



**INTERAGENCY AGREEMENT:
DEPARTMENT OF CHILD SERVICES / COURT / PROBATION DEPARTMENT**

State Form 53242 (10-07) / CW 3342

This agreement exists among the _____ Department of Child Services (DCS), _____ Court
of _____ County (the Court) and the _____ County Juvenile Probation Department (Probation).

1. This agreement is effective on the date stated at the end of the document, and shall remain in effect until terminated or superseded by a later agreement.
2. This agreement may be terminated by either party by written notice to the other party, effective not less than thirty (30) days after the date of transmittal of the notice. This agreement may be amended at any time by written agreement signed by the parties.
3. As used in this agreement, "IV-E" means Title IV-E of the Federal Social Security Act, 42 U.S.C. 670 et seq. When the Court determines that a child who is alleged to be a delinquent child under any provision of IC 31-37 will be removed from the child's home and placed in another home or shelter care facility pursuant to a dispositional decree or a modification thereto, the Court will notify the DCS and provide to the DCS the information, specified in Attachment D. The DCS will make a preliminary Title IV-E eligibility determination for the child within five (5) working days after receipt of the necessary information, and will promptly notify the Court of the determination.
4. The DCS will be responsible for the following:
 - (a) Monitoring and providing oversight of the federally mandated services listed in this agreement that are performed by Probation for any child for whom IV-E reimbursement is provided;
 - (b) Entering data regarding the delinquent child for whom the DCS is responsible for the cost of any services into the Indiana Child Welfare Information System (ICWIS) and maintaining that record;
 - (c) Participating in case consultations, staffings, court hearings, and other case-specific meetings regarding permanency for the child;
 - (d) Preparing and presenting to Probation and the Court a permanency plan which meets all IV-E requirements for every IV-E eligible child;
 - (e) Performing all tasks and assignments listed in Attachment A, unless modified by any provision of Attachment C.
5. Probation will be responsible for the following:
 - (a) Supervising placement and care of the delinquent child, in compliance with all orders of the Court;
 - (b) Assisting the Court in providing information to the DCS, as specified in Attachment D;
 - (c) Participating in case consultations, staffings, court hearings, and other case-specific meetings;
 - (d) Providing to the DCS all case information necessary for completion of a permanency plan that meets IV-E requirements;
 - (e) Performing all tasks and assignments listed in Attachment B, unless modified by any provision of Attachment C.
6. Both Probation and the DCS will have access to all information about the child contained in their respective case files.
7. Probation agrees to make available to the DCS the following pertinent information about the IV-E eligible child:
 - (a) Copies of all case records necessary to enable the department to document compliance with requirements under the Title IV-E State Plan;
 - (b) Copies of court docket sheets and all pleadings, orders, reports, or other court documents filed in the case;
 - (c) Information concerning initial placement and any change(s) in placement within five (5) days of the placement or change;
 - (d) Information concerning any change in the child's circumstances that affect placement and/or eligibility within seven (7) days of the change.

Date (month, day, year)		
Name of local Department of Child Services		By
Name of county Juvenile Probation Department		By
Court	County	By (Judge)

COPIES TO:

Probation (month, day, year)	Court (month, day, year)	DCS (month, day, year)	Central Office CEU (month, day, year)
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**ATTACHMENT A: LIST OF TASKS AND ASSIGNMENTS TO BE PERFORMED BY
THE LOCAL DEPARTMENT OF CHILD SERVICES (DCS)**

