

# **CWS3000.1W Foster Care New Worker Guidance**

## **LEARNER HANDOUTS Day 2**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

---



## THE DILIGENT SEARCH CHECKLIST

*This can be used as a guide to assist efforts in finding relatives and absent parents. The following is a list of resources:*

- ☐ Parent, Guardian, or Prior Custodian
- ☐ CPS Staff
- ☐ Guardian ad litem, CASA
- ☐ Internet Search Engines:
  - [www.whitepages.com/14493/](http://www.whitepages.com/14493/)
  - [www.whowhere.com](http://www.whowhere.com)
  - [people.yahoo.com](http://people.yahoo.com)
  - [www.people-search-global.com](http://www.people-search-global.com)
  - [www.usa-people-search.com](http://www.usa-people-search.com)
  - [www.free-people-search-engines.com/](http://www.free-people-search-engines.com/)
  - [www.uslocate.com/](http://www.uslocate.com/)
  - [www.people-search-engines.com/](http://www.people-search-engines.com/)
  - [www.zabasearch.com](http://www.zabasearch.com)
- ☐ Social Services Records
- ☐ SPIDeR
- ☐ Social Security Administration:
  - Death Index
  - Letter Forwarding
- ☐ Department of Motor Vehicles
- ☐ Child Support Enforcement
- ☐ Hospitals
- ☐ Prison Locator Services
  - [www2.vipnet.org/cgi-bin/vadoc/doc.cgi](http://www2.vipnet.org/cgi-bin/vadoc/doc.cgi)
  - [www.ancestorhunt.com/prison\\_search.htm](http://www.ancestorhunt.com/prison_search.htm)
- ☐ Court Records
- ☐ Homeless Shelters
- ☐ Phone Directory
- ☐ Employment Records
- ☐ Military Information Locators:
  - Retirement Benefits
  - Letter Forwarding
- ☐ Veteran's Administration

*The following form may be given to birth parents and prior custodians to assist with locating relatives and prospective placement options.*

**RELATIVES/FRIEND CONTACT INFORMATION**

**Mother's FULL Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Father's FULL Name:** \_\_\_\_\_

Paternity Established                      Yes                      No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The following persons are related to me, the other parent and/or my children:

**MATERNAL RELATIVES (MOTHER)**

<b>MOTHER</b>	<b>FATHER</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<b>GRANDMOTHER</b>	<b>GRANDFATHER</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<b>SISTER</b>	<b>BROTHER</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:

<b>AUNT</b>	<b>UNCLE</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
<b>Legal Custodian or Other Interested Persons</b>	<b>Legal Custodian or Other Interested Persons</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):

**PATERNAL RELATIVES (FATHER)**

<b>MOTHER</b>	<b>FATHER</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<b>GRANDMOTHER</b>	<b>GRANDFATHER</b>

Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<b>SISTER</b>	<b>BROTHER</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
Email:	Email:
<b>AUNT</b>	<b>UNCLE</b>
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
<b>Legal Custodian or Other Interested Persons</b>	<b>Legal Custodian or Other Interested Persons</b>
Name:	Name:

Address:	Address:
Phone(s):	Phone(s)

*The information listed is true to the best of my knowledge. I understand this information may be used in an attempt to identify a placement for my child(ren).*

Printed Full Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_

**The Diligent Search Checklist and above form are found in Appendix C of the Foster Care policy manual.**

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
**ABSENT PARENT/PATERNITY INFORMATION**

Handout E-2

CREATE NEW \_\_\_\_\_ OR UPDATE \_\_\_\_\_

MUST HAVE VACIS CASE # FOR CREATE OR ANY OF \*FIELDS FOR UPDATE

6 NEW AP FOR EXISTING CASE: \_\_\_\_\_

1 *VACIS CASE#:		2 *APID#:		3 *MPI#:		4 *SSN#:	
5 *CHILD CLIENT ID#:							
7 *ABSENT PARENT LAST NAME:				FIRST:		MIDDLE:	
ALIAS NAME: LAST				FIRST:		MIDDLE:	
8 ADDRESS:				9 WHEN CURRENT:			
10 CITY:		11 STATE:				12 ZIP:	
13 COUNTRY:				14 FOREIGN POSTAL CODE:			
4 SSN:		15 DOB:		16 AGE:		17 SEX:	
18 RACE:		19 BIRTH CITY/20 STATE/21 COUNTRY:					
22 TELEPHONE#:				23 GOOD CAUSE:			
24 AP CURRENT RELATIONSHIP TO CASE NAME:				25 OCCUPATION:			
26 EMPLOYER:				27 AS OF DATE:			
28 ADDRESS:				29 TELEPHONE:			
30 CITY:				31 STATE:			
32 ZIP:				33 DOES ABSENT PARENT RECEIVE BENEFITS? YES NO UNKNOWN			
34 IF YES, WHICH TYPE:				35 BRANCH:			

