



# TRIPLE I FOLLOW UP ACTION

State Form 53424 (R4 / 4-16)  
DEPARTMENT OF CHILD SERVICES

## INSTRUCTIONS:

1. Local Office Staff shall complete this form when a Triple I Check (Emergency Relative Name Based Search) is completed on a relative/kinship placement household member being considered as an emergency out of home placement option and any of the below is true;
  - a. There were no child(ren) placed by DCS into the home of the subject of the check, for any period of time, after the completion of the Triple I, then the subject should NOT be instructed to fingerprint. The FCM shall complete this form and submit within five (5) business days per the instruction in 2 below.
  - b. The child(ren) was placed with the subject of the check after the completion of the Triple I check, but the child(ren) have been removed from the subject's home due to the subject's refusal to complete the required fingerprinting process within five (5) business days after the Triple I Check was done.
  - c. The child(ren) was placed with subject of the check after completion of the Triple I check, but the child(ren) is no longer in the home of the subject. The subject is refusing to follow through with fingerprinting or the local office cannot locate the subject of the check.
  - d. If the subject was fingerprinted successfully for the purpose of emergency out of home placement, but the name and/or Date of Birth on the fingerprint status letter generated from INKless for the purpose of emergency out of home placement does not match the name and/or Date of Birth as it appears on the Triple I Clean Up Report.
  - e. Other reasons as needed for the removal of a subject from the Triple I Clean Up Report when it becomes necessary (ex. Subjects that were called in error).
2. Please submit this completed form to DCS Central Office Background Check Unit (COBCU) by scanning and e-mailing at [TripleIFollowUp@dcs.in.gov](mailto:TripleIFollowUp@dcs.in.gov). If e-mail is unavailable, fax to DCS Central Office Background Check Unit (317) 232-1567.

1.County in which the local DCS Office is located who requested the Triple I	2.DCS region number	3.Date Follow Up form completed (mm/dd/yy)
4.Name of DCS staff who requested Triple I		5.Date Triple I called in (mm/dd/yy)
6.Name of subject of the check as appears on Triple I Clean Up Report	7.If successfully printed, Name as it appears on the INKless Results Letter	
8.Date of birth as it appears on the Triple I Clean Up Report (mm/dd/yy)	9.If successfully printed, Date of birth as it appears on the INKless Results Letter (mm/dd/yy)	
10. Did Indiana DCS place the child in the home in which the subject resides? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<p><b>IF NO</b>, stop and submit to DCS Central Office Background Check Unit as instructed above.</p> <p><b>IF YES, COMPLETION OF FINGERPRINTS IS REQUIRED.</b> Once fingerprints have successfully been completed, indicate the differences in the name and/or date of birth in question 7 and 9 above. Note the completion of printing in the comments below with the date on the fingerprint status letter generated from INKless for the purpose of emergency out of home placement. Submit this form as instructed above.</p> <p>IF YES, and fingerprints have not been successfully completed, continue with the remainder of the form.</p>		
11. Is the child currently residing in the same home as the subject of the check? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<p><b>IF YES, COMPLETION OF FINGERPRINTS IS REQUIRED.</b> If the subject of the check fails to complete the printing requirement within the five (5) business day deadline, the child must be removed per IC 10-13-3-27.5(b)(2) and the refusal by the subject must be documented below.</p> <p>IF NO, and the child is not longer placed, there is still the requirement to complete the fingerprint check because the child was placed for a period of time. If the subject fails to complete the printing due to any reason, document at least three (3) different attempts to request printing and/or locate the subject below. Add additional clarification in the comment section and submit as instructed above.</p>		
<b>Documented Communication Efforts to Obtain Fingerprints</b>		<b>Dates (mm/dd/yy)</b>
Home Visit:		
Telephone / Text:		
E-Mail / US Postal Mail:		
Other:		
Comments: (Use this space to document any additional information you feel necessary to explain why the subject should be removed from the Triple I Clean Up Report. Include the date the child was removed from the home if the subject refused to cooperate.)		