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1. File, or assure that a person authorized under IC 31-35-2 files, a Termination of Parent-Child Relationship (TPR) petition, if filing is required pursuant to The Act, Section 475(5)(E) and 45 CFR 1356.21(i).
2. Complete the following documentation and verifications needed to screen and process the child's IV-E FC eligibility:
 - (a) Determine the child's initial IV-E FC eligibility by establishing the child's eligibility for Aid to Families with Dependent Children (AFDC) as the program was in effect on 7/16/96.
 - (b) Prepare and maintain documentation verifying any child support orders and support payment history of the parent(s).
3. Complete a written Case Plan document within sixty (60) days of the child's placement, and include in it the following:
 - (a) Description of the type of home or institution in which the child is placed;
 - (b) Discussion of how the placement satisfies the requirements for a safe placement in the least restrictive setting in close proximity to the child's parent's home and the appropriateness to the child's best interests and special needs;
 - (c) Assurance that supervision will be provided to ensure that the child receives safe and proper care;
 - (d) Assurance that services are being provided to the parents, the child, and the foster parents to achieve the goal of the permanency plan;
 - (e) Assurance that the child either will be returned to his own safe home or placed in another permanent living arrangement;
 - (f) Assurance that the child's needs are addressed while the child is in foster care;
 - (g) Assurance that services provided to the child are appropriate;
 - (h) Assurance that the child's health and education records are maintained and kept up-to-date;
 - (i) A description of the programs and services provided for the preparation of a child over the age of 14 (when appropriate) for independent living;
 - (j) Documentation of the steps necessary to finalize the permanency plan.
4. Review and update Case Plan at least once every 180 days during a periodic case review conducted by the court, and include the following documentation:
 - (a) Determination of the child's safety;
 - (b) Continuing necessity and appropriateness of placement;
 - (c) A summary of the progress;
 - (d) Target date by which the child may be returned home.
5. Implement the child's permanency plan as follows:
 - (a) Assure that the permanency hearing is scheduled and held within thirty (30) days of the judicial determination that reasonable efforts for reunification with the child's parent(s) are not required, or no later than 360 days after the date of the child's initial placement.
 - (b) Attend the permanency hearing.
 - (c) Implement an updated permanency plan at least once every 360 days and document that reasonable efforts have been made to finalize a permanency plan, with court review and approval once every 360 days, and include the following:
 - (1) When reunification is the goal, the permanency plan must describe the reasonable efforts made to reach this goal.
 - (2) When reunification is not the goal, the permanency plan must describe the reasonable efforts made to obtain another permanent living arrangement.

ATTACHMENT B: LIST OF TASKS AND ASSIGNMENT TO BE PERFORMED BY THE COUNTY JUVENILE PROBATION DEPARTMENT

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1. Review the placement of the delinquent child.

- (a) Determine that the child is placed in a properly licensed foster family home, relative home, or licensed child caring facility.
- (b) Ensure that a recommendation is made for consideration by the Court concerning the placement chosen.

2. Termination of Parent-Child Relationship (TPR), if required

- (a) Submit to the DCS a recommendation concerning whether a petition should be filed under IC 31-35-2 by the end of the 15th month of the child's continuous out-of-home placement, or by the end of the 15th of the most recent 22 months of out-of-home placement.
- (b) Submit to the DCS a recommendation as to whether a TPR petition should be filed under IC 31-35-2 within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not required because a parent has been convicted of one of the felonies listed in Indiana Code 31-34-21-5.6(b)(1), (2), or (3).
- (c) If a petition for TPR will not be filed in accordance with 45 CFR 1356.21(i), document in the case file the compelling reason or reasons for determining that filing for TPR would be contrary to the welfare or not in the best interest of the individual child.

3. Document the following items needed to screen and process IV-E FC eligibility:

- (a) the child is under age 18 (eighteen);
- (b) the child is a US citizen or legal alien;
- (c) the child resided with a specified relative within the six (6) months prior to the month of removal from the home; and the name, address, and relationship of every other adult with whom the child lived during the six (6) months prior to the month of removal and the dates the child lived with the adult(s);
- (d) the amount of gross income (earned and unearned) and the value of the resources (assets) of both the family and the child for the month of removal;
- (e) the child is deprived of parental support by virtue of the death, absence, mental or physical incapacity of a parent, or by the un-employment or under-employment of the principal wage-earning parent to the extent that the parent cannot support the needs of the child;
- (f) the amount of the child's gross income and the amount of the child's resources (assets), and that the child continues to be deprived of parental support for the re-determination of the child's AFDC eligibility which is required 180 days following the child's initial placement and every subsequent 180 days during placement;
- (g) signed and dated copies of all applicable court orders have been maintained;
- (h) verification that all household members' names, ages, Social Security numbers, and relationships to one another have been prepared and maintained, and copies of available birth certificates and Social Security cards have been obtained;
- (i) verification that the health insurance providers and policy numbers applicable to the child's insurance coverage have been prepared and maintained;
- (j) verification that the child's placement(s) and the date(s) of placement(s) have been prepared and maintained;

4. Obtain, in the first court order that authorizes the child's removal from home, child-specific findings and conclusions that continuation in the home is or would be contrary to the welfare of the child or that placement is in the best interest of the child.

Include and maintain in the case file explicit documentation supporting the initial judicial determination that continued residence in the home is or would be contrary to the welfare of the child, or that placement would be in the best interest of the child.