ABSENT PARENT OCCUPATION DATA

ABSENT PARENT MILITARY DATA

ABSENT PARENT BANK DATA

NOTES:

**BOLD FIELDS ARE REQUIRED FIELDS.**

DOUBLE ASTERISK FIELD (\*\*) DATA IS TO BE ENTERED IN COMMENT AREA OF MAPPER 501 SYSTEM.

ABSENT PARENT MOTOR VEHICLE/DRIVER'S LICENSE DATA			
40 VEHICLE LICENSE NUMBER	41 STATE	**MAKE:	**MODEL:
**DRIVER'S LICENSE NUMBER IF DIFFERENT THAN SSN:			
ABSENT PARENT CRIME/CONVICTIONS DATA			
42 ANY CRIME/CONVICTIONS?	43 TYPE:	44 ENTER JAIL DATE:	
45 JAIL CITY/COUNTY:		46 STATE:	
47 IS ABSENT PARENT CURRENTLY ON PROBATION OR PAROLE?			
ABSENT PARENT FATHER/MOTHER DATA			
48 FATHER'S LAST NAME:	FIRST:	MIDDLE:	
49 ADDRESS:			
50 TELEPHONE #:	51 CITY:	52 STATE:	53 ZIP:
54 COUNTRY:		55 FOREIGN POSTAL CODE:	
56 MOTHER'S LAST NAME:	FIRST:	MIDDLE:	
57 ADDRESS:			
TELEPHONE #:	CITY:	STATE:	ZIP:
COUNTRY:		FOREIGN POSTAL CODE:	
ABSENT PARENT EMERGENCY CONTACTS			
58 LAST NAME:	FIRST:	MIDDLE:	
59 ADDRESS:		60 RELATIONSHIP: 61 TELEPHONE #:	
62 CITY:	63 STATE:		64 ZIP:
LAST NAME:	FIRST:	MIDDLE:	
ADDRESS:		RELATIONSHIP: TELEPHONE #:	
CITY:	STATE:		ZIP:
LAST NAME:	FIRST:	MIDDLE:	
ADDRESS:		RELATIONSHIP: TELEPHONE #:	
CITY:	STATE:		ZIP:

NOTES: **BOLD FIELDS ARE REQUIRED FIELDS.** DOUBLE ASTERISK FIELD (\*\*) DATA IS TO BE ENTERED IN COMMENT AREA OF MAPPER 501 SYSTEM.

<b>**ABSENT PARENT - SCHOOLS ATTENDED</b>		
<b>**SCHOOL NAME:</b>	<b>**LOCATION:</b>	<b>**WHEN ATTENDED:</b>
<b>**SCHOOL NAME:</b>	<b>**LOCATION:</b>	<b>**WHEN ATTENDED:</b>
<b>**ABSENT PARENT - PLACES OF SOCIAL CONTACT</b>		
<b>**</b>		

65 MEM#	66 CHILD'S BIRTH CITY	67 CHILD'S BIRTH STATE	68 PAT. ACK.	69 DOES AP HAVE MED. INS. FOR CHILD/REN	70 INS. NAME INS. #	71 COURT NAME	72 COURT ORDER #	73 TERMS 74 TYPE	75 COURT EFF. DATE	76 AMOUNT ORDERED

MEM#	77 LAST AMOUNT PAID	78 LAST AMT. PAID DATE	79 PAYMENT FREQUENCY	80 PAID TO:	81 MULTIPLE ORDERS	MOTHERS MARITAL ST. AT CHILD'S BIRTH

NOTES:

**BOLD FIELDS ARE REQUIRED FIELDS.**

DOUBLE ASTERISK FIELD (\*\*) DATA IS TO BE ENTERED IN COMMENT AREA OF MAPPER 501 SYSTEM.

