ADDL - Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific person in the system. If a "Y" is displayed in the DIR column, directions have been added on the address detail.

```
CAFSADDL                        ADDRESS LIST                 08/04/2005     9:56
USER ID : CS4566                                                PAGE NO:    1
CAPS ID : 00002081    46     NAME: HARTLEY, JESSICA

TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE

     START
SEL  DATE     ACT TYP  ADDRESS                CITY                ST   DIR
 _  08/01/05   Y   R  1119 GLACIER PARK HOM  ZIEGLAR              MT    Y

                                                                   PATH:
```

ADDD - Address Detail

This screen is used to display, modify or add information about an address for a specific person in the system. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSADDD                        ADDRESS DETAIL              08/04/2005     9:57
USER ID : CS4566   MODIFY
CAPS ID : 00002081    46     NAME: HARTLEY, JESSICA

                       LAST UPDT: 08/04/2005 BY: CS4566   REYNOLDS, MARY
ADDRESS TYPE  : R    RESIDENCE (PHYSICAL)
WHOSE ADDRESS : BMR  BIRTH MOTHER
ADDRESS LINE1 : 1119 GLACIER PARK HOMES
        LINE2 :
CITY          : ZIEGLAR
STATE         : MT    ZIP CODE : 59721 -
FOREIGN ADDR  :
COUNTRY       :                           CANADIAN PROV:
COUNTY        : 46  SHERIDAN
TELEPHONE     : 406 682-9186

START DATE    : 08/01/2005    END DATE : 99/99/9999

DIRECTIONS    : THIS AREA CAN BE USED TO ENTER DIRECTIONS, ADDITIONAL PHONE
              : NUMBERS, OR TO IDENTIFY POTENTIALLY DANGEROUS SITUATIONS.
              :

                                                                     PATH:
```

ADOD - Adoption Detail

This screen is used to add, modify or display adoption placement information for a specific client. Central Office staff will also use the bottom portion of the screen to enter additional adoption details as well as adoption subsidy request information.

```
CAFSADOD                    ADOPTION DETAIL                 04/08/2011     9:55
USER ID : CS4566   MODIFY
CAPS ID : 00001229     00    NAME: HARRIS, MELISSA
PROVIDER NUMBER  : 0001048  001  REYNOLDS MARY
         ADDRESS : 1311 BIG HORN RD
CITY/STATE/ZIP   : HELENA               MT 59602 7612  PHONE:
FOREIGN ADDRESS  :
COUNTRY          :                       CANADIAN PROVINCE:
PLACEMENT DATE   : 01/01/2011            FINALIZATION DATE: 01/01/2011
PARENT1 - REL BEFORE ADOPT: MAA MATERNAL AUNT      FOSTER PRT: Y SINGLE PRT: Y
PARENT2 - REL BEFORE ADOPT:                        FOSTER PRT:
LGL RISK AGREE: N DT:            RSN:
PLACE  AGREE  : Y DT: 12/15/2010
SPECIAL NEEDS (Y/N):  Y PRIMARY BASIS SPECIAL NEEDS: 4 MEDICAL CONDITIONS OR M
COMMENTS:

EXIT DATE: 99/99/9999  EXIT REASON:
----------------------HISTORICAL DATA FOR THIS ADOPTION-----------------------
NBR OF SIBLINGS  :                    SUBSIDY REQUESTED: Y  04/05/2011
NBR IN ADOPT SYS :                    SUBSIDY APPROVED : A  04/08/2011
DISSOLUTION DATE :                    SUBSIDY INITIATED: N


                                                                      PATH:
```

CLID - Client Detail

This screen is used to display, add or modify detailed information about a specific client. This screen is required before any placements and services can be entered for the client. Required fields include CLNT CATEGORY, FINANCIAL CNTY, BIRTH DATE, ETHNICITY, and HSPNC ORGN. BIRTHMOTHER MARRIED AT TIME OF BIRTH, and PREVIOUSLY ADOPTED are also required for client category of CH (Child). Most of the information on this screen is display only, and is defaulted in from other screens.

```
CAFSCLID                          CLIENT DETAIL                 04/07/2010    10:57
USER ID : CS4566   MODIFY
CAPS ID : 00002112    25     NAME: COLBERT, DAWNNA

ADDRESS LINE1 : 204 POWELL                OPEN FOR SERVICE (Y/N) : Y
ADDRESS LINE2 :                                   EFFECTIVE DATE : 01/02/1998
CITY          : HELENA                              CLOSURE DATE : 99/99/9999
STATE/ ZIP    : MT  59624 - 0778          CLNT CATEGORY : CH  CHILD
    TELEPHONE : 406 442-3469              FINANCIAL CNTY: 25  LEWIS & CLARK
WHOSE ADDRESS : PLP PLACEMENT PROVID      PLACEMENT TYPE: OUT OF HOME CARE

HEIGHT     : 4  8     WEIGHT : 105       EMERGENCY CONTACT PHONE: 406 443-6500
HAIR       : BRN BROWN                     NAME : MARY REYNOLDS (AUNT)
EYES       : HZL HAZEL                    BIRTHMOTHER MARRIED AT TIME OF BIRTH: Y
BIRTH DATE : 08/10/1998  AGE :  11        PREVIOUSLY ADOPTED : N   AGE :
ETHNICITY  : CA                           PREGNANT - DUE DATE:
HSPNC ORGN : N                            SPECIAL NEEDS : Y  NUMBER SIBLINGS:  1
RELIGION   : LUT  LUTHERAN                SSN : 158-80-9866
CITIZENSHIP: US   U.S. CITIZEN
SCHOOL  NAME : FOUR GEORGIANS ELEM                EXPECT TO GRAD. BY AGE 19:
CONTACT NAME : GEORGE GLOBE
PHONE : 406 443-9510     DATE ENTERED 08/31/04 - LEFT 99/99/99     GRADE : K

                                                                     PATH:
```

CPHL - Client Placement History List

This screen displays, in reverse chronological order, a history of all placements a client has been in. These placements could be foster care, adoption, guardianship, juvenile detention or juvenile corrections.

