yy) 10/01/2001	Birth place Enloe Hospital Chico, California
Social Security number C1999999999	Social Security claim number	U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MC 13 attached (required) Alien registration number

Mother's name Mother Training	Mother's Social Security number (if known)	Father's name Father Training	Father's Social Security number (if known)
----------------------------------	--	----------------------------------	--

Name of person or institution with whom placed Training Collateral home
--

Address (number, street) 0000 Anystreet	City Hometown	State CA	ZIP code 99999
--	------------------	-------------	-------------------

Mailing address (number, street, P.O. Box) (if different)	City	State	ZIP code
---	------	-------	----------

Child is detained under Welfare and Institutions Code, Section 602 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was FCR eligible? Date adoption permanent termination or release <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly amount paid from public funds for child's care, which is not reimbursed by the child's parents \$ 400.00	Date of present placement or move to California (children placed by another state) 03/20/2010
Medical insurance If any, insurance complete <input type="checkbox"/> Yes <input type="checkbox"/> No	CWS/CMS application made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Child's Ethnic Group (check one box only) <input checked="" type="checkbox"/> White (Caucasian origin) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander	Child's Language (check one box only) (If home can speak and understand English, check English) <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino (Tagalog) <input type="checkbox"/> Other (Specify)
Signature of public agency representative for attach CWS Letter	Date 03/17/2010
Name of responsible public agency Orland Training Center Northern Training Region Training Department Street address (number, street) 609 East Walker St.	Contact person Nyal Homshier City Orland
	Telephone number (530) 364-1495 Telephone number (530) 364-2525 State CA ZIP code 95963

WELFARE AND INSTITUTIONS CODE, SECTION 602, SUBSECTION 602.1, 602.1.1, 602.1.2, 602.1.3, 602.1.4, 602.1.5, 602.1.6, 602.1.7, 602.1.8, 602.1.9, 602.2, 602.3, 602.4, 602.5, 602.6, 602.7, 602.8, 602.9, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000	SEE NEXT PAGE FOR INSTRUCTIONS	Page 1 of 2
--	--------------------------------	-------------

This document is not a "protected" document, so enter any additional information that the application did not enter. Then sign the document to complete it.

Existing FC2 Eligibility Application



The next notebook is the “Existing FC2 Eligibility Application” notebook. Click the “+” under the large icon to create a new application. Select which client to create the new application for from a dialogue box. There are five pages in this notebook. The pages are “ID,” “Income and Property,” “School/Work,” “Insurance” and “Completion Details.”

The “ID” page is almost entirely **read-only**.

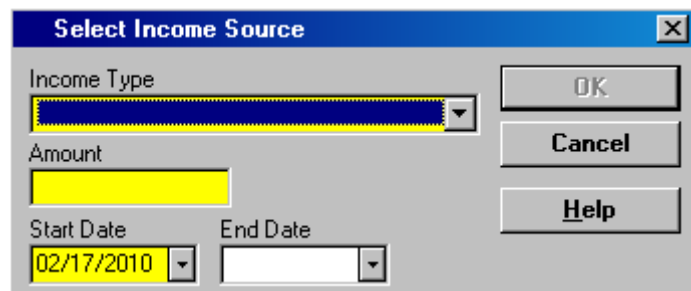
The only data field that may be entered is the “Date SSN Applied For.” If the child did not already have a social security number, enter the date that a social security number was applied for on the child’s behalf. All other data on this page is based on data already entered into CWS/CMS.

A sample of the “ID” page is shown on the right.

The second page, "Income and Property," defaults to the child having no income or property.

Income and Property																			
Income		Real or Personal Property																	
Does the child receive income?		Does the child have real or personal property?																	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No																	
Income Source		Property Source																	
<table border="1"><thead><tr><th>+</th><th>Type</th><th>Amount</th><th>Start Date</th></tr></thead><tbody><tr><td colspan="4"> </td></tr></tbody></table>		+	Type	Amount	Start Date					<table border="1"><thead><tr><th>+</th><th>Type</th><th>Value</th><th>Start Date</th></tr></thead><tbody><tr><td colspan="4"> </td></tr></tbody></table>		+	Type	Value	Start Date				
+	Type	Amount	Start Date																
+	Type	Value	Start Date																
Does the child have any applications for income pending?																			
<input type="radio"/> Yes <input checked="" type="radio"/> No																			
Indicate the type of income and date of application.																			
<div></div>		<div></div>																	

If the child has any income, select the "Yes" radial button. The "Income Source" will then become a **mandatory** field. Clicking on the "+" will result in being able to select the income type from a drop down menu and typing the amount of the income in the "Amount" field