I certify that the information given is true and accurate to the best of my knowledge.

Recipient/Custodial Parent Signature\_\_\_\_\_



**DIVISION OF CHILD SUPPORT ENFORCEMENT SERVICES REFERRAL**

AGENCY USE ONLY	
Program Code (Put Code Below for Each Child) 1 = TITLE IV-E Non-Maintenance Child Case 2 = Medicaid Case	Locality Name/FIPS
	Locality Case Number
	Worker Name/Telephone Number
	DCSE Case Number
Date	

**Applicant/Custodial Parent/Custodial Agency Information**

Name (Last, First, Middle)	Date of Birth	SSN	Sex	Race
Mailing Address	City/Town	State/Zip	Home Phone #	
Employer Name, Address, Employer's Phone #				

Code	Child's Name	Child's Social Security Number	Child's Date of Birth	Relationship to Applicant

**Division of Child Support Enforcement (DCSE) Services**

I have elected to cooperate or must cooperate as a condition of my Medicaid eligibility with DCSE. Medicaid recipients are entitled to receive full services, but may choose to receive the partial services described below.

DCSE Full Services:

- o locating any legal/potentially legal parent of the child and the source/location of income/assets.
- o establishing paternity, if needed, for the child born during a time when the parents were not married.
- o establishing, enforcing and collecting for you and the child current or past due support, including medical support, from anyone who has a legal duty to support the child.
- o endorsing and cashing checks and money orders or other forms of payment which are made out to you for support payments, issuing you checks from the State Treasurer, and providing receipts to the payor.

DCSE Partial Services:

DCSE will not pursue financial support but will pursue medical support, which may involve locating absent parents and establishing paternity (as shown above).

I only want partial services for \_\_\_\_\_.  
(Name of Child)

Note: Child Support services will continue after a Medicaid case closes unless the recipient of services requests that DCSE close the case.

Applicant/Custodial Parent/Custodial Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ABSENT PARENT/PATERNITY INFORMATION FORM

FORM NUMBER - 032-03-0501-06-eng

PURPOSE OF FORM - This form is used to obtain identifying information about absent responsible persons of children eligible for TANF.

USE OF FORM - Absent parent information is usually collected by the eligibility worker during an ADAPT interactive interview. When absent parent/paternity information is not entered into ADAPT during the interactive interview, an Absent Parent/Paternity Information form must be used to collect the absent parent information.

The form is not to be completed for an SSI child or a child ineligible for TANF because of the family cap provision. Application for SSI and “capped” children must be made directly with the Division of Child Support Enforcement.

NUMBER OF COPIES - Original only.

DISPOSITION OF COPIES – Enter the information obtained into ADAPT.

INSTRUCTIONS FOR PREPARATION OF FORM – The eligibility worker should complete pages 1 – 3 of this form with the assistance of the applicant/recipient. Page 4 is not required in TANF cases. The applicant/recipient must be advised of what he is attesting to when signing the certification statement.

Fields identified in bold are required fields. Data in double asterisk fields (\*\*) must be entered in the “Optional Comment” area of Screen 2 of the ADAPT Absence Deprivation/paternity 501 screens.

In the absence of a face-to-face interview, i.e., when adding a child to the assistance unit between renewals, the form can be completed by the worker during a phone interview and sent to the client to sign or the form can be sent to the caretaker to be completed and returned.

Upon receipt of the completed form, the information must be entered into ADAPT which transmits the information to the Division of Child Support Enforcement (DCSE) through the ADAPT/APECS interface.

# Virginia Birth Father Registry Request to Search Form

Handout E-3

The Virginia Birth Father Registry does not establish paternity. The registration may be used to help establish paternity. Code of Virginia § 63.2-1250 requires child-placing agency or adoptive parent(s) to give notice of when a child has been placed in foster care, prior to a proceeding regarding a child to a registrant who has timely registered.

## Instructions:

Review each section on pages 1 & 2 and complete all items by printing or typing the information. If an item is not known, enter "unknown." If the item does not apply, enter "N/A" (not applicable).

Mail the notarized, signed form to the Virginia Department of Social Services, Virginia Birth Father Registry, 5600 Cox Rd, Glen Allen, Virginia 23060.

If you have questions, contact the Virginia Birth Father Registry at 1-877-433-2339 or [birthfatherregistry@dss.virginia.gov](mailto:birthfatherregistry@dss.virginia.gov).

