

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Interagency Agreement	Effective Date: July 1, 2006
	Reference: Chapter 11	Version: 1

Interagency Agreement

This agreement exists among the _____ Department of Child Services (DCS), _____ Court of _____ County (the Court) and the _____ County Juvenile Probation Department (Probation).

1. This agreement is effective on the date stated at the end of the document, and shall remain in effect until terminated or superseded by a later agreement.
2. This agreement may be terminated by either party by written notice to the other party, effective not less than thirty (30) days after the date of transmittal of the notice. This agreement may be amended at any time by written agreement signed by the parties.
3. As used in this agreement, "IV-E" means Title IV-E of the Federal Social Security Act, 42 U.S.C. 670 et seq. When the Court determines that a child who is alleged to be a delinquent child under any provision of IC 31-37 will be removed from the child's home and placed in another home or shelter care facility pursuant to a dispositional decree or a modification thereto, the Court will notify the DCS and provide to the DCS the information, specified in Attachment D. The DCS will make a preliminary Title IV-E eligibility determination for the child within five (5) working days after receipt of the necessary information, and will promptly notify the Court of the determination.
4. The DCS will be responsible for the following:
 - (a) Monitoring and providing oversight of the federally mandated services listed in this agreement that are performed by Probation for any child for whom IV-E reimbursement is provided
 - (b) Entering data regarding the delinquent child for whom the DCS is responsible for the cost of any services into the Indiana Child Welfare Information System (ICWIS) and maintaining that record
 - (c) Participating in case consultations, staffings, court hearings, and other case-specific meetings regarding permanency for the child
 - (d) Preparing and presenting to Probation and the Court a permanency plan which meets all IV-E requirements for every IV-E eligible child
 - (e) Performing all tasks and assignments listed in Attachment A, unless modified by any provision of Attachment C
5. Probation will be responsible for the following:

- (a) Supervising placement and care of the delinquent child, in compliance with all orders of the Court
 - (b) Assisting the Court in providing information to the DCS, as specified in Attachment D
 - (c) Participating in case consultations, staffings, court hearings, and other case-specific meetings
 - (d) Providing to the DCS all case information necessary for completion of a permanency plan that meets IV-E requirements
 - (e) Performing all tasks and assignments listed in Attachment B, unless modified by any provision of Attachment C
6. Both Probation and the DCS will have access to all information about the child contained in their respective case files.
7. Probation agrees to make available to the DCS the following pertinent information about the IV-E eligible child:
- (a) Copies of all case records necessary to enable the department to document compliance with requirements under the Title IV-E State Plan
 - (b) Copies of court docket sheets and all pleadings, orders, reports, or other court documents filed in the case
 - (c) Information concerning initial placement and any change/s in placement within five (5) days of the placement or change
 - (d) Information concerning any change in the child's circumstances that affect placement and/or eligibility within seven (7) days of the change

Dated _____, 200__

_____ Department of Child Services

By: _____

_____ County Juvenile Probation Department

By: _____

_____ Court of _____ County

By: _____

Copies to: Probation _____ Court _____ DCS _____ Central Office CEU _____
 (date) (date) (Judge) (date) (date)

Attachment A

List of Tasks and Assignments to be Performed by the Local Department of Child Services (DCS)