```
CAFSCPHL              CLIENT PLACEMENT HISTORY LIST         08/19/2005   13:59
USER ID : CS4566                                                PAGE NO: 001
CAPS ID : 00002117     00    NAME: HARRIS, MELISSA

TO SELECT  ENTER I=INQUIRE, M=MODIFY                TO ADD=F11 + FASTPATH
                                                                        EXIT
S  TYPE  FACILITY    FACILITY / PERSON NAME        START DATE  END DATE   RSN
_  FCARE 0007109 001 MAHONEY SEAN AND SUSANNE      08/01/2005 99/99/9999
_  FCARE 0005018 001 REYNOLDS CURT AND MARY        01/01/2003 08/01/2005  MOV

                                                                   PATH:
```

CREI - CPS Removal Eligibility Information

This screen is used to record the legal information regarding a court ordered or non-court ordered removal. Information includes contrary to welfare language, reasonable efforts and parental or youth agreement details.

```
CAFSCREI        CPS REMOVAL ELIGIBILITY INFORMATION        11/29/2007    13:41
USER ID: C7TR15   MODIFY                                   PAGE NO: 001
CAPS ID: 00001073      00    NAME: SOUTHWICK, TOMMY

                                          EFFECTIVE DATE: 11/01/2007
                                                END DATE: 99/99/9999
 LEGAL INFORMATION
DOES THE INITIAL COURT ORDER SANCTION THE REMOVAL OF THE CHILD FROM THE HOME?
    (CHECK WITH "Y" OR "N")
  Y     1) CONTAINS THE CONTRARY TO WELFARE LANGUAGE
           COURT ORDER EFFECTIVE DATE:  11/01/2007
WERE REASONABLE EFFORT REQUIREMENTS MET WITHIN 60 DAYS OF REMOVAL?
     (CHECK THE OPTION THAT APPLIES WITH "Y" OR "N")
  Y     2A) REASONABLE EFFORTS HAVE BEEN MADE TO PREVENT REMOVAL
           COURT ORDER EFFECTIVE DATE:  11/15/2007
        2B) NO REASONABLE EFFORTS WERE REQUIRED
           COURT ORDER EFFECTIVE DATE:
  OR
VOLUNTARY INFORMATION
        1) THERE IS A    -
            START DATE:                  EXPIRATION DATE:

F11=ADD
FS900018 UPDATE SUCCESSFUL                                        . PATH:
```

CRTL - Court List

This screen displays, in reverse chronological order, a history of court reasons related to a specific client. The effective dates of each court order will display on the list.

```
CAFSCRTL                          COURT LIST                    07/06/2007    10:38
USER ID : CS4566                                                PAGE NO: 001
CAPS ID : 00001300     25    NAME: KOCH, MELISSA

TO DISPLAY, ENTER X: X ACTIVE ONLY  _ ACTIVE AND DELETED  F11, ENTER TYPE:
START FROM:                 COURT REASON:
TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE          EFFECTIVE DATES
SEL TYPE HEAR/FILE DT   REASON      DISPOSITION  STS      FROM         TO
 _   MNE  07/06/2007                              A
 _   CTO  06/03/2007  TPR           MRT FRT       A     07/01/2007  99/99/9999
 _   PET  10/01/2006  PLC           PLC           A     10/01/2006  99/99/9999
 _   PET  06/01/2006  GSP           GSP           A     06/01/2006  12/31/2006
 _   PET  01/05/2006  TIA  TLC      TIA TLC       A     01/01/2006  06/30/2006

                                                                    PATH:
```

CRTD - Court Detail

This screen displays the details of specific court reasons that involve a specific client. Information entered on the screen contains details regarding court orders, petitions, motions/requests, court ordered treatment plans, orders scheduling a hearing and minute note entries.

```
CAFSCRTD                        COURT DETAIL                 05/19/2008    13:26
USER ID : CS4566   MODIFY
CAPS ID : 00001300     00    NAME: KOCH, MELISSA
                                          LAST UPDATED: 01/31/2008 BY:
CAUSE NUMBER        : 01182006MH
TYPE OF COURT DOCUMENT:  CTO                EFFECTIVE DATES OF COURT ORDER
COURT REASON        : EPS  TIA  TLC         FROM : 01/01/2008  TO : 06/30/2008
HEARING/FILING DATE : 01/05/2008
ADJUDICATION DATE   : 01/05/2008                NEXT HEARING DATE : 06/30/2008
COURT DISPOSITION   : EPS  TIA  TLC
DATE ORDER RECEIVED : 02/02/2008
COURT JURISDICTION  : D01253
TRIBAL NOTIFICATION :
COUNTY ATTORNEY ID  :
GUARD AD LITEM ID(1):
GUARD AD LITEM ID(2):

JUVENILE OFFICER ID :
COMMITMENT TYPE     :    DOC COMMITMENT END DATE:

COMMENTS: COMMENTS MUST BE ENTERED IN ORDER TO DELETE A COURT RECORD FROM THE
          CRTL SCREEN.

                                                                      PATH:
```

EDHL - Education History

This screen displays, in reverse chronological order, school history information, including special education details, related to a specific client. Requests for education records can be generated from this screen using the Document Generation (DOCGEN) procedure.

```
CAFSEDHL                        EDUCATION HISTORY              02/08/2010    10:19
USER ID : CS4566   MODIFY                                      PAGE NO: 001
CAPS ID : 00002084    25        NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

SEL----SCHOOL NAME----------------PHONE NUMBER--------CONTACT NAME------------
-----SPED--GRADE---ENTERED DATE--EXIT DATE---CMPL---REQUEST DATE--PROVD DATE--
_ HELENA CAPITAL HIGH SCHOOL      406 449-1234  CALLIE SCHMIDT
     IE    9       09/03/2009   99/99/9999
_ CR ANDERSON MIDDLE SCHOOL       406 443-1100  DANIEL WEBSTER
     IE    8       08/27/2008   05/30/2009   Y
_

_

_

_

_

                                                                    PATH:
```

EMPL - Employment History

This screen displays, in reverse chronological order, a history of employment for a specific person in the system. Provider information is automatically updated by the system when a licensing worker enters the person on PRPD (Provider Person Detail).