Name of Person Requesting Search			
Agency Name/Law Firm			
Street Address	City	State	Zip Code
Phone Number:	Fax Number:	Email Address:	

**Select status to search the Registry. Information in the Virginia Birth Father Registry is confidential and may be released upon request to:**

- ☐ Mother of the child
  - ☐ Attorney representing a party in an adoption, custody, or paternity proceeding
  - ☐ A party to an adoption, custody, or paternity proceeding
  - ☐ Attorney representing a party in a termination of parental rights proceeding
  - ☐ A party to a termination of parental rights proceeding
  - ☐ Child Placing Agency/Local Department of Social Services
- Purpose of search request: ☐ At initial foster care placement ☐ For adoption/TPR
- ☐ Court or person designated by the court
  - ☐ Other State Putative (Birth) Father Registry
  - ☐ Support Enforcement
  - ☐ Child's guardian ad litem

I certify that I am authorized as selected from the list above as a person or representative of an agency to request a search of the Virginia Birth Father Registry.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date of Signature

State \_\_\_\_\_

City/County \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

# Virginia Birth Father Registry Request to Search Form

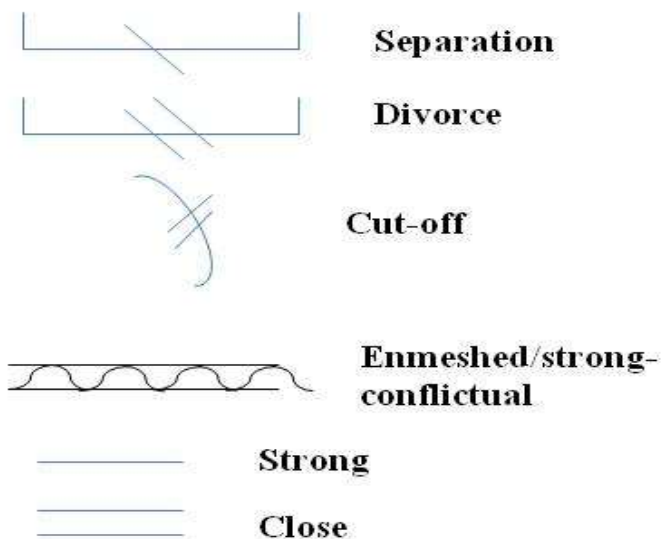
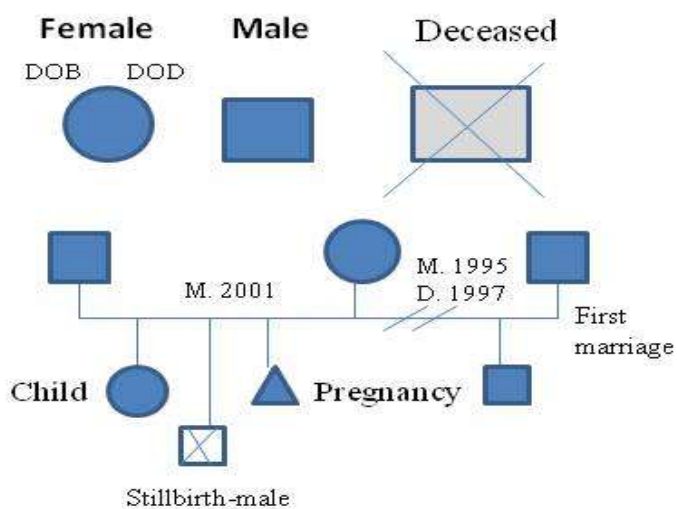
**Complete the information below to search the Virginia Birth Father Registry.**

VDSS only conducts searches for the Virginia Birth Father Registry. If the birth and/or conception occurred in another state, the requestor must request a search of the putative father registry in the other state. The Virginia Birth Father Registry Program Specialist is available to assist in obtaining contact information for a putative father registry in another state by calling 1-877-433-2339.

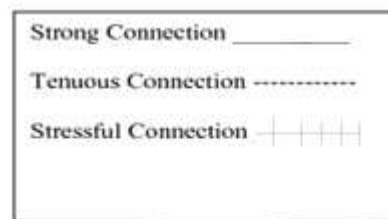
VDSS will mail the certificate and findings of the search using the United States mail, or other arrangements can be made at the requestor's expense.

