

FINANCIAL STATEMENT FOR PARENTS OF CHILDREN IN ALTERNATIVE CARE INSTRUCTIONS

Purpose: Financial information pertaining to the parents is to be entered on the Financial Statement for Parents of Children in Alternative Care, CS-99, unless the local court has a similar form currently in place. If so, continue to use the local form. The information for this form is to be obtained from the parent(s) and recorded by the Children's Service Worker. The form is to be completed in the interest of children for whom out of home placement is being recommended by the worker. Copies of the form are to be attached to each copy of the social history. The Judge (and/or commissioners) may make the order for support during the hearing, based on the information supplied on this form. Workers are to advise parents, before the hearing, that an order requiring support payments may be made at the time of the hearing. This form should also be used to report financial status changes at dispositional hearings.

The cover letter should indicate if the child will receive sufficient income from SS, SSI, VA, Child Support Enforcement, etc., to meet the cost of foster care.

If the parent(s) will not cooperate to complete this form, documentation should appear both in the cover letter to the court and in the case narrative.

Number of Copies and Distribution: This form is to be completed for the household of each parent from whom a support payment may be ordered. If both parents live in the same household, complete only one form. One copy of each form completed should be attached to the social history, one copy retained in the case file, and one copy provided to the parent(s).

Instructions for Completion:

Child's Name: Enter the name of the juvenile who is to be the subject of the hearing. The name should be the same name that appears on the petition.

Life Number: Enter the life number of the juvenile as it appears on the petition. (Disregard if the juvenile court does not designate a life number).

Petition Number: Enter the petition number which pertains to the impending hearing if applicable.

Household Information: Enter the address and telephone number of the parent(s) who is (are) giving the information which follows.

Father/Step/Mother/Step

Name: Enter the names of the father, or stepfather and mother or stepmother who is giving the information or who is the spouse of the parent giving the information. Indicate the relationship of the person to the child (natural or stepparent).

SSN: Enter the appropriate social security number. This is important if a referral must be made to SEU.

Employer: Enter the name of the agency/company or person, etc. by whom the parent is

presently employed. If the parent is temporarily laid off, enter the employer from whom recall is anticipated.

How Long: Enter the approximate period of time. If the parent is laid off, enter the date of the lay off and the length of time employed before layoff.

Employer Address: Self-explanatory

Employer Phone: Self-explanatory

Occupation: Enter the type of work in which the parent is engaged.

Marital Status: Self-explanatory

Net Monthly Income:

Salary: Enter the salary after taxes and FICA have been deducted. Do not deduct payroll savings or insurance. If the parent is under garnishment, enter the amount actually received.

Salary (Second Job): Same as above.

Public Assistance: Enter full amount. Indicate how much of the total is paid on behalf of this particular child.

Social Security: Same as above.

Child Support: Same as above.

Other (Source): List sources of income for which the amount is listed under other.

Combine Total: List total of all income from both parent(s) and/or stepparent.

Monthly Household Expenses-Basic

Rent/Mortgage: Enter the rent/mortgage payment for one dwelling only, e.g., lake cabin or rental property not to be included.

Auto: Monthly payments.

Utilities: Enter the average monthly expenditure for one dwelling only. Include light, cooking/heating fuel, water and telephone.

Uninsured Medical: Enter ongoing medical and dental expenses not covered by insurance, i.e., prescription medicine, doctor visits. The cost of professional counseling may also be included.

Life/Health Insurance: Enter the monthly cost for parents and dependent children only.

Child Support: Enter the monthly payments made for children outside the home which

are the result of court ordered support, or are made on a voluntary basis and can be verified in some manner satisfactory to the worker.

Auto Insurance: Enter the pro-rated monthly amount.

Food: Enter the number of persons x \$75.00 for parents and dependent children in the household.

Clothes: Enter the number of persons x \$40.00 for parents and dependent children in the household.

Incidentals: Enter the number of persons x \$30.00 for parents and dependent children in the household.

Other: Enter any other household expenses not itemized above.

Assets-Father/Mother/Step

Savings: Enter the current amount of any and all savings accounts in the name of the parents.

Stocks and Bonds: Enter all stocks and bonds in the name of the parents.

Real Estate Value: Enter the value of real property owned or being purchased by the parents.

Auto: Enter the purchase price of parents' automobile(s), and the year/make, as indicated. If more than one automobile is owned/being purchased, enter second auto under "other".

Other: Enter any other assets not itemized above, i.e., boats, endowments, other vehicles, etc., owned by the parents.

Summary:

Combined Total Income: Enter the sum as it appears under NET MONTHLY INCOME, "Combined total".

Total Basic Expenses: Enter sum as it appears under MONTHLY HOUSEHOLD EXPENSES-BASIC, "Total".

Difference: Enter the figure which is the difference between the "Combined Total Income" figure and the "Total Basic Expenses" figure and indicate plus or minus.

Note: Use the reverse side of the form for figuring (as needed); and for explanations as deemed necessary.

Persons Giving Information: Obtain signature of the parent, if possible.

Relationship to Child: Enter mother, stepmother, father, or stepfather.

Persons Recording Information: Self-explanatory.

Date: Enter the date form is completed.

Instructions for Retention: This form is to be maintained in the case record. File copies should not be destroyed.

Memoranda History: