

### LUCAS COUNTY CHILDREN SERVICES REFERRAL TO INITIATE RELATIVE PAYEE CASE

Sent: \_\_\_\_\_

DATE: \_\_\_\_\_

CASEWORKER: \_\_\_\_\_ EXT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

#### PLACEMENT/CUSTODY DATE

PLEASE IDENTIFY TYPE OF CUSTODY AND DATE:

Agreement for Temp. Custody (ATC)    Exparte    Interim    Temporary    Legal    Permanent

DATE LCCS RECEIVED CUSTODY: \_\_\_\_\_

OR

DATE RELATIVE RECEIVED CUSTODY: \_\_\_\_\_

#### NAME OF RELATIVE BEING REFERRED (MUST RESIDE IN LUCAS COUNTY)

DATE CHILD(REN) WERE PLACED WITH RELATIVE: \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

IF THIS RELATIVE HAS AN ACTIVE PUBLIC ASSISTANCE CASE, LIST CASE NUMBER: \_\_\_\_\_

#### RELATIONSHIP TO THE CHILD IS:

- |                                      |                                      |                                     |                                       |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> PARENT      | <input type="checkbox"/> SISTER      | <input type="checkbox"/> STEPSISTER | <input type="checkbox"/> NEPHEW       | <input type="checkbox"/> HALF SISTER                  |
| <input type="checkbox"/> GRANDPARENT | <input type="checkbox"/> STEPPARENT  | <input type="checkbox"/> UNCLE      | <input type="checkbox"/> NIECE        | <input type="checkbox"/> FIRST COUSIN                 |
| <input type="checkbox"/> BROTHER     | <input type="checkbox"/> STEPBROTHER | <input type="checkbox"/> AUNT       | <input type="checkbox"/> HALF BROTHER | <input type="checkbox"/> FIRST COUSIN<br>ONCE REMOVED |

- ANY PERSON OF PRECEDING GENERATION DENOTED BY PREFIX OF "GRAND," "GREAT-GRAND," "GREAT," "GREAT-GREAT," AND "GREAT-GREAT-GREAT"
- ANY PERSON WHO LEGALLY ADOPTED THE CHILD OR ADOPTED THE CHILD'S PARENT, OR THE NATURAL CHILDREN OR OTHER ADOPTED CHILDREN OF SUCH PERSON
- MARRIED SPOUSE OF ANY PERSON NAMED HEREIN, EVEN THOUGH THE MARRIAGE HAD BEEN TERMINATED BY DEATH OR DIVORCE
- PATERNAL RELATIVES OF AN OUT-OF-WEDLOCK CHILD, PROVIDED THAT THE FATHER MEETS ONE OF THE DEFINITIONS OF A PARENT.

#### NAME OF CHILD(REN) PLACED WITH RELATIVE

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

#### IS THIS CHILD(REN) CURRENTLY ACTIVE ON AN ADC CASE

YES      NO      IF YES, LIST CASE NUMBER \_\_\_\_\_

CASE NAME \_\_\_\_\_ SS# \_\_\_\_\_

This form should always be attached to JFS 7200 (rev 9/2014.) The caseworker completes LCCS 1164 and the relative completes and signs the JFS 7200. When both are completed, they are submitted to the JFS Outstation Worker.