Select Income Source

Income Type

Amount

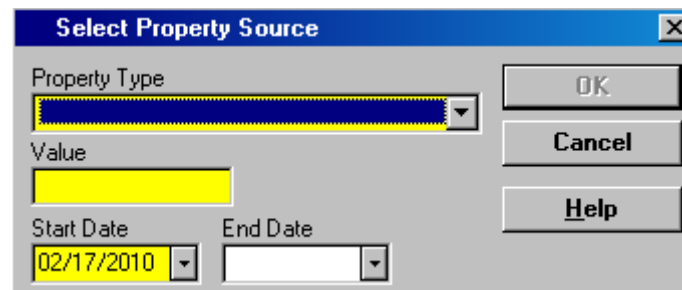
Start Date

End Date

OK
 Cancel
 Help

Agent Orange Govt Monthly Payment	JTPA Income	Rm Rent Not As Self Employment Enterprise
Annuities	Legal Settlement	Rm/Bld Not As Self Employment Enterprise
AFDC/FC/U for Foster Care	Legal Settlement Paid Monthly	Room Rent As Self Employment Enterprise
Cash Donation	Loans Without Repayment Plan	Room/Board As Self Employment Enterprise
Child/Spousal Support Income	Lump Sum Income	Sale of Crops
Contribution From Private Non Profit Org	Nonfraud Overpayment	Sale of Livestock/Poultry
Contributions	Non-Recurring Winnings (Bingo/Lottery)	Sale of Real Prop Under Contract of Sale
CAL Learn Sanction	Other Countable Income	Self Employment
Disability Payments	Other Training	Self Employment Farming
Do Not Re-issue Warrant	Pension	Social Security
Duplicate Warrant Adjustment	Pension, Veteran	Social Security Disability
Earnings	Private St or Lcl Govt Agency Retire Inc	Social Security Ret
Fraud Overpayment	Private St or Lcl Govt Agency Disab Inc	Social Security Survivors
Gross Earned Income	Private St or Lcl Govt Agency Other Inc	Social Security SSI
Income from Gifts	Railroad Disability	Strike Benefits
Income From Partial Life Support	Railroad Retirement	Student Income
Insurance Benefits	Recurring Winnings (Bingo/Lottery)	Tips
Interest	Rental From Farm Equipment	Title II
Irregular And Infrequent Income	Rental From Pers Prop Not Farm Equipment	UIB
Jury Duty	Rental From Real Property	Vacation Pay
		Veteran Disability
		Veteran Military Allotment
		Veterans Benefits
		Worker's Compensation

The “Real and Personal Property” information box works in exactly the same manner. Select the “Yes” radial button to record any property the child may have. When “Yes” is selected, the “Property Source” becomes a **mandatory** data element.



Select Property Source

Property Type

Value

Start Date

End Date

OK
 Cancel
 Help

Select the type of property from the dropdown menu, and then enter the value of the property. The start date is the date the child acquired the property.

The “School/Work” page is to record that a child has registered for work and how many hours a week the child attends school. It is important to record that a child, 17 and older, has registered, and that if a child has wages, that the child is attending school at least half time.

The screenshot shows a software interface with a tabbed menu at the top. The tabs are labeled 'ID', 'Income and Property', 'School/Work', 'Insurance', and 'Completion Details'. The 'School/Work' tab is currently selected. Below the tabs, the 'School/Work' section is divided into two main areas. On the left, under the heading 'School or Training Program', there are three input fields: 'Name', 'Location', and 'School Hours Per Week'. On the right, under the heading 'Work Registration', there is a question 'Has the child registered for work?' with two radio buttons, 'Yes' and 'No'. The 'No' button is selected. Below this is a text area labeled 'Explain.' with a vertical scrollbar. At the bottom of the 'School/Work' section, there is a large text area with a vertical scrollbar, preceded by the instruction: 'If either parent is a veteran, indicate which parent, branch of service, and military serial number.'

The School’s “Name” and “Location” are completed from the child’s education record as entered in CWS/CMS. Use the narrative field to record up to 80 characters regarding either parent’s military service.

The “Insurance” page records whether the child has private insurance. If the “Yes” radial button is selected, the Company and Policy Number become **mandatory** fields.

ID	Income and Property	Schgol/Work	Insurance	Completion Details
----	---------------------	-------------	-----------	--------------------

Medical Insurance
Does the child have private medical health insurance?
☐ Yes ☐ No ☒ Unknown
Company Name

Policy Number

The “Completion Details” page works the same as in the previous notebook, with one exception. In this notebook, the “County” where the application was completed is necessary. The field will default to the county of the logged on worker, but may be changed if necessary for accuracy.