```
CAFSEMPL                    EMPLOYMENT HISTORY          08/04/2005    14:26
USER ID : CS4566   MODIFY                                     PAGE NO:   1
CAPS ID : 00002104    25    NAME: ABBOTT, BILLY

TO SELECT, A=ADD, M=MODIFY OR D=DELETE
SEL
_  PROVIDER NUMBER :
   NAME : HOME DEPOT                                     PHONE: 406 443-9832
   ADDR1: 2401 SKYWAY DRIVE                        START DATE: 01/15/2005
   ADDR2:                                            END DATE: 99/99/9999
   CITY : HELENA                 STATE: MT   ZIP CODE: 59602 -
     OCC: LUMBER YARD
  INCOME:                       STATUS: FT  FULL-TIME
  HOURS PER MONTH:
_  PROVIDER NUMBER :
   NAME :                                                PHONE:
   ADDR1:                                          START DATE:
   ADDR2:                                            END DATE:
   CITY :                        STATE:      ZIP CODE:       -
     OCC:
  INCOME:                       STATUS:
  HOURS PER MONTH:

                                                          PATH:
```

EVEL - Event List

This screen displays, in reverse chronological order, a history of events that have taken place on behalf of a specific client. For events that show two dates, the date on the first line is the date the action took place; the date on the second line is the date the worker used on the screen.

```
CAFSEVEL                          EVENT LIST                 08/04/2005    14:53
USER ID : CS4566                                                   PAGE:   1
CAPS ID : 00002084     25    NAME: FURST, EVE

START FROM:                  EVENT CODE:

  DATE      EVENT CODE   SUB CODE  SCREEN NAME                    DESCRIPTION:
06/07/2000      SRV        CNT        CNTD
 A CHV CONTACT WAS MADE ON 06/07/2000 STATUS WAS AT
06/07/2000      RNR        REC        RRD1
 0001023 WAS RECEIVED ON 06/07/2000
06/07/2000      SRV        CNT        CNTD
 A CHV CONTACT WAS MADE ON 06/07/2000 STATUS WAS AT
12/22/1997      SRV        APA        APPD
 APPLICATION TO 0006138001 WAS ACCEPTED ON 12/22/1995 FOR THE SERVICE ADOPTIO
12/22/1997      SRV        APS        APPD
 APPLICATION TO 0006138001 HAS BEEN SUBMITTED FOR THE SERVICE
12/21/1997      SRV        APS        APPD
 APPLICATION TO 0007001001 HAS BEEN SUBMITTED FOR THE SERVICE
12/20/1997      PLC        ENT        PLAD
 PLACEMENT BEGAN ON 12/20/1995 AT 0005005001 JONES


                                                                  PATH:
```

FALL - Facility Approval/Licensing List

This screen displays a history of all license types related to a specific facility. Facilities may be licensed for multiple types of licenses during the same time period. Renewal information for a license will not display until the renewal has been approved. A facility with a PRO (Provisional) license type cannot be paid with IVE funds.

```
CAFSFALL              FACILITY APPROVAL/LICENSING LIST     02/20/2008    10:51
USER ID : CS4566                                           PAGE NO: 001
PROV NO : 0007148  002       PROV NAME: INTERMOUNTAIN
                             FACIL NAME: BRIDGER COTTAGE

TO SELECT, ENTER I=INQUIRE, M=MODIFY,        START FROM:
           D=DELETE, C=COPY OR S=SELECT  FACILITY TYPES:
     FAC   STATUS
SEL  TYP  CUR  PREV APRV APPLICATN   ISSUED   EXPIRATION  RENEWAL   TERMINATION
 _   TGH  REG        Y   12/01/88   03/07/03   01/31/09   02/01/08
 _   TGH  TRM / REG  Y   12/01/88   02/01/03   01/31/04              03/06/03
 _   TGH  REG        Y   12/01/88   02/01/02   01/31/03
 _   TGH  REG        Y   12/01/88   02/01/01   01/31/02
 _   TGH  REG        Y   12/01/88   02/01/00   01/31/01
 _   TGH  REG        Y   12/01/88   02/01/99   01/31/00
 _   TGH  REG        Y   12/01/88   02/01/95   01/31/99   02/01/98

                                                                    PATH:
```

FALD - Facility Approval/Licensing Detail

This screen is used to display, modify or add the details related to a specific license for a facility. License approvals, denials, terminations and renewals are also entered on this screen.

```
CAFSFALD              FACILITY APPROVAL/LICENSING DETAIL    02/26/2007    17:09
USER ID : C84142   MODIFY
PROV NO : 0007109  001       PROV NAME: MAHONEY SEAN AND SUSANNE

LICENSE NAME      : MAHONEY SEAN AND SUSANNE
LICENSE TYPE      : YFH  YOUTH FOSTER HO      ORIENTATION COMPLETE: N
APPROVAL STATUS   : REG  REGULAR              FAIR HEARING STATUS :
APPLICATION DATE  : 09/01/1997            KINSHIP INT OR NIN DATE:
ISSUANCE DATE     : 09/30/1997                FIRE SAFETY DATE    : 09/01/2006
MAX CAPACITY(M/F):   6 /   6  TOTAL:   6      FIRE INS. EXP. DATE :
LICENSED FOR AGES:   0 -                      LIAB INS. EXP. DATE :
RENEWAL DATE      : 09/30/2006        CRIMINAL CHECK  : Y    PROT SERV CHECK: Y
EXPIRATION DATE   : 09/29/2007        DFS33 SENT DATES: 09/01/2006
NEXT REVIEW DATE  : 08/01/2007        DFS33  RECEIVED : Y    DFS33A RECEIVED:
DENIAL DATE :                         REF LETTERS SENT: 06/22/1996  06/22/1996
      REASON:                         RECEIVED DATE   : 06/27/1996  06/30/1996
TERMNTN DATE:                                           07/01/1996  07/11/1996
      REASON:                         NATIVE AMER PREF:
LICENSED FOR: 1 M, 6-9YOA, OR 1 F, 6-13YOA
------------------------------- APPROVALS -----------------------------------
WORKER: C84142   APPR: Y   SUPERVISOR: A    BY: C84142      DATE: 02/26/2007
APPROVAL REQUIRED    : N   R.A.      :      BY:             DATE:
  SHFT+F10=RENEWAL
                                                                   PATH:
```

GARD – Guardianship Detail

This screen is used to enter guardianship placement details for a specific client. This screen cannot be updated until the appropriate court disposition and foster care placement closure reason have been entered. The guardianship provider must also have an approved guardianship license.

```
CAFSGARD              GUARDIANSHIP DETAIL                  07/18/2012    09:25
USER ID : C74142SW  MODIFY
CAPS ID : 00005042     00    NAME: JONES, INDIANA

PROVIDER/FACILITY : 0001010 001  DUQUESNE CALLEIGH & LEONARDO
ADDRESS : 4256 FLOWEREE DR
          HELENA              MT  59602 - 8840        PHONE: 406 431-7454

DATE PLACED WITH GUARDIAN:              07/01/2012
DATE PERMANENCY TEAM DETERMINED THAT GUARDIANSHIP IS THE MOST
APPROPRIATE PERMANENT PLACEMENT :       03/15/2012
DATE OF GUARDIANSHIP DECREE :           07/01/2012
DATE PETITION FOR GUARDIANSHIP FILED :  07/01/2012
COMMENTS:





EXIT DATE:  99/99/9999  EXIT REASON:

                                                                    PATH:
```

IARL - Initial Assessment and Review List

This screen displays, in reverse chronological order, a history of assessments and reviews that have been completed for a specific client.

