

Louisiana Kinship Integrated Service System Client Data Form

Care managers should file an initial Client Data Form during the first month of being assigned a case and once every six months following after initially being assigned the case. A data form must be filed when the child leaves the study. Questions should be directed to Siobhan Pietruszkiewicz at 225-578-1016 or spietru1@lsu.edu or Schuyler Porche sporche@lsu.edu . Care managers should obtain information about the Louisiana Kinship Integrated Service System (LA KISS) child and family to answer the following questions:

Required questions are denoted by (*)

Section 1

1. Enter Care Worker Code *

2. Today's Date *

MM/DD/YYYY

3. First two letters of child's last name: *

4. Last four digits of child's Social Security Number: *

5. Child's Date of Birth: * (MM/DD/YYYY)

6. Enter the Zip Code of the kinship care provider's primary residence.

7. First two letters of primary kinship care provider's last name:

8. Last four digits of primary kinship care provider's Social Security Number:

9. Primary kinship care provider's Date of Birth: (MM/DD/YYYY)

10. How many months has the child been in kinship care?

11. Is this the initial client data form, the six month update, twelve month update, or eighteen month update?

12. How many months has this child been under observation as part of the LA KISS study?

13. If this child is no longer receiving kinship care, why was kinship care terminated?

Section 2

1. What is the status of the primary kinship care provider regarding foster parent certification?

2. What date did the child's current placement begin? (MM/DD/YYYY)

3. What was the desired outcome for the child when placed in the current setting?

4. To what extent are the initial goals of the current placement being achieved?

5. Since the child has been in the state's custody, how many times has the child's placement changed?

6. What is the number of valid and/or inconclusive CANs reports for this child?

7. What is the number of valid and/or inconclusive CANs for this child in the current placement?

8. Are there factors in the current placement which may adversely impact the kinship care child's physical or psychological wellbeing?

- Age of Caregiver
- Lack of Transportation
- Unsanitary living conditions
- Living space relatively small
- Health of Caregiver
- Income of Caregiver
- other

8.b. If other, please specify.

9. Gender of the primary kinship care provider

10. On a scale of 1 to 5 where 1 represents extremely poor health and 5 represents excellent health, rate the physical health of the primary kinship care provider. Take into consideration factors such as mobility, pain, and energy level, which affect the primary care givers ability to perform the physical tasks of care giving for a kinship care child?

Section 3

1. Is child in the appropriate education environment?

2. What is the child's grade placement?

3. What type of educational environment is the child currently placed in?

4. Does the child have experience in the juvenile justice system including FINS?

5. If the child has a criminal record, what was the nature of the offense?

Section 4

1. What is the highest level of education completed by the primary income earner in the household?

2. Is the primary income earner currently employed?

3. How many hours a week does the primary income earner work?

Round to the nearest whole number. Example Answer: 25

4. What is the weekly gross income, excluding government assistance, of the primary income earner?

Round to the nearest whole number. Example Answer: \$401

\$

5 What is the weekly gross income, excluding government assistance, of the kinship care household?

\$

6. In the past six months, what is primary type of support the kinship care child has received from the biological parents?

7. In dollar terms, how much child support does the family receive?

\$

8a. Do the primary care provider or primary income earner receive services from Louisiana Rehabilitative Services (LRS)?

8b. What type of assistance does the person receive from Louisiana Rehabilitative Services (LRS)?

Section 5

1. What is the highest level of education completed by the primary kinship caregiver?

If the primary caregiver is the primary income earner, skip to section 6 question 1.

2. Is the primary caregiver currently employed?

3. How many hours a week does the primary caregiver work outside the home?

Section 6

1. How much money is the family receiving each month as a foster care board payment?

\$

2. In dollar terms, how much public assistance (including Social Security SSA or SSI, Food Stamps, unemployment benefits or any other government program) did the kinship care family receive each month prior to the kinship care child's placement?

\$

3. In dollar terms, how much public assistance (Including OFS Kinship care grant, Social Security, Food Stamps, unemployment, or any government program) does the kinship care family receive each month since the child was placed in this particular placement?

\$

4.a. Public assistance for the kinship care family began on what date? (MM/YYYY)

4.b. Public assistance for the kinship care family ended on what date? (MM/YYYY)

Write "Present" if family still receives some form of public assistance.

5. How much financial assistance, in dollar terms, does the kinship care family receive each month in the following forms of assistance:

Food Stamps

\$

Kinship Care

\$

Child Care Assistance

\$

FITAP (Cash Program)

\$

Social Security (SSA, SSI) and Pension Benefits

\$

Utility Assistance

\$

Rental Assistance

\$

6. For each of the following programs, check the box if the kinship care family received a particular form of government assistance in the past, but no longer receives those benefits.

- Food Stamps
- Kinship Care
- Child Care Assistance
- FITAP
- Medicaid
- Utility Assistance
- Rental Assistance

7. For the Following Programs record the month and year the kinship care family began and/or ended participation in the following programs. Write as, "Began MM/YYYY Ended MM/YYYY". If currently enrolled write as, "Began MM/YYYY Ended Present".

STEP

Began MM/YYYY

Ended MM/YYYY

EITC

Began MM/YYYY

Ended MM/YYYY

IDA

Began MM/YYYY

Ended MM/YYYY

Transportation

Began MM/YYYY

Ended MM/YYYY

Uniforms

Began MM/YYYY

Ended MM/YYYY

Child Care

Began MM/YYYY

Ended MM/YYYY

Mental Health Counseling

Began MM/YYYY

Ended MM/YYYY

Anger Management

Began MM/YYYY

Ended MM/YYYY

Parenting Classes

Began MM/YYYY

Ended MM/YYYY

Substance Abuse Counseling

Began MM/YYYY

Ended MM/YYYY

Medicaid

Began MM/YYYY

Ended MM/YYYY

8. For each program, check the box if the program was successfully completed.

- Mental Health Counseling
- Anger Management
- Parenting Classes
- Substance Abuse Counseling