

## SOUL Family Legal Permanency AFCARS Data

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_ **FACTS Case Number:** \_\_\_\_\_

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: \_\_\_\_\_
- SOUL Family Legal Permanency Finalization Date: \_\_\_\_\_
- Length of time child has been with family: \_\_\_\_\_
- SOUL Family Legal Permanency Completed (Check One):

Within State (KS)-WIS     Another State (Out of State)-ANS     Another Country (Outside US)-ANC

<b>Primary Custodian's Relationship to the Child:</b>  <input type="checkbox"/> Foster Parent and Relative – B <input type="checkbox"/> Step Parent and Relative – C <input type="checkbox"/> Foster Parent – F <input type="checkbox"/> Non-related Kin – K <input type="checkbox"/> Relative – R <input type="checkbox"/> Step Parent – S <input type="checkbox"/> Other – O	<b>Primary Custodian's Family Structure:</b>  <input type="checkbox"/> Married Couple – MAC <input type="checkbox"/> Married but living separate or legally separated -SEP <input type="checkbox"/> Single Female – SIF <input type="checkbox"/> Single Male – SIM <input type="checkbox"/> Unmarried Couple – UMC
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**1. Primary Custodian's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White – WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
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**Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known:** \_\_\_\_\_

**2. Other Custodian's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

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<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
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**Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:** \_\_\_\_\_

**3. Other Custodian's Name(s):** \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
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**Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:** \_\_\_\_\_

**4. Other Custodian's Name(s):** \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
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**Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:** \_\_\_\_\_

**5. Other Custodian's Name(s):** \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

**SOUL Family Legal Permanency  
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<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White – WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
<b>Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____</b>	

❖ *To be completed and submitted to DCF upon finalization of a SOUL Family Legal Permanency, regardless of if the family receives subsidy.*