```
CAFSIARL          INITIAL ASSESSMENT AND REVIEW LIST      08/04/2005    15:15
USER ID : CS4566                                               PAGE NO:   1
CAPS ID : 00002107    25     NAME: ABBOTT, DAWNNA

TO DISPLAY, ENTER X: X  ACTIVE ONLY    _  ACTIVE AND INACTIVE
START FROM:                      REVIEW TYPE:
TO SELECT, ENTER I=INQUIRE OR M=MODIFY - IF F11(ADD), ENTER TYPE:
           OR D=DELETE                          APRV                 RVW
SEL    DATE      TYP    DESCRIPTION             STAT   NEXT REVIEW    STAT
 _  08/01/2005   INA    INITIAL REVIEW/ASSES     A                    A

                                                                  PATH:
```

IARD - Initial Assessment and Review Detail

This screen is used to enter the details related to an assessment or review performed on a specific client. Some review information is automatically generated by the system. This screen is also used when closing a client's case. This screen should be updated with a PGR (Progress Review) if the permanency goals change, prior to running the D427 Foster Care Review.

```
CAFSIARD         INITIAL ASSESSMENT AND REVIEW DETAIL      08/04/2005    15:17
USER ID : CS4566   INQUIRE
CAPS ID : 00002107     25    NAME: ABBOTT, DAWNNA

ASSESSMENT/REVIEW TYPE: INA  INITIAL REVIEW/ASSES
ASSESSMENT/REVIEW DATE: 08/01/2005
PERMANENCY GOAL A     : RTH  REUNIFICATION
DATE PERMANENCY GOAL A ESTABLISHED:  08/01/2005
PERMANENCY GOAL B     : PLA  PLANNED PERMANENT LIVING ARRANGEMENT
DATE PERMANENCY GOAL B ESTABLISHED:  08/01/2005
NEXT REVIEW           :

CLOSURE DATE          :              CLOSURE TYPE:
COMMENTS:



* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
ENTERED BY:
APPROVAL: A   BY: CS4566      DATE APPROVED: 08/04/2005   APPROVER'S COMMENTS:



                                                                      PATH:
```

ICPL – Interstate Compact List

This screen displays, in reverse chronological order, a history of all interstate compact requests for a specific client.

```
CAFSICPL                    INTERSTATE COMPACT LIST          05/29/2007    11:30
USER ID : C84142                                             PAGE NO: 001
CAPS ID : 00002085     25    NAME: WASHINGTON, ABLE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE

     REQUEST                                        RECV    MT  INIT  APRV
SEL   DATE             RESOURCE NAME               STATE   CNTY  RPT   CD
 _  05/29/2007   HARRISON THOMAS                     CO          RHS

                                                                PATH:
```

ICPD - Interstate Compact Detail

This screen is used to enter interstate compact request information for a specific client when the worker is requesting to place the child in an out-of-state placement. If the request is from another state for placement in Montana, Central Office will complete this screen.

```
CAFSICPD                INTERSTATE COMPACT DETAIL          05/29/2007   11:30
USER ID : CB4142   MODIFY
CAPS ID : 00002085     25    NAME: WASHINGTON, ABLE
PLCMT INITIATOR: PUB  PUBLIC AGENCY
SENDING STATE  : MT  MONTANA             COUNTY IF MT: 25  OR CA:
RECEIVING STATE: CO  COLORADO            COUNTY IF MT: 00  OR CA:
PLANNING: CAPS ID: 00002087  OR PROV:          000
FINANCIAL RSP: CAPS ID: 00002087   OR PROV:          000
PLCMT PROV: 0005012 000  OR PERSON:           NAME: HARRISON THOMAS
    ADDRESS: 6010 MILE HIGH AVE
    CITY, ST ZIP: DENVER                 CO  85651 -       PHONE:
TYPE OF CARE: REL         IF REL OR OTHER: MATERNAL UNCLE
IV-E (Y/N): N             IF ADOPTION, SS/RS:
FINANCIAL PLAN: FCP                           IF FCP, DAILY AMT: $  18.49
MEDICAL PLAN  : ELG                     ICPC LEGAL STATUS : SAC
SERVICES REQUESTED:
   INITIAL REPORT : RHS           SUPERVISORY SERVICES: RSA
   SUPERVISORY REPORTS: O         IF OTHER: MONTHLY
RS SUPRV AGENCY: COLORADO DEPARTMENT OF CHILDREN SERVICES
ENCLOSED: CO HS OT SH          OTHER: EDUCATION AND MEDICAL RECORDS
SENDING AGENCY: LEWIS AND CLARK COUNTY CHILD AND FAMILY SERVICES
DATE OF REQUEST: 05/29/2007

                                                                  PATH:
```

ICAD - Interstate Compact Action Detail

This screen displays the Interstate Compact response information for a specific client. Central Office staff will complete the approval/denial portion of the screen. Details such as placement request withdrawn, placement date, progress report received date and compact termination reason can be entered by the worker.

```
CAFSICAD          INTERSTATE COMPACT ACTION DETAIL         12/18/2007    10:43
USER ID : CB4142   MODIFY
CAPS ID : 00002085     00    NAME: WASHINGTON, ABLE

REQUEST RECV DT: 11/01/2007  SENT DT: 11/10/2007   RESPONSE RECV DT: 12/18/2007

APPROVAL/DENIAL: A                          DATE: 12/18/2007
APPROVAL NAME  : KANDICE MORSE
REMARKS:

PLACEMENT REQUEST WITHDRAWN:                DATE:

PLACEMENT DATE:                             PROGRESS RPT RCVD DT:

COMPACT TERMINATION REASON:                           DATE:
     IF LC, NAME:                                      REL:
     IF AF, SS OR RS:
     OTHER:

PERSON SUPPLYING INFO: CB4142   PAULA HOLLING
COMMENTS:

                                                                  PATH:
```

ICWD - ICWA Detail

This screen is used to display, modify or add detailed information on a specific Alaskan Native or American Indian child required for the Indian Child Welfare Act.