After the page is completed, the corresponding new document will be available in the same steps as in the prior notebook. Click the “+” under the document icon, select the “Facts Supporting Eligibility for AFDC” document, and click “OK.”

Generate New Documents

Document Category

☒ **State of California** ☐ **CDSS**

☐ **County** ☐ **CDSS Adoptions**

Documents to Generate

- Application for Cash Aid
- Application for Cash Aid - Spanish
- Facts Supporting Eligibility for AFDC**
- Facts Supporting Eligibility for AFDC-SP
- Health and Education Passport
- Medi Cal Application (MC 250)
- SOC 815 - Apprvl of Family Caregvr Home
- SOC 817 - Chklist for Health/Safety Home
- SOC 818 - Relative/NREFM Assessment
- Voluntary Placement Agreement
- Voluntary Placement Agreement - Spanish

OK
Cancel
Help

Again, select the application that is to be created. With the “Facts Supporting Eligibility for AFDC” document, a second dialogue box will display. It will ask which petition applies to this application.

Select the correct petition and then click on the “OK” button. The application will then create the documents.

Petition Information

Select a Petition

Wic Section	Petition Status	Filed Date
300 Original	Pending	

OK
Cancel
Help

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC FOSTER CARE (FC)				ELIGIBILITY WORKER ONLY	
INSTRUCTIONS: Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:				DATE: <input type="checkbox"/> APPLICATION <input type="checkbox"/> REDETERMINATION	
<input type="checkbox"/> Not available <input type="checkbox"/> Not Cooperating <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated				CASE NAME Child Training	
				CASE NUMBER 11-42-5487854-Z-01	
				VERIFICATION	
1. Child Name		Child Training		2. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
3. Address		0000 Anystreet			
		Hometown, California 99999			
4. Birth date		10/01/2001		5. Birthplace	
				Enloe Hospital Chico, California	
6. Social Security #		Applied For?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Citizen of U.S.?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Alien Status:	
9. Does the child have medical insurance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list policy number, company name, and name of policy:					
10. Does the child have real or personal property?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				DHS 6155 <input type="checkbox"/>	

Select one of the four options in the instructions that allow the form to be completed.

10. Does the child have real or personal property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:				
			CHILD'S PROPERTY	
11. Does the child have income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown *			CHILD'S INCOME/PENDING INCOME	
If yes, list amount below. If application pending, check associated box.				
Income Type		Amount	Pending	
Social Security			<input type="checkbox"/>	
Child Support			<input type="checkbox"/>	
Railroad Retirement			<input type="checkbox"/>	
SSI/SSP			<input type="checkbox"/>	
Veteran's Benefits			<input type="checkbox"/>	
Salary/Wages			<input type="checkbox"/>	
Other (Specify) <input type="text"/>			<input type="checkbox"/>	
Total Amount/Month			<input type="checkbox"/>	
* If unknown, please explain:				
<input type="text"/>				

That is the end of the first page of this application.

It should be noted that the child welfare staff creating

this document should not enter anything in the column on the far right side of the application. This is for the eligibility worker only.

The remainder of the application will be shown on the following pages.

12. Name of School or Training Program:				
TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF				
13. If child has salary/wages, is the child attending school at least half time?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does the child have an Independent Living Program Plan?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE BELOW FOR CHILDREN 17 AND OLDER				
15. Does the child attend school on a full-time basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Expected graduation / completion before 19th birthday?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			ILP	
			VERIFIED BY SCHOOL	YES
			SCHOOL ATTENDANCE	<input type="checkbox"/>
			GRADUATION	<input type="checkbox"/>

17. PARENTAL INFORMATION				VERIFICATION
	Parent 1	Parent 2	Parent 3	
Name	Mother Training	Father Training		
Relationship	Mother (Birth)	Father (Presumed)		
Maiden Name				
Date of Birth	01/01/1971	01/01/1970		CHILD SUPPORT REFERRAL
Birthplace				
Social Security #				
Address				
Telephone #				
U.S. Citizen (Yes or No)	No	No		
Veteran (Branch, Years in Service, Serial #)				

Enter missing information when available.

DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.				VERIFICATION
20. Parental Financial Information				
	Parent 1	Parent 2	Parent 3	
Name	Mother Training	Father Training		
Relationship	Mother (Birth)	Father (Presumed)		
Occupation				
Name of Employer				
Address of Employer				
Work Hours/Month				
Gross Monthly Wage				
Child Support Paid				
Child Support Received				PARENTAL INCOME
Disability (State, Workers' Compensation, etc.)				
Unemployment Benefits				
Pensions				
SSI/SSP				
Veteran's Benefits				
Other Monthly Income (i.e., social security, etc.)				PARENTAL PENDING INCOME
Application for Income Pending (yes, no, or unknown)				
Accounts (checking, savings, etc.)				
Name of Financial Institution				
Address of Financial Institution				
Cash on Hand				
Other Assets				
Personal Property				PARENTAL RESOURCES
Real Property & Address				
Auto (Year/Model)				

End of page three.

Note that there are separate signature lines for the parent or placement worker. If the parent signs, the placement worker need not sign.

PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.		<input type="checkbox"/> ELIGIBLE FACILITIES REQUIREMENTS MET <input type="checkbox"/> SERVICES REQUIREMENTS MET
<div>▶</div> SIGNATURE OF PARENT/LEGAL GUARDIAN		
COUNTY WHERE SIGNED	DATE	
Glenn	02/17/2010	
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
<div>▶</div> SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)		
NAME OF AGENCY	DATE	
Northern Training Region	02/17/2010	
SIGNATURE OF ELIGIBILITY WORKER	DATE	<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE
<div>▶</div> SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR	DATE	<input type="checkbox"/> FEDERAL <input type="checkbox"/> NONFEDERAL <input type="checkbox"/> OTHER

This is the end of the application form.

Saws1 Notebook



The last of the three application forms is the “Saws1” application. Click the “+” under the large icon to create a new “Saws1” application. Select the client as on the other eligibility applications. The notebook has three pages: “ID,” “Personal Emergency” and “Completion Detail.”

The pages will be demonstrated and explained on the following pages.

These three fields may be edited. Click either of the check boxes if appropriate and enter any information available about prior aid or applications.

ID	Personal Emergency	Completion Details
----	--------------------	--------------------

Personal Emergency

☒ None
☐ Other

☐ Medical
☐ Explain

☐ Pregnancy
☐ Child Abuse

☐ Spousal Abuse
☐ Elder Abuse

Select the appropriate emergency for the child. Select only one emergency.

Ready
Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> SAWS1 Application [Training, Child]

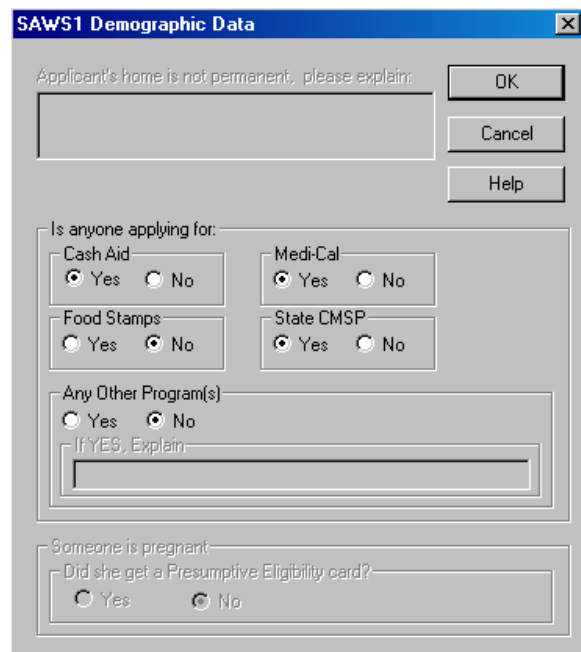
“Completion Details” is exactly the same as for the “Medi-Cal” application.

Completion Details

Social Worker
Signed Date
Submission Date

Select the worker, enter the dates, and the notebook is completed.

To create the corresponding document, click the “+” under the existing documents icon then select “Application for Cash Aid” from the list and click “OK.” Select the correct client and application from the dialogue box. The application will begin to create the application document. During the creation, a new dialogue box will appear.



SAWS1 Demographic Data

Applicant's home is not permanent, please explain:

OK
Cancel
Help

Is anyone applying for:

