THE DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
Source of Funds Application for Child in Placement

CHILD'S NAME	CHILD'S CASE NUMBER	DATE PLACED
DSHS STAFF NAME AND TITLE	TELEPHONE NUMBER	DATE COMPLETED

1. Was child living with either or both parents during the month the petition was filed or Voluntary Placement Agreement (VPA) signed? ☐ Yes ☐ No

   If yes, is the home from which the child was removed receiving AFCD benefits on behalf of the child? ☐ Yes ☐ No
   Case number: _____

   If no, where was the child living during the last six months prior to placement: _____

2. Order of removal:

DATE OF ACTION	TYPE OF ACTION (SHELTER CARE, DEPENDENCY, ARP, VPA)	COURT ORDER NUMBER	AGENCY TO WHOM THE COURT AWARDED CUSTODY / SUPERVISION

3. Is the home from which the child removed receiving adoption support payments from Washington State?
   ☐ Yes ☐ No

4. **Is the child certified as eligible for developmental disability services by the Division of Developmental Disabilities (DDD)? ☐ Yes ☐ No   If yes, attached documentation.**

5. Does the child have medical and/or dental insurance? ☐ Yes (list below) ☐ No OR the child has medical coupons.

NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER	TYPE OF COVERAGE	POLICY NUMBER

6. FINANCIAL INCOME / RESOURCES FOR CHILD AND PARENT(S)

INCOME SOURCE	FATHER	MOTHER	STEP PARENT	CHILD
1. SSI				
2. AFDC				
3. Check one. ☐ SSA ☐ VA ☐ L&I				
4. Child support				
5. Earned income (wages) or unemployment compensation				
6. Retirement				
7. Other (bank account, etc.)				

IV-E Specialists Use Only

1. Status of child:
   ☐ DCFS not DDD
   ☐ DCFS certified DDD
   ☐ JRA not DDD

2. Date of placement:
   _____

3. Source of funds:
   ☐ State only – Court   ☐ IV-E – Court
   ☐ State only – Voluntary   ☐ IV-E – Voluntary

4. Date sent to DCS:
   1st referral _____
   2nd referral _____

5. Date sent to Medical Recover: _____

7. REUNIFICATION PLAN

A. Initial referral

   Is there a court ordered plan?
   ☐ Yes (Court order attached)   ☐ No

   Is there a plan as part of a voluntary placement?
   ☐ Yes ☐ No

   Parent's name:
   _____

   Duration of plan: _____ _____
   TO   FROM

   Anticipated monthly cost to parent: $_____

   Will compliance cause parent to become unemployed or significantly underemployed? ☐ Yes ☐ No

B. Subsequent referral information

   ☐ Court ordered parents to participate in a reunification plan. Court order attached.
   Anticipated monthly cost to parent: $_____

   Duration of plan: _____ _____
   TO   FROM

   Will compliance cause parent to become unemployed or significantly underemployed?
   ☐ Yes ☐ No

   ☐ Court did not order a reunification plan.