PUTATIVE (BIRTH) FATHER'S INFORMATION				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth (Month/Date/Year):	Social Security Number:*	Driver's License Number:	State that issued Driver's License:	State ID Number:
Proof of Legal Residence Type:	Number:	Ethnicity:	Race:	
Permanent Home Address				
Street:		City:	State:	Zip Code:
Current Mailing Address				
Street/P.O. Box:		City:	State:	Zip Code:
Telephone number:	Email address:	Employer:	Occupation:	
Father's Physical Description (optional response):				
Height: ___ ft. ___ in.	Weight: ___ lbs.	Hair Color:	Eye Color:	Identifying Marks:
State of Conception: (i.e. VA, NC, MD)	Location of Conception of Child (i.e. City)	Dates of Possible Conception: _____		
MOTHER'S INFORMATION				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth(Month/Date/Year): or approximate age	Social Security Number:*	Driver's License Number:	State that issued Driver's License:	State ID Number:
Permanent Home Address				
Street:		City:	State:	Zip Code:
Current Mailing Address				
Street/P.O. Box:		City:	State:	Zip Code:
Telephone number:	Email address:	Employer:	Occupation:	
Mother's Physical Description (optional response):				
Height: ___ ft. ___ in.	Weight: ___ lbs.	Hair Color:	Eye Color:	Identifying Marks:
CHILD'S INFORMATION (if known)				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth (Month/Date/Year):	Estimated due date of mother:	Gender:	Child's place of birth (City and State)	Hospital where the birth occurred:

# Genogram Legend

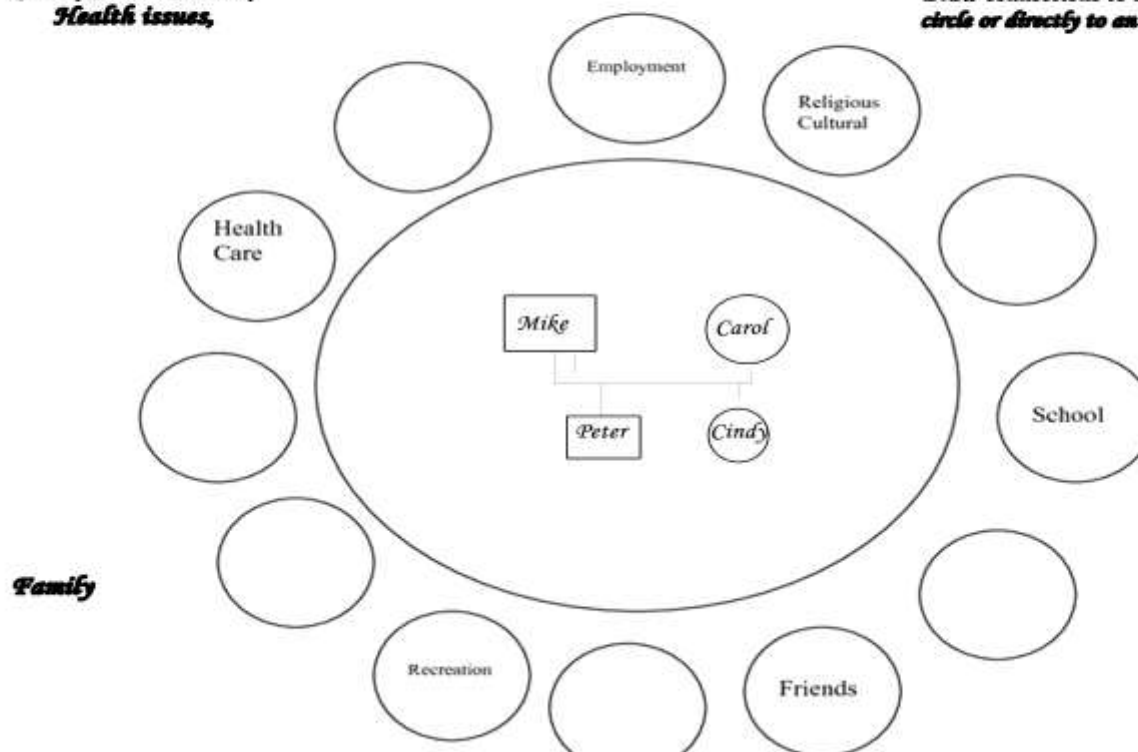


## Members of the Family Network



*Note stressors such as  
Court, Social Service,  
Health issues,*

*Draw connections to either outside family  
circle or directly to an individual*