Cash Aid
☒ Yes ☐ No

Food Stamps
☐ Yes ☒ No

Medi-Cal
☒ Yes ☐ No

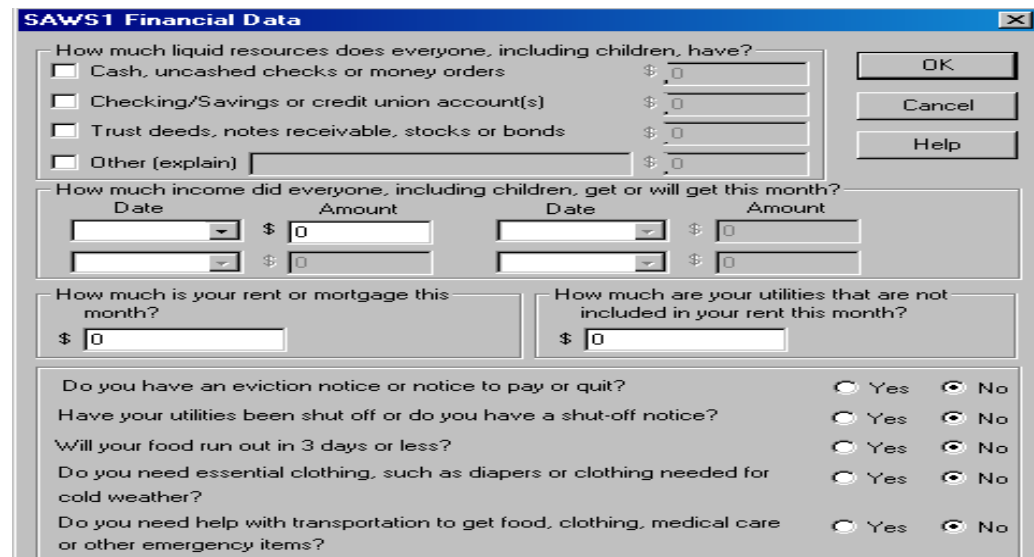
State CMSP
☒ Yes ☐ No

Any Other Program(s)
☐ Yes ☒ No

If YES, Explain:

Someone is pregnant:
Did she get a Presumptive Eligibility card?
☐ Yes ☒ No

This dialogue box is usually complete as it appears, but additional information may be entered if needed. This is followed by a second dialogue box that may require some data entry.



SAWS1 Financial Data

How much liquid resources does everyone, including children, have?

☐ Cash, uncashed checks or money orders \$ 0

☐ Checking/Savings or credit union account(s) \$ 0

☐ Trust deeds, notes receivable, stocks or bonds \$ 0

☐ Other (explain) \$ 0

How much income did everyone, including children, get or will get this month?

Date	Amount	Date	Amount
	\$ 0		\$ 0
	\$ 0		\$ 0

How much is your rent or mortgage this month? \$ 0

How much are your utilities that are not included in your rent this month? \$ 0

Do you have an eviction notice or notice to pay or quit? ☐ Yes ☒ No

Have your utilities been shut off or do you have a shut-off notice? ☐ Yes ☒ No

Will your food run out in 3 days or less? ☐ Yes ☒ No

Do you need essential clothing, such as diapers or clothing needed for cold weather? ☐ Yes ☒ No

Do you need help with transportation to get food, clothing, medical care or other emergency items? ☐ Yes ☒ No

OK
Cancel
Help

After clicking “OK,” the application will create the document. A sample follows.

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST) Child Training		2. SOCIAL SECURITY NUMBER (SSN)		COUNTY USE ONLY	
3. MAIDEN OR OTHER NAME (IF ANY)		2A. DATE OF BIRTH (MM-DD-YYYY) 10/01/2001			
4. HOME ADDRESS: NUMBER STREET 0000 Anystreet		5. MAILING ADDRESS (IF DIFFERENT)		CASE NAME	
CITY STATE ZIP CODE Hometown, CA 99999		CITY STATE ZIP CODE		CASE NUMBER	
6. TELEPHONE NUMBER(S): HOME WORK MESSAGE (530) 865-9999		(530) 865-8888		DATE RECEIVED	
7. Is your home address permanent? If not permanent, please explain:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME		TYPE OF APPLICATION:	
8. Is anyone applying for:		Cash Aid <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Medi-Cal <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 34-County CMSP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Any Other Program(s) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", explain:		CA: <input type="checkbox"/> CA <input type="checkbox"/> RCA FS: <input type="checkbox"/> Initial <input type="checkbox"/> Recent <input type="checkbox"/> Rest MC: <input type="checkbox"/> CMSP: <input type="checkbox"/>	
9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/34-County CMSP/Medicaid or Diversion cash or non-cash services? If "YES", list:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Homeless:	
NAME(S) USED		TYPE OF AID/BENEFIT		FS: <input type="checkbox"/> Yes <input type="checkbox"/> NO	
RECEIVED WHERE? (COUNTY/STATE/COUNTRY)		DATE(S) RECEIVED		CA: <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> CW 42	
10. The law says we must record your ethnic group, race and language. This won't affect your eligibility.					
A. ETHNICITY (Everyone must also answer B) Are you Hispanic or Latino? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete this question the county will do it for you.					
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White					
<input type="checkbox"/> Asian (If checked, please select one or more of the following)					
<input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian					
<input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian (specify)					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)					
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other (specify)					
C. PRIMARY LANGUAGE:					
<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Cantonese <input type="checkbox"/> Cambodian					
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (specify)					
CA LIL					

