

**JPO/DRS IV-E DATA FORM**INITIAL REFERRAL ☐UPDATE/CHANGE ☐TERMINATION ☐DRS DOCKET # 

CHILD NAME: \_\_\_\_\_ J.P.O #: \_\_\_\_\_  
 SSN: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ CITIZEN: Y \_\_\_\_ N \_\_\_\_  
 RACE: Amlnd \_\_\_\_ Asian \_\_\_\_ Blk \_\_\_\_ Cauc \_\_\_\_ Hisp \_\_\_\_ Other \_\_\_\_  
 PHYSICAL, MENTAL, EMOTIONAL HANDICAP: Y \_\_\_\_ N \_\_\_\_ Unknown \_\_\_\_  
 BORN OUT OF WEDLOCK? Y \_\_\_\_ N \_\_\_\_ Unk \_\_\_\_ If yes, was paternity established? Y \_\_\_\_ N \_\_\_\_ Unk \_\_\_\_  
 IS CHILD FROM A WELFARE HOUSEHOLD? Y \_\_\_\_ N \_\_\_\_ UNKNOWN \_\_\_\_  
 WHOSE HOME DID CHILD LEAVE? NAME/RELATIONSHIP: \_\_\_\_\_  
 DATE OF DETENTION: \_\_\_\_\_ PLACEMENT DATE: \_\_\_\_\_ COURT ORDER DATE \_\_\_\_\_  
 NAME/ADDRESS OF PLACEMENT FACILITY: \_\_\_\_\_ PER DIEM \_\_\_\_\_

INCOME/RESOURCES AVAILABLE TO THE CHILD:  
 COURT-ORDERED SUPPORT: \$ \_\_\_\_\_ Wkly \_\_\_\_\_ BiWkly \_\_\_\_\_ Mthly \_\_\_\_\_  
 COUNTY/STATE ORDER ESTABLISHED \_\_\_\_\_  
 SOCIAL SECURITY BENEFITS: \$ \_\_\_\_\_ Who is the child's representative payee? \_\_\_\_\_  
 UNDER WHOSE SOC. SEC. ACCOUNT #: \_\_\_\_\_  
 S.S.I. (Disability) BENEFITS: \$ \_\_\_\_\_ Rep. payee? \_\_\_\_\_  
 CHILD'S EARNINGS: \$ \_\_\_\_\_ Frequency? \_\_\_\_\_  
 CHILD'S ASSETS (bank accts., vehicles, bonds, stocks, etc.): \_\_\_\_\_

MEDICAL INSURANCE:  
 IS THE CHILD COVERED BY PARENT'S MEDICAL INSURANCE? Y \_\_\_\_ N \_\_\_\_  
 DENTAL INSURANCE? Y \_\_\_\_ N \_\_\_\_  
 IF YES, NAME PARENT: \_\_\_\_\_  
 TYPE OF INSURANCE: \_\_\_\_\_ GROUP/I.D. #: \_\_\_\_\_  
 FULL ADDRESS OF CLAIMS OFFICE: \_\_\_\_\_

HOUSEHOLD MEMBERS: Please include all members of the removal household, (mother, father, paramour, etc.) Include all children. Example: Jane Doe – Mother, John Doe – Child, Father – absent

Name	D.O.B.	Name	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEPRIVATION: Please list the deprivation of the child that was removed from the home:

1.) Death (Mother or Father) 2.) Absence (Mother or Father) 3.) Unemployment of Primary Wage Earner (if both bio-parents or adopt-parents are in the home) 4.) Underemployment of Primary Wage Earner (if both bio-parents or adopt-parents are in the home) 5.) Incapacity/Disabled – Explain (if a parent is disabled, please explain disability – receives SSI or SSD)

DEPRIVATION: \_\_\_\_\_

**HOUSEHOLD MEMBERS: (INCLUDE WAGE EARNING ADULTS IN HOUSEHOLD)**

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<b>PARENT/CARETAKER:</b>	<b>FATHER</b>	<b>MOTHER</b>	<b>STEP PARENT (FOR IV-E DETERMINATION ONLY)</b>
<b>Name – L, F, M</b>			
<b>Birth Date:</b>			
<b>SSN:</b>			
<b>Race:</b>	Amlnd Asn Blk Wh His Other	Amlnd Asn Blk Wh His Other	Amlnd Asn Blk Wh His Other
<b>Deceased?</b>	Y ___ N ___ Unk ___	Y ___ N ___ Unk ___	Y ___ N ___ Unk ___
<b>Address/Phone:</b>			
<b>Employer:</b>			
<b>Employer Address/Phone</b>			
<b>Income Verification:</b>	___ W-2 ___ Paystub	___ W-2 ___ Paystub	___ W-2 ___ Paystub
<b>Earnings (Monthly Gross):</b>	\$ /month	\$ /month	\$ /month
<b>Unemployment Comp:</b>	\$ /month	\$ /month	\$ /month
<b>Workers' Comp:</b>	\$ /month	\$ /month	\$ /month
<b>Veteran Benefits:</b>	\$ /month	\$ /month	\$ /month
<b>Social Security – SSD:</b>	\$ /month	\$ /month	\$ /month
<b>Social Security – SSI:</b>	\$ /month	\$ /month	\$ /month
<b>Vehicles: (Year/Model) List all</b>			N/A
<b>Current Checking:</b>	\$	\$	N/A
<b>Current Savings:</b>	\$	\$	N/A
<b>Bonds/Stocks:</b>	\$	\$	N/A
<b>Day Care Expenses:</b>	\$	\$	\$

TERMINATION: (To be completed at time of discharge from placement) Notice sent to DRS: \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_; Returned to home of \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother

ADDRESS: \_\_\_\_\_; Emancipated \_\_\_ Y \_\_\_ N

JUVENILE PROBATION OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

Information on this form reflects month of: \_\_\_\_\_