

## AFCARS Data

0618299999 test123, test123

Items in Blue are automatically entered by the system.

The item numbers will not necessarily be sequential and as you enter data more questions may appear that require answers.

1. State	Michigan
2. Report Period Date	3/31/2008
3. Local Agency FIPS Code	26082
4. Record Number	CMT History
5. Most Recent Periodic Review and Date of Review	Adjudication 2/1/2007
6. Date of Birth	1/1/1990
7. Sex	Male
8. Race	White, Not Hispanic
9. Hispanic Origin	Not Hispanic
10. Child Diagnosed with Disabilities	<input type="radio"/> Yes <input checked="" type="radio"/> No
16. Has Child Ever Been Adopted	<input type="radio"/> Yes <input checked="" type="radio"/> No
18. Date of First Removal from Home	3/31/2007
19. Total Number of Removals	1
<i>If total number of removals is greater than 1, you must enter a discharge date for last removal.</i>	
20. Discharge Date from Last Episode	3/31/2007
<i>If total number of removals is equal to 1, the date of latest removal should be the same as the date of first removal from home.</i>	
21. Date of Latest Removal	3/31/2007
23. Placement Date in Current Setting	10/23/2007
24. Number of Previous Settings in Episode	1
25. Manner of Removal for Episode	Court Ordered
<i>Items 26 - 40 are conditions associated with the latest removal of the child. Number 34 is always selected. One other of these must be selected in addition to Number 34.</i>	
26. Physical Abuse	Yes
27. Sexual Abuse	No
28. Neglect	Yes
29. Parent Alcohol Abuse	No
30. Parent Drug Abuse	No
31. Child Alcohol Abuse	No
32. Child Drug Abuse	No
33. Child's Disability	No
34. Child's Behavior Problem	Yes

35. Death of parent

No

36. Incarceration of Parent

No

37. Caretaker Inability to Cope

No

38. Abandonment

No

39. Relinquishment

No

40. Inadequate Housing

No

41. Current Placement Setting

02 - Relative Home

42. Out of State Placement

No

43. Most Recent Case Plan Goal

06 - Independent Living

44. Caretaker Family Structure

Married Couple

45. First Principal Caretaker Birth Year

1979 YYYY

46. Second Principal Caretaker Birth Year

YYYY

47. Date of Termination of Mother's Parental Rights

48. Date of Termination of Father's Parental Rights

*If the current placement setting is Adoptive Home, Relative Home or Family Foster Home then the questions in the following section must be answered (unless not applicable).*

50. First Foster Caretaker's Birth Year

0 YYYY

First Foster Caretaker's Sex

Male

51. Second Foster Caretaker's Birth Year

0 YYYY (must be left blank if Foster Family Structure is Single Male or Single Female)

Second Foster Caretaker's Sex

Please Select

Select all that apply:

- ☒ American Indian or Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Unable to determine

52. First Foster Caretaker's Race

53. First Foster Caretaker's Hispanic Origin

No

Select all that apply (not applicable if Foster Family Structure is Single Male or Single Female):

- ☐ American Indian or Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Unable to determine

54. Second Foster Caretaker's Race

55. Second Foster Caretaker's Hispanic Origin

(Not applicable if Foster Family Structure is Single Male or Single Female)

Not Applicable

56. Date of Discharge from Foster Care

0 - Not applicable

58. Reason for Discharge from Foster Care

NOTE: If child was NOT discharged from foster care during reporting period select "Not applicable"

*At least one of the following must be selected.*

59. Title IVE (Foster Care)

No

60. Title IVE (Adoption)

No

61. Title IVA (TANF)

No

62. Title IVD (Child Support)

No

63. Title XIX (Medicaid)

No

64. SSI or other Social Security

No

65. None of Above

Yes

66. Amount of Monthly Foster Care Payment

Narrative: