

PART I: FAMILY COMPOSITION / INITIAL FAMILY FINDING / HOUSEHOLD INCOME

Use a separate sheet for each child unless they have the same biological mother and biological father, were living together, and removed in the same month.

CYCIS ID: _____

CASE MANAGER NAME: _____

CASE NOTE DATE: _____

ENTRY INTO FOSTER CARE (MM/YY): _____

(Enter a case note documenting the source of information)

(Not the month/year the family case opened.)

Please indicate the amount of income for each parent for the month and year listed above. Do not leave any fields blank. If the parent did not have that type of income, list \$0. If an exact amount is not known, please estimate the amount.

PARENTS	Name	Did this parent live in the home that the child lived in at the time the child was taken into foster care?	Employment Income	Unemployment Benefits	Child Support Income	Social Security Benefits	*Other Financial Support
Mother/Parent 1							
	SSN						
Father/Parent 2							
	SSN						
Step-Parent							
	SSN						

If the child did not live with a parent when taken into foster care:

Who did they live with: _____ Relationship: _____

When was the last time they lived with a parent and which parent was it? _____

CHILD/SIBLINGS	Name	Social Security Number	Name	Social Security Number
Child			Sibling (living in the same home)	
Sibling (living in the same home)			Sibling (living in the same home)	
Sibling (living in the same home)			Sibling (living in the same home)	
Sibling (living in the same home)			Sibling (living in the same home)	

*Explanation of "Other Financial Support":

Did the family have assets totaling more than \$10,000 in the month the child was taken into care?

YES

NO