## APPLICATION USER GUIDE

# Accessing Genogram JOB AID

## Introduction

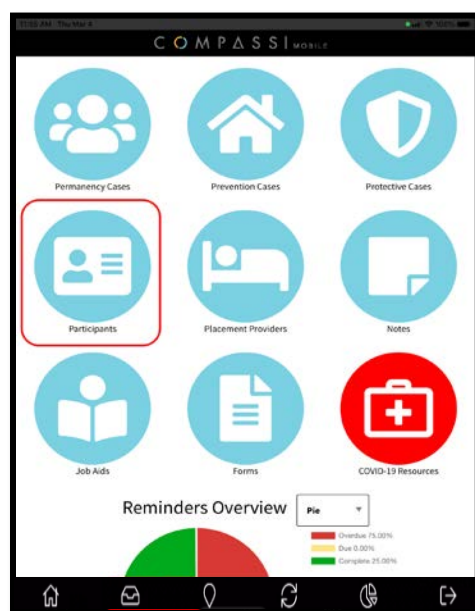
The Genogram module in COMPASS|MOBILE provides Family Services Specialists the ability to create a visual presentation of relationships while working in the field with families and children/youth. The tool will support the presentation of any participant associated with a case in OASIS. The Genogram module can be found in the Context Menu at the Participant level of the case (Permanency, Prevention, and Protective).

## Purpose

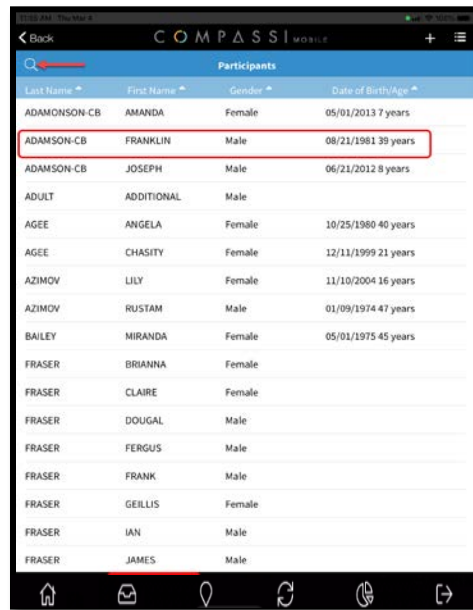
This document illustrates and explains how to access Genogram from the Participant and Case icon in COMPASS|MOBILE.

## Accessing Genogram via Participants Icon

1. From the home screen, tap on the Participant icon to access the participant list.



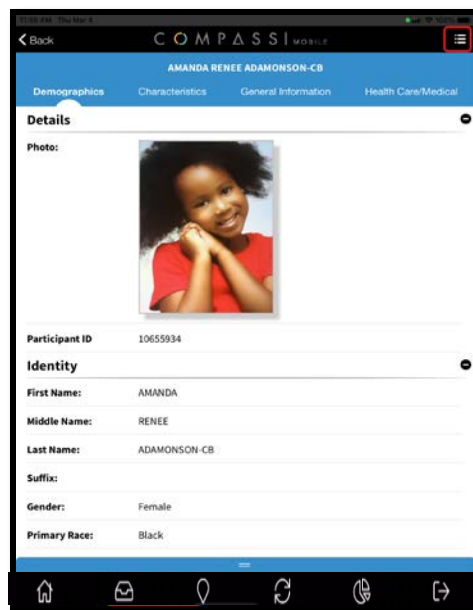
2. From the Participant list, search (magnifying glass) or scroll to populate the case participant. Tap the participant.



The screenshot shows the 'Participants' screen in the COMPASS MOBILE app. A table lists participants with columns for Last Name, First Name, Gender, and Date of Birth/Age. The participant 'ADAMSON-CB FRANKLIN' is highlighted with a red box.