1. File, or assure that a person authorized under IC 31-35-2 files, a Termination of Parent-Child Relationship (TPR) petition, if filing is required pursuant to The Act, Section 475(5)(E) and 45 CFR 1356.21(i).
2. Complete the following documentation and verifications needed to screen and process the child's IV-E FC eligibility
 - (a) Determine the child's initial IV-E FC eligibility by establishing the child's eligibility for Aid to Families with Dependent Children (AFDC) as the program was in effect on 7/16/96
 - (b) Prepare and maintain documentation verifying any child support orders and support payment history of the parent/s
3. Complete a written Case Plan I document within sixty (60) days of the child's placement, and include in it the following:
 - (a) Description of the type of home or institution in which the child is placed
 - (b) Discussion of how the placement satisfies the requirements for a safe placement in the least restrictive setting in close proximity to the child's parent's home and the appropriateness to the child's best interests and special needs
 - (c) Assurance that supervision will be provided to ensure that the child receives safe and proper care
 - (d) Assurance that services are being provided to the parents, the child, and the foster parents to achieve the goal of the permanency plan
 - (e) Assurance that the child either will be returned to his own safe home or placed in another permanent living arrangement
 - (f) Assurance that the child's needs are addressed while the child is in foster care
 - (g) Assurance that services provided to the child are appropriate
 - (h) Assurance that the child's health and education records are maintained and kept up-to-date
 - (i) A description of the programs and services provided for the preparation of a child over the age of 14 (when appropriate) for independent living
 - (j) Documentation of the steps necessary to finalize the permanency plan

4. Review and update Case Plan I at least once every 180 days during a periodic case review conducted by the court, and include the following documentation
 - (a) Determination of the child's safety
 - (b) Continuing necessity and appropriateness of placement
 - (c) A summary of the progress
 - (d) Target date by which the child may be returned home
5. Implement the child's permanency plan
 - (a) Assure that the permanency hearing is scheduled and held within thirty (30) days of the judicial determination that reasonable efforts for reunification with the child's parent/s are not required, or no later than 360 days after the date of the child's initial placement
 - (b) Attend the permanency hearing
 - (c) Implement an updated permanency plan at least once every 360 days and document that reasonable efforts have been made to finalize a permanency plan, with court review and approval once every 360 days, and include the following:
 - (1) When reunification is the goal, the permanency plan must describe the reasonable efforts made to reach this goal
 - (2) When reunification is not the goal, the permanency plan must describe the reasonable effects made to obtain another permanent living arrangement

Attachment B

List of Tasks and Assignment to be Performed by the County Juvenile Probation Department

1. Review the placement of the delinquent child
 - (a) Determine that the child is placed in a properly licensed or approved foster family home, relative home, or licensed child caring facility.
 - (b) Ensure that a recommendation is made for consideration by the Court concerning the placement chosen
2. Termination of Parent-Child Relationship (TPR), if required
 - (a) Submit to the DCS a recommendation concerning whether a petition should be filed under IC 31-35-2 by the end of the 15th month of the child's continuous out-of-home placement, or by the end of the 15th of the most recent 22 months of out-of-home placement.
 - (b) Submit to the DCS a recommendation whether a TPR petition should be filed under IC 31-35-2 within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not required because a parent has been convicted of one of the felonies listed in Indiana Code 31-34-21-5.6(b)(1), (2), or (3).
 - (c) If a petition for TPR will not be filed in accordance with 45 CFR 1356.21(i), document in the case file the compelling reason or reasons for determining that filing for TPR would be contrary to the welfare of, or not be in the best interest of, the individual child.
3. Document the following items needed to screen and process IV-E FC eligibility:
 - (a) the child is under age 18 (eighteen),
 - (b) the child is a US citizen or legal alien,
 - (c) the child resided with a specified relative within the six months prior to the month of removal from the home; and the name, address, and relationship of every other adult with whom the child lived during the six months prior to the month of removal and the dates the child lived with the adult/s,
 - (d) the amount of gross income (earned and unearned) and the value of the resources (assets) of both the family and the child for the month of removal,
 - (e) the child is deprived of parental support by virtue of the death, absence, mental or physical incapacity of a parent, or by the un-employment or under-employment of the principal wage-earning parent to the extent that the parent cannot support the needs of the child
 - (f) Document the amount of the child's gross income and the amount of the child's resources (assets), and that the child continues to be deprived of parental support for the re-determination of the child's AFDC eligibility which is required 180 days following the child's initial placement and every subsequent 180 days during placement