```
CAFSICWD                        ICWA DETAIL                    08/04/2005    15:22
USER ID : CS4566   MODIFY
CAPS ID : 00002107    25     NAME: ABBOTT, DAWNNA

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

     TRIB                       TRIBAL    ENROLLMENT                TRIBAL
SEL  CODE  TRIBE NAME           STATUS      NUMBER       VERIF.SENT JURISD
---  ---- -------------------- ------  ---------------  ---------- ------
 _    CC  CHIPPEWA CREE          ENR   CCMT10237        08/04/2005   DEN
 _
 _
 _

LEGAL DOMICILE : ND             NOTIFY MOTHER : Y
                                       FATHER : Y

COMMENTS :
         :

                                                                PATH:
```

MEDS - Medical Summary

This screen is used to record basic health care and medical insurance information for a specific client. Immunization records and health information records can be requested from this screen through the document generation process.

```
CAFSMEDS                        MEDICAL SUMMARY              11/26/2007    14:32
USER ID : CS4566   MODIFY
CAPS ID : 00002084    25     NAME: FURST, EVE

HEIGHT: 5  4    WEIGHT: 120            DISTINGUISHING FEATURES : Y
HAIR  : BRN   BROWN                    MEDICAL/MENTAL DETAIL   (MMHD) : N
EYES  : BLU   BLUE                     PRESCRIPTION MEDICATION (MDTD) : N
BLOOD TYPE: B+   ALLERGIES: N          MRM : N    MEDICAL CASE MGMT : N
PREGNANT - DUE :

PRIMARY PHYSICIAN: MARY REYNOLDS
DATE OF LAST EPSDT SCREEN     :
IMMUNIZATION RECORD REQUESTED :                  PROVIDED :
HEALTH INFORMATION REQUESTED  :                  PROVIDED :


------------------------------------------------------------------ PAGE NO: 001
HEALTH CARE COVERAGE : 973    AMERICAN TRAVELERS LIFE
POLICY NUMBER        : 1234567890      GROUP CERTIFICATION #: 12345678901
POLICY HOLDER CAPS-ID: 00002086        POLICY HOLDER SSN: 001-01-0001
         NAME (L,F,M): WASHINGTON           GEORGE
ISSUED DATE: 01/01/2007    END DATE: 12/31/2007     VERIFIED DATE: 03/10/2007
SHFT+F10=ADD ADDITIONAL INSURANCE
                                                                      PATH:
```

MIHL – Medicaid Issuance History List

The MIHL screen displays the CHIMES ID and Medicaid issuance that is received from the CHIMES system. If the client received any Medicaid issuance on CHIMES a "Year" will display and the "Month" will be set to a "Y". Medicaid issuance information will interface until the client's 21st birthday and the screen will only display up to 10 years of issuance history.

```
CAFSMIHL              MEDICAID ISSUANCE HISTORY LIST       10/07/2009    16:02
USER ID   : CS4566
CAPS ID   : 00398495   00    NAME: BRADFORD, ALEX M
CHIMES ID : 1502953


      Y INDICATES MEDICAID ISSUANCE FOR THE MONTH

      YEAR                        MONTH
              01  02  03  04  05  06  07  08  09  10  11  12
      2009     Y   Y   Y   Y   Y   Y   Y   Y   Y
      2008                                                 Y   Y

                                                                  PATH:
```

MMHD - Medical/Mental Health Detail

This screen is used to display, add or modify all medical and mental health contacts, procedures and diagnoses for a specific client. Workers can also associate prescribed medications/treatment by entering a "Y" in the RX/TX field – this will access the MDTD (Medication/Treatment Detail) screen.

```
CAFSMMHD                MEDICAL/MENTAL HEALTH DETAIL        08/15/2005    16:47
USER ID : CS4566   MODIFY                                        PAGE NO: 001
CAPS ID : 00002084    25     NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY, S=SELECT OR D=DELETE

SEL CODE  DESCRIPTION                       DATE      DOCTOR/THERAPIST     RX/TX
 _   ADD  ATTENTION DEFICIT DISORDER SCREE 08/10/2005 MARY REYNOLDS           Y
 _   MPA  MEDICAL EXAM: PHYSICAL ABUSE     08/01/2005 KELLY KOENIG
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _

                                                                   PATH:
```

MDTD – Medication/Treatment Detail

This screen is used to display, add or modify medication and/or treatment information for a specific client. Workers can enter the name of the prescription/treatment and the prescription/treatment start and end dates. Details can be associated with medical details on the MMHD (Medical/Mental Health Detail) screen or entered as separate details.

```
CAFSMDTD                MEDICATION/TREATMENT DETAIL        08/15/2005    16:48
USER ID : CS4566   MODIFY                                       PAGE NO: 001
CAPS ID : 00002084    25     NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

SEL                        RX/TX                     START DATE   END DATE
 _ RITALIN                                           08/10/2005  99/99/9999
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
                                                              PATH:
```

PADL - Provider/Facility Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific provider or facility. If a "Y" is displayed in the DIR column, directions have been added on the provider address detail.

```
CAFSPADL              PROVIDER/FACILITY ADDRESS LIST        08/04/2005    15:37
USER ID : CS4566                                                PAGE NO:   1
PROV NO : 0001001  001     PROV NAME: YOUTH FOSTER HOME
                           FACIL NAME: MARY FOSTER HOME

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
       START
SEL    DATE    TYP ACT   STREET ADDRESS          CITY/TOWN       ST  LOC  DIR
 _   02/10/2000 R   Y   2402 COLONIAL DR        HELENA          MT  001   N
 _   12/01/1999 R   N   14 CLOVER VIEW DR       HELENA          MT  001   N
 _   01/01/1999 R   N   3075 N MONTANA AVE      HELENA          MT  001   N