Last Name	First Name	Gender	Date of Birth/Age
ADAMSON-CB	AMANDA	Female	05/01/2013 7 years
ADAMSON-CB	FRANKLIN	Male	08/21/1981 39 years
ADAMSON-CB	JOSEPH	Male	06/21/2012 8 years
ADULT	ADDITIONAL	Male	
AGEE	ANGELA	Female	10/25/1980 40 years
AGEE	CHASITY	Female	12/11/1999 21 years
AZIMOV	LILY	Female	11/10/2004 16 years
AZIMOV	RUSTAM	Male	01/09/1974 47 years
BAILEY	MIRANDA	Female	05/01/1975 45 years
FRASER	BRIANNA	Female	
FRASER	CLAIRE	Female	
FRASER	DOUGAL	Male	
FRASER	FERGUS	Male	
FRASER	FRANK	Male	
FRASER	GEILLIS	Female	
FRASER	IAN	Male	
FRASER	JAMES	Male	

3. From the participant default screen, tap the Context Menu.

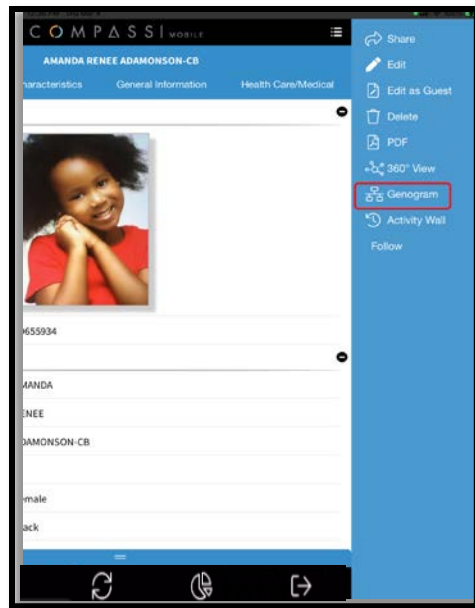


The screenshot shows the participant detail screen for 'AMANDA RENEE ADAMSON-CB'. The 'Details' section includes a photo. The 'Identity' section displays the following information:

Identity	
First Name:	AMANDA
Middle Name:	RENEE
Last Name:	ADAMSON-CB
Suffix:	
Gender:	Female
Primary Race:	Black

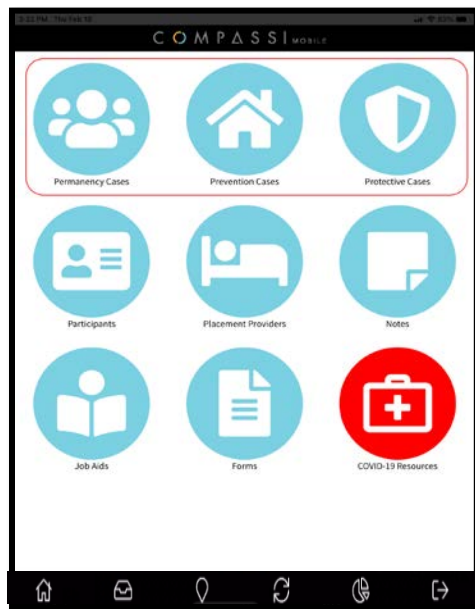
4. From the Context Menu, tap Genogram.