5. Document reasonable efforts to prevent removal of the child from the home.

- (a) Provide appropriate services for the child and the family to prevent the need for placement outside the home.
- (b) Obtain a judicial determination, included in a court order entered within 60 days of the child's physical removal from the home, that reasonable efforts to prevent placement were made or were not required.
- (c) Document any and all child-specific reasonable efforts made to prevent removal, or describe the emergency situation that prevented making reasonable efforts.
- (d) If reasonable efforts are not required due to certain legal determinations regarding the parent(s), then document, based on the court's findings in the order approving removal, that:
 - (1) a parent has been convicted of one of the crimes listed in Indiana Code 31-34-21-5.6(b)(1), (2), or (3); or
 - (2) the parental rights of the parent to a sibling of the child have been terminated involuntarily.

**ATTACHMENT B: LIST OF TASKS AND ASSIGNMENT TO BE PERFORMED BY
THE COUNTY JUVENILE PROBATION DEPARTMENT (*continued*)**

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6. Complete and maintain the Predispositional Report(s).
 - (a) Document the needs of the child for care, treatment, rehabilitation, or placement.
 - (b) Include the recommendation for the care, treatment, rehabilitation and/or placement of the child.
7. Complete the Case Plan document for the child within five (5) days of placement. Include:
 - (a) Address(es) and phone number(s) of each caregiver and parent/guardian;
 - (b) Agency contact person;
 - (c) Child's placement history;
 - (d) Child's health summary and medical insurance information;
 - (e) Child's educational records;
 - (f) Description of child's special needs for education, discipline, and child care;
 - (g) Plan for visitation between child and parent(s).

**ATTACHMENT C: MODIFICATIONS MADE TO THE ALLOCATION OF
TASKS AND ASSIGNMENTS OUTLINED IN ATTACHMENTS A AND B**

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ATTACHMENT D: FINANCIAL ELIGIBILITY INFORMATION

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I. DEMOGRAPHIC INFORMATION			
Full name of child		Date of birth <i>(month, day, year)</i>	
Race of child <i>(attach copy of birth certificate)</i>		Social Security number of child <i>(attach copy of Social Security card)</i>	
Name of person(s) with whom child is placed <i>(include a copy of child's placement order)</i>		Date of placement <i>(month, day, year)</i>	
Address of person(s) with whom child is placed <i>(number and street, city, state, and ZIP code)</i>			
Name of child's school		Grade in which child is enrolled	
Address of child's school <i>(number and street, city, state, and ZIP code)</i>			
Date adjudicated as a delinquent <i>(month, day, year)</i>		Cause number	
INFORMATION ON CHILD'S PARENTS			
Name of father		Date of birth <i>(month, day, year)</i>	Race
Address <i>(number and street, city, state, and ZIP code)</i>			
Telephone number ()		Social Security number	
Name of mother		Date of birth <i>(month, day, year)</i>	Race
Address <i>(number and street, city, state, and ZIP code)</i>			
Telephone number ()		Social Security number	
Are legal parents married to one another? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of marriage <i>(month, day, year)</i>		If divorced, date of divorce <i>(month, day, year)</i>
Location of divorce		Cause number	
Court ordered to pay support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date ordered <i>(month, day, year)</i>		Amount
Frequency	Date last paid <i>(month, day, year)</i>		Is support paid: <input type="checkbox"/> Directly <input type="checkbox"/> Through clerk's office
If never married, was paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date <i>(month, day, year)</i>		Cause number
County and state in which ordered			
Ordered to pay support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date ordered <i>(month, day, year)</i>		Amount
Frequency	Date last paid <i>(month, day, year)</i>		Is support paid: <input type="checkbox"/> Directly <input type="checkbox"/> Through clerk's office
PLEASE LIST ALL HOUSEHOLD MEMBERS AND THEIR RELATIONSHIP TO THE CHILD			
NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH <i>(month, day, year)</i>	SOCIAL SECURITY NUMBER
<i>Please provide information regarding additional household members on another sheet of paper and attach.</i>			

ATTACHMENT D: FINANCIAL ELIGIBILITY INFORMATION (continued)