- (g) Maintain signed and dated copies of all applicable court orders
 - (h) Prepare and maintain documentation verifying all household members' names, ages, Social Security numbers, relationships to one another, and obtain copies of available birth certificates and Social Security cards
 - (i) Prepare and maintain documentation verifying the health insurance providers and policy numbers applicable to the child's insurance coverage
 - (j) Prepare and maintain documentation verifying the child's placement/s and the date/s of placement/s
5. Obtain, in the first court order that authorizes the child's removal from home, child-specific findings and conclusions that continuation in the home is or would be contrary to the welfare of the child or that placement is in the best interest of the child
- (a) Include and maintain in the case file explicit documentation supporting the initial judicial determination that continued residence in the home is or would be contrary to the welfare of the child, or that placement would be in the best interest of the child
6. Document reasonable efforts to prevent removal of the child from the home
- (a) Provide appropriate services for the child and the family to prevent the need for placement outside the home
 - (b) Obtain a judicial determination, included in a court order entered within 60 days of the child's physical removal from the home, that reasonable efforts to prevent placement were made or were not required
 - (c) Document any and all child-specific reasonable efforts made to prevent removal, or describe the emergency situation that prevented making reasonable efforts
 - (d) If reasonable efforts are not required due to certain legal determinations regarding the parent/s, then document, based on the court's findings in the order approving removal, that:
 - (1) a parent has been convicted of one of the crimes listed in Indiana Code 31-34-21-5.6(b)(1), (2), or (3); or
 - (2) the parental rights of the parent to a sibling have been terminated involuntarily
7. Complete and maintain the Predispositional Report/s
- (a) Document the needs of the child for care, treatment, placement, or rehabilitation
 - (b) Include the recommendation for the care, treatment, rehabilitation and/or placement of the child

8. Complete the Case Plan II document for the child within five (5) days of placement

- (a) Address/es and phone number/s of each caregiver and parent/guardian
- (b) Agency contact person
- (c) Child's placement history
- (d) Child's health summary and medical insurance information
- (e) Child's educational records
- (f) Description of child's special needs for education, discipline, and day care
- (g) Plan for visitation plan between child and parent/s

Archived 10/2007 Due to State Form 53242

Attachment C

Modifications Made to the Allocation of Tasks and Assignments Outlined in Attachments A and
B

Archived 10/2007 Due to State Form 53242

FINANCIAL ELIGIBILITY INFORMATION FORM

I. Demographic Information:

1. Child's Full Name: _____ D.O.B: _____

Race _____

(Must Attach Copy of Birth Cert.)

2. Child's Social Security Number: _____

(Must Attach Copy of SS Card)

3. Child's Placement Name and Address:

(PLEASE INCLUDE A COPY OF CHILD'S PLACEMENT ORDER)

4. Date of Placement: _____

5. Name of Child's school, address of school and grade in which child is enrolled:

Name: _____ Grade: _____

Address _____

6. Date Adjudicated as a Delinquent and Cause Number:

7. Information on Child's Parents:

Father's Name: _____ D.O.B _____ Race: _____

Address: _____ Phone number(s): _____

_____ Social Security #: _____

Mother's Name: _____ D.O.B: _____ Race: _____

Address: _____ Phone number(s) _____

_____ Social Security #: _____

Are legal parents married to one another? Yes No

If yes, date of marriage: _____

If divorced, date of divorce: _____

Location of divorce: _____

Cause number: _____

Court ordered to pay support? Yes No

If yes, date ordered: _____ Amount: _____ Frequency: _____

Date last paid? _____

Is Support paid directly or through clerk's office: _____

If never married, was paternity established? Yes No

If yes, date: _____ Cause # _____

County and State in which ordered? _____:

Ordered to pay support? Yes No
 If yes, date: _____ Amount: _____ Frequency: _____
 Last date paid: _____
 Support paid directly or through clerk's office _____

8. Please list all household members and their relationship to child:

<u>Name</u>	<u>Relationship to Child;</u>	<u>D.O.B</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide information regarding additional household members on another sheet of paper and attach.

