Foster Care Referral and Information

For Agency Use Only

The Commissioner or Commissioner's Designee must complete this LDSS-5145B on behalf of the social services district or the Office of Children and Family Services for a child in Foster Care placement. **Also complete** the following portions of LDSS-5145: pages A-3 and A-4 of Part A (Other Party Information), Part B, and Part C. If support is sought from more than one Other Party, complete a separate LDSS-5145 for each Other Party. There should be one (1) LDSS-5145 for each Other Party associated with a child or children in Foster Care placement and one (1) LDSS-5145B for each child.

Name of Child

First | Middle | Last | Suffix

Case Information

Case #

Case Status ☐ Opening ☐ Changes or Updates ☐ Reopening

Date of Referral

Claiming Category ☐ IV-E Foster Care ☐ Non IV-E Foster Care

Type of Placement ☐ Voluntary ☐ Court Ordered   Placement Date

Cost of Care $ _____   Per: ☐ Day ☐ Week ☐ Month ☐ Year

Name of Agency, Facility, Foster Boarding Home

County | Agency Name | Type of Facility

Placement Address

Street | Floor/Apt./Suite | City | State | ZIP

Subsidy Information

Is an adoption subsidy received on behalf of the child? ☐ Yes ☐ No

Does the subsidy include Medicaid? ☐ Yes ☐ No

Subsidy amount and when it is paid: $ _____   Per: ☐ Day ☐ Week ☐ Month ☐ Year

Case Manager

Name | Phone # | Ext.

Application for Child Support Services

☐ I am applying for child support services as the Commissioner or Commissioner's Designee and this is a Foster Care referral.

Signature of Commissioner/Designee _____   **Date** _____