                                                                  PATH:
```

PADD - Provider/Facility Address Detail

This screen is used to display, add or modify address information for a specific provider or facility. An address type is used to define each address. Contact and Director information is defaulted from the FACD (Facility Detail) screen. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSPADD          PROVIDER/FACILITY ADDRESS DETAIL       08/04/2005    15:37
USER ID : CS4566   MODIFY
PROV NO : 0001001  001     PROV NAME:  YOUTH FOSTER HOME
                           FACIL NAME: MARY FOSTER HOME
                        LAST UPDT: 07/23/2001 BY: C84142   HOLLING, PAULA
CONTACT NAME  : 00022511 STRATMAN, STACEY A
DIRECTOR NAME : 00129678 DAVIS, MICHELLE A

ADDRESS TYPE : R  RESIDENCE (PHYSICAL)
ADDRESS 1    : 2402 COLONIAL DR
ADDRESS 2    :
CITY         : HELENA
STATE/ZIP    : MT  59601 -
COUNTY       : 25  LEWIS & CLARK
FOREIGN ADDR :
COUNTRY      :                      CANADIAN PROVINCE:
TELEPHONE    :
START DATE   : 02/10/2000      END DATE : 99/99/9999

DIRECTIONS   :
             :

                                                                PATH:
```

PASL - Provider Active Services List

This screen displays a list of clients that a specific provider/facility is currently providing services to. Information displayed includes the client's CAPS ID, the number of services being provided by the facility, and the name/phone number of the client's assigned worker. Workers can select a specific client to access the SERL (Services List) screen to identify the services that are being provided.

```
CAFSPASL              PROVIDER ACTIVE SERVICES LIST        08/15/2005    16:40
USER ID : CS4566                                                PAGE NO:    1
PROV NO : 0001001  001        PROV NAME: YOUTH FOSTER HOME
                              FACIL NAME: MARY FOSTER HOME

TO SELECT, ENTER S=SELECT

SEL   CAPS                          # OF                              WORKER
CD     ID     NAME                 SRVCS  WORKER NAME                 PHONE
 _  00001002  HOLLING, KYLE           1  WORKER, SOCIAL             443-8638
 _  00001003  LAST NAME, FIRST NAM    2  OFFICER, PROBATION         443-4444
 _  00001005  TRUST, JOE              1  WORKER, SOCIAL             443-8638
 _  00001006  TRUST, JOHN             2  WORKER, SOCIAL             443-8638
 _  00001011  GRIMMIS, BILL           1  WORKER, SOCIAL             443-8638
 _  00001012  JUVENILE, JOE           1  OFFICERTWO, PROBATION
 _  00001013  JUVENILE, ANN           1  OFFICERTWO, PROBATION
 _  00001015  JUVENILE, MIKE          1  OFFICERONE, PROBATION
 _  00001016  KID, PROBATION          1  OFFICERONE, PROBATION
 _  00001018  PAROLE, KID             1  OFFICER, PAROLE
 _  00001019  XX, A                   2  WORKER, SOCIAL
 _  00001035  CURTIS, CHUCK           1  WORKER, SOCIAL             443-8638
 _  00001036  DILLON, DAVID           1  WORKER, SOCIAL             443-8638

                                                                    PATH:
```

PIGD – Provider Information (General) Detail

This screen displays general information about a specific provider/facility and is accessible by all CAPS workers. Information displayed includes the provider/facility name and address, if the provider is IV-E eligible, and a contact person for the facility. Also displayed will be the facilities current license status, the assigned licensing worker for each license type, and the services associated with each license type. Services highlighted in pink are not associated with any specific license type.

```
CAFSPIGD       PROVIDER INFORMATION (GENERAL) DETAIL      08/15/2005 16:55
USER ID: C84142                                            PAGE: 001
PROV NO: 0007109 001    PROV NAME: MAHONEY SEAN AND SUSANNE
FACIL NAME: MAHONEY SEAN AND SUSANNE              ABRV NAME: MAHONEY
ADDRESS      LINE1: 1045 N MONTANA AVE              PHONE #: 406 442-1155
             LINE2:
             CITY : HELENA                 STATE: MT    ZIP: 59601 3575
PROVIDER CONTACT NAME: MAHONEY, SUSANNE               IVE-ELIGIBLE:  Y
ACTIVE LICENSES     STS  ASSIGNED WORKER            AVAILABLE SERVICES
                                                    SCALL CLOTHING ALLOWANCE
                                                    SDALL DIAPER ALLOWANCE
                                                    SRESP RESPITE
YFH YOUTH FOSTER H  REG  C84142   HOLLING, PAULA    PFRS1 FOSTER FAMILY CARE -
                                                    STRNS TRANSPORTATION

HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE
                                                                  PATH:
```

PLAD - Placement Detail

This screen is used to display, add or modify foster care placement information for a specific client. In order to add a placement, a removal service must first be entered on the SERN (Services Detail: Non-Payable) screen. The "child in placement due to" flag and associated provider license information is also required on all foster care placements.

```
CAFSPLAD                PLACEMENT DETAIL                    09/28/2009    13:26
USER ID : C74142SW  MODIFY
CAPS ID : 00001005     00    NAME: TRUST, JOE

PROVIDER/FACILITY : 0001065 001  BRAND NEW FOSTER HOME
ADDRESS: 2401 COLONIAL DR
         HELENA              MT  59601 - 4980       PHONE: 406 443-1005

PERMANENCY GOAL:  GSP GUARDIANSHIP
                                          CHILD IN PLCMT DUE TO PARENTAL OR
PLACE START DATE: 10/01/2006              CARETAKER DRUG USE FROM WHERE CHILD
PLACE EXIT DATE : 09/28/2009              WAS REMOVED: Y DRUGS: ALC

                                          LIC TYPE: YFH STS: REG
PROX TO HOME  (Y/N): Y     PROX CMT:
PROX TO SCHOOL(Y/N): Y     PROX CMT:
COMMENTS:


PLC CHANGE/DISCHARGE?:  D   EXIT REASON : RTH RETURN TO HOME REMOVED FROM
PLACEMENT STATUS CD: AT ACTIVE PLACEM START DT: 10/01/2006 END DT: 09/28/2009
PLACING WORKER ID: C74142SW  WORKER, SOCIAL
SHIFT + F1=PLSH
                                                                      PATH:
```