9. Name of person child was residing with at month of removal from his/her home:

Name: _____
 Relationship to child: _____ (provide proof through birth certificates, when possible)
 Address: _____
 Phone(s) # _____

Does this person have legal guardianship or custody of child? Yes No (Will need court order)
 How long had child resided there? _____

If lived with previous person less than six (6) months, please provide with whom the child resided previous to last address, relationship of this person and the address of that residence:

10. Information on child's parent's mother and father: (please provide as much information as possible)

Paternal Grandfather's name: _____
 Address: _____
 Phone(s): _____

Paternal Grandmother's name: _____
 Address: _____
 Phone(s): _____

Maternal Grandfather's name: _____
 Address: _____
 Phone(s): _____

Maternal Grandmother's name: _____
 Address: _____
 Phone(s): _____

II. Employment, Income, and Resource Information

1. Are parents employed? Yes No

If yes, list employer's name, address, phone #, hours per week and pay per hour.

Please provide all applicable information.

(SEND DFC FORM 65 WITH SIGNATURE OF EMPLOYEE TO EMPLOYER, ATTACH COPY)

Father: Company Name: _____

Address: _____

Phone #: _____

Pay per hour or salary per week: _____ Hours per week: _____

Mother: Company Name: _____

Address: _____

Phone #: _____

Pay per hour or salary per week: _____ Hours per week: _____

Step-Parent: Company Name: _____

Address: _____

Phone #: _____

Pay per hour or salary per week: _____ Hours per week: _____

Stepparent paying support to children outside home? Yes No

If yes, how much per month or week? _____

2. Does child's parent(s), stepparent or any other person carry health insurance on child? Yes No

If yes, please complete information below If more than one person carries insurance, please provide the below information for all health insurance policies.

(IF YES, ATTACH A COPY OF INSURANCE CARD OR SEND VERIFICATION FORM DFC FORM 3510)

Name of insurance company: _____

Address of company: _____

Phone number of insurance company: _____

Social Security Number for person carrying insurance: _____

Health insurance policy number: _____

3. Does child or parent receive any other income? Yes No

If yes, you must indicate type and provide amount, frequency, and attach verification for each person in the household.

<u>Child</u>	<u>Parent</u>	<u>Amount</u>	<u>Frequency</u>
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a. Child support:

b. Retirement/Pension:

c. Disability/Sick Benefits
from employer:

d. Military Allotment:

e. Railroad Benefits:

f. RSDI (Retirement, Survivor,
Disability Insurance
from Social Security):

g. S.S.I (Supplement Security
Income from
Social Security):

h. UCB (Unemployment
Compensation Benefits):

i. VA Benefits:

j. Other: (including but not limited
to working in exchange for goods or
services, contributions of money,
loans, or payment of bills):

4. Does the child or parent have any of the following resources? (Attach verification)

a. **Whole** Life insurance for any household member? Yes No

Owner _____ Cash Surrender Value _____

Insurance Company: _____

Address: _____

Phone Number: _____

Policy Number _____

b. Bank or Credit Union Account for any household member? Yes No (including but not
limited to checking, savings, Christmas clubs, certificate of deposits, money and/or market
accounts):

Financial Institution: _____

Address: _____

Phone Number _____

Names on the account: _____

Type of account _____ Account Number: _____

Value: _____

Type of account: _____ Account Number: _____

Value: _____

(Please provide information regarding additional accounts, including financial institution, names
on account, account numbers, types of accounts and values on an another sheet of paper and
attach.)

c. Other types of resources for any household members? Yes No (attach verification)

Owner Value

Stocks

Bonds
Mutual Funds
IRA
Annuities

d. Are there any trust funds? Yes No

If yes, for whom: _____

Value: _____ (attach verifications)

Is the trust fund accessible without a court order? Yes No

e. List year, make and model for all motor vehicles in which a household member's name appears on the registration or title to that vehicle:

<u>Owner</u>	<u>Make</u>	<u>Model</u>	<u>Year of Vehicle</u>	<u>Vehicle VIN #</u>
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Signature of Probation Officer: _____

Printed Name of Probation Officer: _____

Date: _____

Revised 5/29/02