11. Is anyone a migrant or seasonal farmworker? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> Denied/NOA prep <input type="checkbox"/> Approved <input type="checkbox"/> Expedited Grant <input type="checkbox"/> Applicant requested <input type="checkbox"/> CWD to complete SAWS 1 () (Initials)	
12. Is anyone pregnant? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", did she get a Presumptive Eligibility card? <input type="checkbox"/> YES <input type="checkbox"/> NO					
13. Does anyone have a personal emergency? If "YES", mark (X) type: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Pregnancy <input checked="" type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens health or safety. Explain:					
IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT FILL IN ITEMS 14 - 18. FOOD STAMP EXPEDITED SERVICE..... FILL IN ITEMS 14 - 17.					
14. How much liquid resources does everyone, including children, have?		17. How much are your utilities that are not included in your rent this month? \$ 0		FS E.S. <input type="checkbox"/> E.S. questions not completed <input type="checkbox"/> Screened for E.S. Date () (Initials)	
<input type="checkbox"/> Cash, uncashed checks or money orders \$ <input type="checkbox"/> Checking/savings or credit union account(s) \$ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ <input type="checkbox"/> Other (explain) \$		18. Do you have an eviction notice or notice to pay or quit? YES NO <input checked="" type="checkbox"/>			
		Have your utilities been shut off or do you have a shut-off notice? <input checked="" type="checkbox"/>			
15. How much income did everyone, including children, get or will they get this month?		Will your food run out in 3 days or less? <input checked="" type="checkbox"/>			
Date Amount Date Amount \$ 0 \$ 0 \$ 0 \$ 0		Do you need essential clothing, such as diapers or clothing needed for cold weather? <input checked="" type="checkbox"/>			
16. How much is your rent or mortgage this month? \$ 0		Do you need help with transportation to get food, clothing, medical care or other emergency item(s)? <input checked="" type="checkbox"/>			
• I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified. • I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service. • I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.					
19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE				DATE SIGNED	
SIGNATURE OF WITNESS TO MARK OR INTERPRETER				DATE SIGNED	
				COUNTY OF APPLICATION	
				COUNTY OF RESIDENCE (IF DIFFERENT)	
				TRANSITIONING CASE NUMBER	