PLSH – Placement Status History

This screen is used to record placement status changes for a client during the course of a placement. Valid placement status codes are AT (Active Placement), ET (Extended Trial Home Visit), MH (Hospital for Medical Processes), PA (Pre-Adoptive Placement), PH (Hospital for Acute Psychiatric Care), RN (Runaway) and TH (Trial Home Visit). PLSH can be accessed from PLAD or from any other screen by typing PLSH in the PATH. If accessed from PLAD, PLSH will only display the placement status history for the placement on PLAD. If accessed from any other screen, PLSH will display the placement status history for all placements for the client.

```
CAFSPLSH                 PLACEMENT STATUS HISTORY          08/19/2005    14:03
USER ID : CS4566   MODIFY                                        PAGE NO:   1
CAPS ID : 00002117     00    NAME: HARRIS, MELISSA

DISPLAY - CURRENT PLACEMENT: X OR ALL PLACEMENTS:

TO SELECT, ENTER M=MODIFY OR D=DELETE

SEL STS DESCRIPTION          PROVIDER    NAME            START DATE  END DATE
 _   PH  HOSPITAL FOR ACUTE P 0007109 001 MAHONEY SEAN AN 08/10/2005 99/99/9999
     AT  ACTIVE PLACEMENT     0007109 001 MAHONEY SEAN AN 08/06/2005 08/10/2005
     RN  RUNAWAY              0007109 001 MAHONEY SEAN AN 08/05/2005 08/06/2005
     AT  ACTIVE PLACEMENT     0007109 001 MAHONEY SEAN AN 08/01/2005 08/05/2005

                                                                     PATH:
```

PPHL –Permanency Plan Hearing List

This screen displays all permanency plan hearing information for a specific client.

```
CAFSPPHL                PERMANENCY PLAN HEARING LIST       11/29/2007    15:49
USER ID: C7TR15                                            PAGE NO: 001
CAPS ID: 00001073   00   NAME: SOUTHWICK, TOMMY
                                                     IF F11, ENTER PH TYPE:
TO SELECT, ENTER D=DELETE, I=INQUIRE, M=MODIFY
                                            REASONABLE     IV-E        IV-E
      PH    PH HELD ON   NEXT DUE    PLAN   EFFORTS MADE  FINDINGS    FINDINGS
SEL  TYPE      DATE        DATE      APRV     FOR IV-E      DATE      DUE DATE
 _    ONG   03/05/2001  03/05/2002     Y         N       03/05/2001  03/01/2001
 _    INI               03/01/2001

                                                                      PATH:
```

PPHD – Permanency Plan Hearing Detail

This screen is used to add or display the details of a specific client's permanency plan hearings. Details include CSFR requirements information and IV-E requirements information.

```
CAFSPPHD                    PERMANENCY PLAN HEARING DETAIL   01/14/2008    15:05
USER ID: C74142SW   MODIFY
CAPS ID: 00001073  00    NAME: SOUTHWICK, TOMMY

                                CFSR REQUIREMENTS
                              ---------------------
                       PERMANENCY HEARING TYPE: ONGOING
                           INITIAL PH DUE DATE: 03/01/2001
                               PH HELD ON DATE: 03/05/2001
                              NEXT PH DUE DATE: 03/01/2001
                               PH CONDUCTED BY: CRT
                          PP APPROVED BY COURT: Y  DATE: 03/05/2001
COMMENTS:

                                IV-E REQUIREMENTS
                              ---------------------
            60 DAYS FROM CHILDS REMOVAL DATE:  03/01/2000
DATE CHILD ADJUDICATED YOUTH IN NEED OF CARE:
            REASONABLE EFFORTS MADE FOR IV-E:  N  DATE: 03/05/2001
        REASONABLE EFFORTS FINDINGS DUE DATE:  03/01/2001

COMMENTS:

                                                                    PATH:
```

PRPL - Provider Person List

This screen displays a history of all individuals that have been associated to a specific provider/facility. The screen will show the relationship of the person to the facility, criminal and protective services history information and affiliation end date. The worker can select a specific person to access additional details about that person.

```
CAFSPRPL                        PROVIDER PERSON LIST          08/15/2005    16:57
USER ID : C84142                                                  PAGE NO: 001
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, S=SELECT, OR D=DELETE
             LIC                                                   AFFILIATION
SEL CAPS-ID  NO  RLT  LAST, FIRST, M.I.          33  33A  CRC  PSC   END DATE
 _  00010946 001 DIR  MAHONEY, SEAN               Y       NCH  YPS  99/99/9999
 _  00010945 002 CNT  MAHONEY, SUSANNE            Y       NCH  YPS  99/99/9999

                                                                     PATH:
```

PRPD - Provider Person Detail

This screen is used to display, add or modify detailed information about an individual who is part of an adoptive or foster family or who is an employee of a specific provider/facility.

```
CAFSPRPD                    PROVIDER PERSON DETAIL          08/15/2005    16:57
USER ID : C84142   MODIFY
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE
CCUBS PROV NO :                FACIL NAME: MAHONEY SEAN AND SUSANNE

CAPS ID : 00010945                      START DATE : 06/01/1997
LICENSEE NO : 002                       END DATE   : 99/99/9999
RLNSHP  : CNT  CONTACT                  DFS33 HLTH STMT REC: 07/06/1996
FIRST NAME  : SUSANNE                           TB : N   IMMUNIZATION : N
MIDDLE NAME :                           DFS33A SENT :
LAST NAME   : MAHONEY                           REC :
SSN         : 516-70-4119               CRIMINAL CHECK REC : 07/12/1996  NCH
BIRTH DATE  : 05/24/1956                PROT SERV CHECK REC: 06/22/1996  YPS
BIRTH PLACE : CONRAD                    MARITAL STATUS: MA  MARRIED
ETHNICITY   : CA   WHITE/CAUCASIAN            DATE : 08/03/1976
RELIGION    : MET  METHODIST                  PLACE:
SEX         : F    FEMALE               MAIDEN NM  :
LAST GRADE COMPLETED : 12               PREVIOUS MARRIAGE :
CCUBS PERSON ID :                             NAME:

EMPLOYER NAME: STATE OF MONTANA
PHONE   : 406 444-2700   INCOME:                     STATUS: FT FULL-TIME

                                                                  PATH:
```

PRPH - Provider Placement History

This screen displays, in reverse chronological order, a history of all clients that are currently placed or that have been placed with a specific provider/facility. The screen will display the type of placement, the CAPS ID, name, sex and date of birth of the client, the placement start and end dates, and the worker ID of the placing worker.

```
CAFSPRPH                    PROVIDER PLACEMENT HISTORY        02/20/2008    11:31
USER ID : CS4566                                              PAGE NO: 001
PROV NO : 0007109  001      PROV NAME: MAHONEY SEAN AND SUSANNE
                            FACIL NAME: MAHONEY SEAN AND SUSANNE

PLC                                        -LICENSE-   -PLACE DATES-  PLC  ASSIGNE
CD CAPS ID  NAME                  SEX AGE  TYPE STS   START     END   STS  WORKER
F 00002081 HARTLEY, JESSICA        F   12   YFH REG  02/19/08 99/99/99 AT CS4566
F 00002084 FURST, EVE              F   21   YFH REG  12/20/97 99/99/99 AT C86100
F 00002092 TRYNON, MARY                21            11/02/97 99/99/99 AT C86100
F 00002090 TRYNON, NEALL           M   26            11/02/97 99/99/99 AT C86100

                                                                          PATH:
```