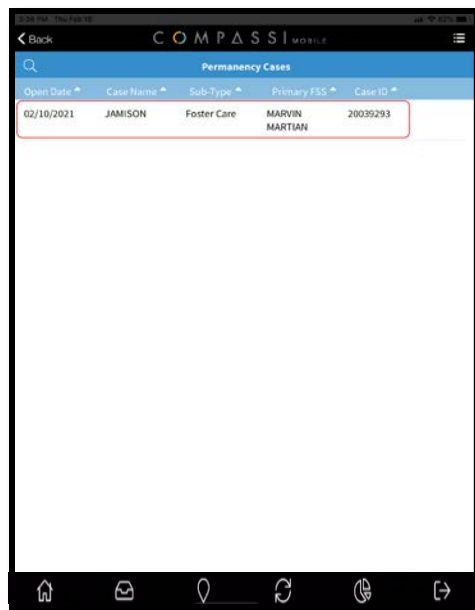


## Accessing Genogram via Case Icon

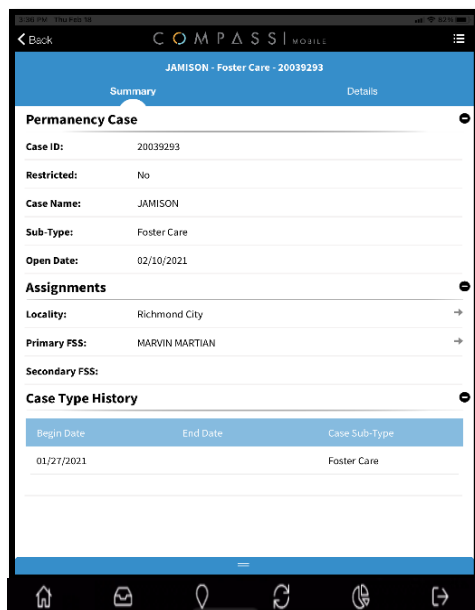
- From the home screen, tap on the case icon for the case that you would like to update.



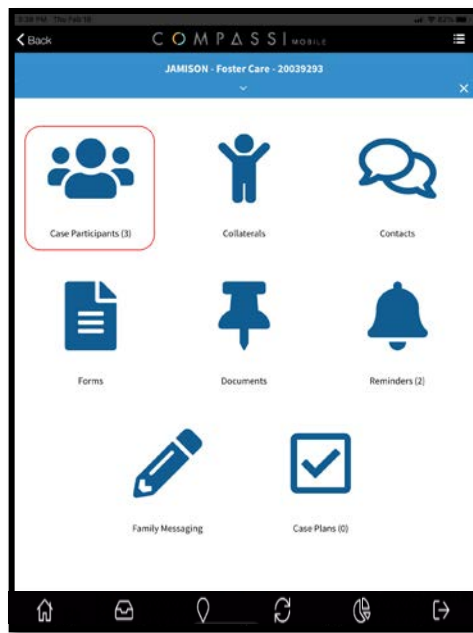
- Tap on a case from the case list screen.



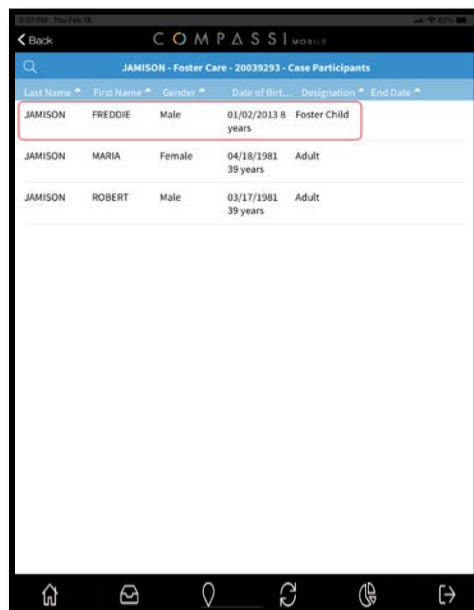
7. When the case opens, the case summary page displays.



8. Open the tray, and then tap the Case Participants icon.



9. To add/or edit a Participant relationship, tap a Participant from the list screen.



10. The Participant detail page displays.

The screenshot shows the 'COMPASS MOBILE' app interface. At the top, there's a 'Back' button and the app name. Below the header, the participant's name 'FREDDIE L JAMISON' is displayed. The main section is titled 'Participation Details' and contains the following information:

Person:	FREDDIE L JAMISON	→
Date of Birth/Age:	01/02/2013	
Gender:	Male	
Designation:	Foster Child	
Non-Participating Member:	No	
Locality of Service:	Richmond City	→
Start Date:	01/27/2021	
End Date:		

At the bottom, there is a navigation bar with icons for Home, Messages, Location, Refresh, and other functions.

11. Tap the gray arrow, the Participant record will display.

The screenshot shows the 'COMPASS MOBILE' app interface with the participant's record displayed. The record is organized into several sections:

- Legal Custody**
  - Date: 01/27/2021
- Court Information**
  - Last Court Date: 01/27/2021
  - Type: ERO
  - Goal: To Be Determined
  - Next Court Date: 02/04/2021
- Current Placement**
  - Provider: LDSS Home - jon smythe →
  - Begin Date: 01/27/2021
  - Status Begin Date: 01/27/2021
  - Status Type: Regular
- Current Planned Temporary Absence**
  - Begin Date:
  - Resource Type:
  - Other:

The bottom navigation bar remains the same as in the previous screenshot.

12. Tap on the Context Menu. Then tap on Genogram from the menu.