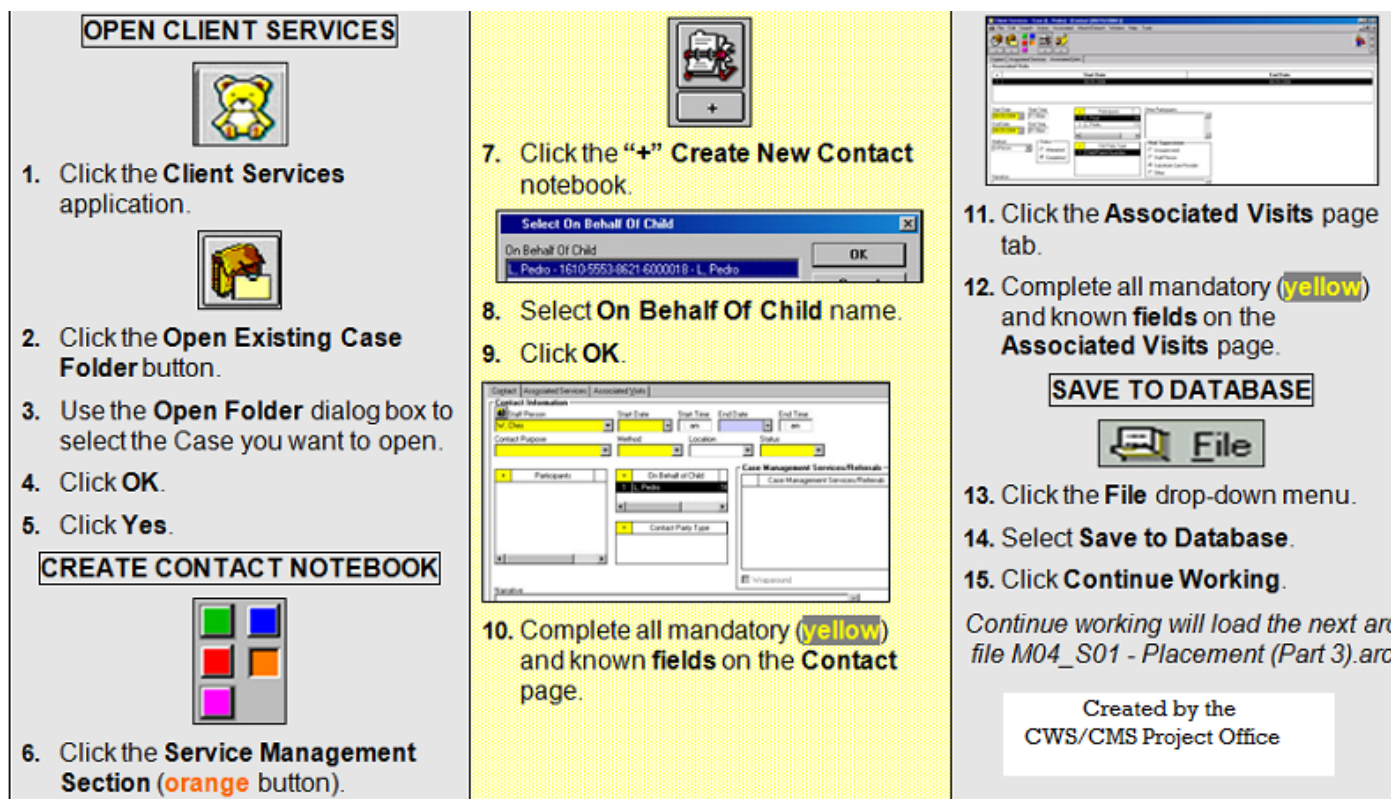
Activities

Go to activity handout, chapter 11.