RELL - Relationship List

This screen displays a list of persons who are associated with the primary person at the top of the screen and describe their relationship to that person. The CAPS ID of the persons on the list will also be displayed.

```
CAFSRELL                    RELATIONSHIP LIST              08/15/2005    15:38
USER ID : CS4566   MODIFY                                        PAGE NO:   1
CAPS ID : 00002084    25     NAME: FURST, EVE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE
    REL                                                 --INDICATORS--
SEL TYP  DESCRIPTION           NAME                     HH PC LC FR SD  CAPS ID
 _  SFR  STEP FATHER         WASHINGTON, GEORGE           N  N  N     00002086
 _  BRO  BROTHER             FURST, ADAM                  N  N  N     00002089
 _  STB  STEP BROTHER - MARR WASHINGTON, CAIN             N  N  N     00002088
 _  BMR  BIRTH MOTHER        WASHINGTON, MARTHA           N  N  N     00002087
 _  STB  STEP BROTHER - MARR WASHINGTON, ABLE             N  N  N     00002085

                                                                  PATH:
```

RELD - Relationship Detail

This screen is used to display, add or modify information about the relationship between the person being added and the primary person. Also displayed is physical and legal custody information and financial responsibility information.

```
CAFSRELD                    RELATIONSHIP DETAIL          08/15/2005    15:39
USER ID : CS4566   MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

PRIMARY PERSON CAPS ID : 00002084 NAME   : FURST, EVE
                                  ADDRESS: 1045 N MONTANA AVE

                                           HELENA             MT 59601 - 3575
-------------------------------------------------------------------------------
PERSON ASSOC W/PRIMARY : 00002089 NAME   : FURST, ADAM
HOUSEHOLD IND (O/S)    : O        ADDRESS: 57 WOLF SONG DR
PHYSICAL CUSTODY       : N
LEGAL CUSTODY          : N                REXFORD            MT 59930 - 9517
FINANCIALLY RESPONSIBLE: N

RELATIONSHIP TYPE      : BRO  BROTHER
SECURED DESCRIPTION    :

COMMENTS :



SHFT+F12=FILL
                                                                    PATH:
```

SERL - Services List

This screen displays, in reverse chronological order by service date, a history of all services (both paid and non-paid) provided to a specific client. Information displayed includes the service code and description, the facility providing the service and the approval status.

```
CAFSSERL                          SERVICES LIST            11/29/2007    11:08
USER ID : C7TR15                                           PAGE NO: 001
CAPS ID : 00001073    00     NAME: SOUTHWICK, TOMMY

TO SELECT ENTER: I=INQUIRE, M=MODIFY, D=DELETE         TO ADD=F11 + FASTPATH
START FROM:                 SERVICE CODE:
                                                                     APPRV
S RSN SERVC DESCRIPTION        FACILITY NAME    OPEN DATE   CLOSE DATE S A C
_  FP SEMRM REMOVAL            COONEY'S FOSTER  01/01/2000  99/99/9999

                                                                PATH:
```

SERN - Service Detail: Non-Payable

This screen is used to display, add or modify the details of all services provided to a specific client that were not paid through the CAPS system. By entering the services that were not paid through CAPS, workers are able to maintain a complete service history on the client.

```
CAFSSERN                SERVICE DETAIL: NON-PAYABLE          11/29/2007    11:29
USER ID : C7TR15    MODIFY
CAPS ID : 00001073     00    NAME: SOUTHWICK, TOMMY



SERVICE CODE: SEMRM           REMOVAL
PROVIDER    : 0001002  000    LEWIS AND CLARK CPS
OPEN  DATE  : 01/01/2000
CLOSE DATE  : 99/99/9999

REASON FOR SERVICE: PT    OUT OF HOME PLACEMENT TO PROTE
REASON FOR REMOVAL (PRIMARY): PHA  OTHERS:  PHN EMD

COMMENTS:









SHIFT+F1=MORE DETAIL
                                                                    PATH:
```

SPND - Special Needs Detail

This screen is used to display, add or modify a specific client's special needs and disabilities for service and placement matching. A special need sub-code can be selected to further specify the selected code. For those special needs codes that require it, unless the "clinically diagnosed and documented" question can be answered with a "Y", that code cannot be added to the screen.

```
CAFSSPND                    SPECIAL NEEDS DETAIL          08/15/2005    15:45
USER ID : CS4566   MODIFY
CAPS ID : 00002084    25     NAME: FURST, EVE
                                                                        CLINIC
TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE                            DIAG &
SEL CD   DESCRIPTION                SUB  DESCRIPTION                    DOCMT?
 _  EDU EDUCATION                   CGD CHILD IDENTIFIED AS HAVING COG    Y
 _  HAN HISTORY OF ABUSE/NEGLECT    PHA HISTORY OF PHYSICAL ABUSE
 _  HAN HISTORY OF ABUSE/NEGLECT    PHN HISTORY OF PHYSICAL NEGLECT
 _  SUB SUBSTANCE ABUSE             PUA PARENTAL USE OF ALCOHOL
 _  SUB SUBSTANCE ABUSE             PUD PARENTAL USE OF DRUGS
 _  SLD SPEECH AND LANGUAGE DISOR   CMD COMMUNICATION DISORDER           Y
 _
 _
 _
 _
 _
 _
 _
 _
 _
 _
                                                                 PATH:
```

SPTK - Supervisory Task List

This screen displays all supertasks given to individual workers in the state who are responsible for special functions not normally associated with a regular staff type. Workers can search by starting location or supertask code.

```
CAFSSPTK                    SUPERVISORY TASK LIST          08/15/2005    17:17
USER ID : CS4566                                                PAGE NO:   1
                             STARTING LOCATION:        OR  SUPERTASK CODE: AKA
LOC  SUPERTASK                                                             STF
CODE CD   DESCRIPTION           LVL  USER-ID   USER-NM                     TYP
025  AKA  AKAD SCREEN SUPERTASK  P   C84142SM  SMN, SMN                    SMN
025  AKA  AKAD SCREEN SUPERTASK  S   C74142SW  WORKER, SOCIAL              CWA

                                                                   PATH:
```