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I. DEMOGRAPHIC INFORMATION (continued)		
PERSON WITH WHOM CHILD WAS RESIDING AT MONTH OF REMOVAL FROM HIS/HER HOME		
Name	Relationship to child (provide proof through birth certificates, when possible)	
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Does this person have legal guardianship or custody of child? (Will need court order) <input type="checkbox"/> Yes <input type="checkbox"/> No	How long had the child resided there?
If the child lived with the previous person less than six (6) months, please provide with whom the child resided previous to the last address, relationship of this person, and the address of that residence. ----- ----- -----		
INFORMATION ON CHILD'S GRANDPARENTS (please provide as much information as possible)		
Name of paternal grandfather	Telephone number ()	
Address (number and street, city, state, and ZIP code)		
Name of paternal grandmother	Telephone number ()	
Address (number and street, city, state, and ZIP code)		
Name of maternal grandfather	Telephone number ()	
Address (number and street, city, state, and ZIP code)		
Name of maternal grandmother	Telephone number ()	
Address (number and street, city, state, and ZIP code)		
II. EMPLOYMENT, INCOME, AND RESOURCE INFORMATION		
Are parents employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list employer's name, address, telephone number, hours per week and pay per hour. Please provide all applicable information. Send State Form 37968 / FI 0065, Request for Earnings Information <u>with signature of Employee to Employer, and attach a copy.</u>	
Father - Name of company		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Pay per hour or salary per week	Hours per week
Mother - Name of company		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Pay per hour or salary per week	Hours per week
Step-parent - Name of company		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Pay per hour or salary per week	Hours per week
Is step-parent paying support to children outside home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much per month or week?

ATTACHMENT D: FINANCIAL ELIGIBILITY INFORMATION (continued)

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II. EMPLOYMENT, INCOME, AND RESOURCE INFORMATION (continued)				
Does child's parent(s), step-parent, or any other person carry health insurance on the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete the information below. If more than one person carries insurance, please provide the information below for all health insurance policies. <u>Attach a copy of insurance card or send verification form, State Form 45379 / OMPP 3510, Request for Medical Resource Information.</u>		
Name of insurance company				
Address (number and street, city, state, and ZIP code)				
Telephone number ()		Social Security Number of person carrying insurance		Health insurance policy number
Does child or parent receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, you must indicate type of income and provide amount, frequency, and attach verification for each person in the household.		
	CHILD	PARENT	AMOUNT	FREQUENCY
Child Support				
Retirement / Pension				
Disability / Sick benefits from employer				
Military allotment				
Railroad benefits				
Retirement, Survivor, Disability Insurance (RSDI) from Social Security				
Supplement Security Income (SSI) from Social Security				
Unemployment Compensation Benefits (UCB)				
VA benefits				
Other (including, but not limited to, working in exchange for goods or services, contributions of money, loans, or payment of bills)				
DOES THE CHILD OR PARENT HAVE ANY OF THE FOLLOWING RESOURCES? (attach verification)				
Whole life insurance for any household member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of owner		Cash surrender value
Name of insurance company				
Address (number and street, city, state, and ZIP code)				
Telephone number ()		Policy number		
Bank or credit union account for any household member? (Including, but not limited to, checking, savings, Christmas clubs, certificates of deposit, money and/or market accounts.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of financial institution				Telephone number ()
Address (number and street, city, state, and ZIP code)				
Name(s) on the account				
Type of account	Account number		Value	
Type of account	Account number		Value	
Please provide information regarding additional accounts, including financial institution, name(s) on account, account numbers, types of accounts, and values on another sheet of paper and attach.				

ATTACHMENT D: FINANCIAL ELIGIBILITY INFORMATION (continued)

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II. EMPLOYMENT, INCOME, AND RESOURCE INFORMATION (continued)**DOES ANY HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING RESOURCES? (attach verification)**

Does any household member have any of the following resources? (attach verification)

☐ Yes ☐ No

	OWNER	VALUE
Stocks		
Bonds		
Mutual Funds		
IRA		
Annuities		

Are there any trust funds?

☐ Yes ☐ No

If yes, for whom?

Value (attach verifications)

Is the trust fund accessible without a court order?

☐ Yes ☐ No**LIST THE YEAR, MAKE, AND MODEL FOR ALL MOTOR VEHICLES FOR WHICH A HOUSEHOLD MEMBER'S NAME APPEARS ON THE REGISTRATION OR TITLE**

OWNER	MAKE	MODEL	YEAR OF VEHICLE	VEHICLE IDENTIFICATION NUMBER

Signature of probation officer

Date (month, day, year)

Printed name of probation officer