Process Maps, Mapped Documents and Cheat Sheets

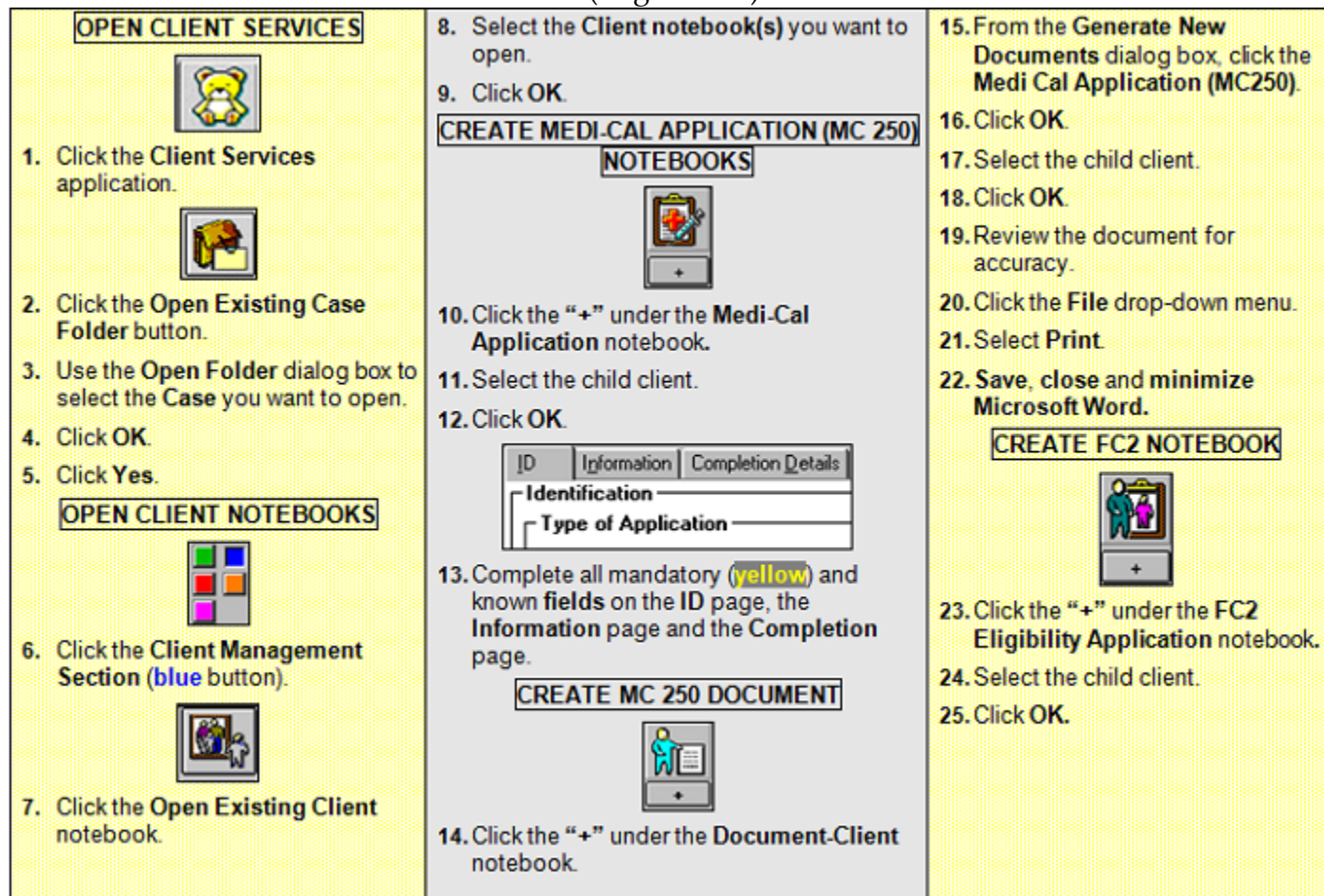
C 11, Page 93

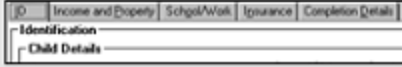


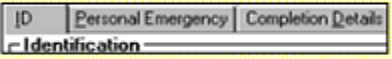



Associated Visits – Contact page Process Map


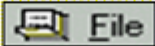


Create Eligibility Applications Process Map

(Page 1 of 3)



 <p>26. Complete all mandatory (yellow) and known fields on the ID page, Income and Property page, School/Work, Insurance and Completion Details page.</p> <p>CREATE FC2 DOCUMENT</p>  <p>27. Click the "+" under the Document-Client notebook.</p> <p>28. From the Generate New Documents dialog box, click the Facts Supporting Eligibility for AFDC.</p> <p>29. Click OK.</p> <p>30. Select the child client.</p> <p>31. Click OK.</p> <p>32. Select the Petition in the Petition Information dialog box.</p> <p>33. Click OK.</p> <p>34. Review the document for accuracy.</p> <p>35. Click the File drop-down menu.</p>	<p>36. Select Print.</p> <p>37. Save, close and minimize Microsoft Word.</p> <p>CREATE SAWS1 NOTEBOOK</p>  <p>38. Click the "+" under the SAWS1 Application notebook.</p> <p>39. Select the child client.</p> <p>40. Click OK.</p>  <p>41. Complete all mandatory (yellow) and known fields on the ID page, Personal Emergency page and the Completion Details page.</p> <p>CREATE SAWS1 DOCUMENT</p>  <p>42. Click the "+" under the Document-Client notebook.</p> <p>43. From the Generate New Documents dialog box, click the Application for Cash Aid.</p> <p>44. Click OK.</p>	<p>45. Select the child client.</p> <p>46. Click OK.</p>  <p>47. Complete the SAWS1 Demographic Data dialog box.</p> <p>48. Click OK.</p>  <p>49. Complete the SAWS1 Financial Data dialog box.</p> <p>50. Click OK.</p> <p>51. Review the document for accuracy.</p> <p>52. Click the File drop-down menu.</p> <p>53. Select Print.</p> <p>54. Save, close and minimize Microsoft Word.</p>
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<p>CREATE CW51 Information</p> <p>55. Go to the Client Notebook [Client (Case Focus Child)[Child's Name]]</p> <p>56. Click on the AFDC-FC page tab.</p> <p>57. Click the "+" under the AFDC-FC Eligibility grid.</p> <p>58. Complete all mandatory (yellow) and known fields.</p> <p>59. Click the "+" under the CW51 grid.</p>  <p>60. Select the Date of Determination.</p> <p>61. Select the parent(s) for the child client.</p> <p>62. Select the required siblings.</p>	<p>63. Choose yes or no radio button in Refer to child support grid.</p> <p>CREATE CW51 REPORT</p> <p>64. Click OK.</p> <p>65. Click the File drop-down menu.</p> <p>66. Select Print Report.</p> <p>67. Select Client Reports from Area of Interest.</p> <p>68. Select CW51-Non-Referral for Child Support report.</p> <p>69. Click Print Preview.</p> <p>70. Select Parent.</p> <p>71. Select child(ren).</p> <p>72. Click OK.</p> <p>73. Fill in all required information to complete the report.</p> <p>74. Click File, select Print.</p> <p>75. Save, close and minimize Microsoft Word.</p> <p>SAVE TO DATABASE</p>  <p>76. Click the File drop-down menu.</p> <p>77. Select Save to Database.</p> <p>78. Click Exit CWS/CMS.</p>	<p>Created by the CWS/CMS Project Office</p>
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