

# Public Placement Fund (PPF) Manual

**Division of Financial and Administrative Services**  
Special Education Finance

---

*The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov)*

---

# TABLE OF CONTENTS

---

<a href="#"><u>Purpose</u></a>	Page 3
<a href="#"><u>Eligibility Criteria</u></a>	Page 3
<a href="#"><u>Funding</u></a>	Page 4
<a href="#"><u>Application Instructions</u></a>	Page 4-10
<a href="#"><u>Fiscal Monitoring</u></a>	Page 10
<a href="#"><u>Public Comment Form</u></a>	Page 11
<a href="#"><u>Attachment I: Legal Release of Confidential Information to LEA</u></a>	Page 12

## PURPOSE

The Public Placement Fund, commonly referred to as the “Excess Cost” fund, was established pursuant to the Revised Missouri State Statutes (RSMo), Section [167.126\(4\)](#). The Department of Elementary and Secondary Education (DESE) is responsible for oversight and distribution of appropriated monies for this fund. The State statute indicates:

*In cases where a child whose domicile is in one LEA is placed in programs or facilities operated by the department of mental health or resides in another LEA pursuant to assignment by that department or is placed by the department of social services or a court of competent jurisdiction into any type of publicly contracted residential site in Missouri, the department of elementary and secondary education shall, as soon as funds are appropriated, pay the serving LEA from funds appropriated for that purpose the amount by which the per-pupil costs of the educational services exceeds the amounts received from the domiciliary LEA except that any other state money received by the serving LEA by virtue of rendering such service shall reduce the balance due.*

The Public Placement Fund is reimbursement for educating both IEP and non-IEP students placed within a non-domicile LEA by the Children’s Division (CD), the Department of Mental Health (DMH), the Division of Youth Services (DYS), or a Court of Competent Jurisdiction. Funding is available when the educational costs of these students exceed the revenues received by the serving LEA.

Non-domicile refers to a LEA outside of where the parent(s) or legal guardian(s) reside. Non-domicile also applies when the parent(s)/legal guardian(s) lives out of state; the parent(s)/legal guardian(s) is homeless, the parent(s)/legal guardian(s) is deceased, or if the parent(s)/legal guardian(s) is incarcerated. If the parent(s)/legal guardian(s) is incarcerated and parental rights have not been terminated, it may be applicable for the LEA to bill for local tax effort and claim the student on the PPF application.

## STUDENT ELIGIBILITY CRITERIA

In order for the serving LEA to apply for reimbursement, students must meet two criteria as explained in the statute:

- The student must be non-domicile
- The student must have been publicly placed by CD, DMH, DYS or a Court

LEAs can determine student eligibility using the following methods as possible indicators:

- Check enrollment records for non-domicile address
- Check students with a CD caseworkers
- Check students generating a Local Tax Effort Billback
- Check students in group/residential homes and/or Juvenile Facilities within the LEA
- Check students eligible for Adoption Subsidy

**Students can NOT be claimed on the both the High Need Fund and Public Placement Fund applications.**

## FUNDING

The Public Placement Fund application uses the methodology shown in the calculation below in determining reimbursement, or excess costs. Excess costs refer to those costs that are above and beyond the revenues that the LEA receives for these students.

$$\begin{array}{r} \text{Educational Costs} \\ - \text{Revenues} \\ \hline = \text{Excess Cost (Reimbursement)} \end{array}$$

The DESE receives approximately 5 million dollars in State funds for Public Placement funding. It may be necessary for the DESE to prorate reimbursement based on the amount of funding requested by LEAs. When proration is necessary, it will be an equal distribution across all applications.

Payments for the Public Placement Fund are usually made in two installments. Provided funding is available, upon approval of the application, reimbursement is anticipated to be paid in February. The payments will be shown in the payment transmittal as "Pub. Placement" and listed under revenue code 5369.

## APPLICATION INSTRUCTIONS

LEAs must apply for PPF reimbursement on the electronic application that can be downloaded from the Special Education Finance website at: <http://dese.mo.gov/financial-admin-services/special-education-finance/other-available-funding>. Only one application should be completed for all eligible students. The application must be submitted electronically to [spedfunding@dese.mo.gov](mailto:spedfunding@dese.mo.gov) no later than October 31 for last school years expenditures incurred from July 1 through June 30. Only PPF applications in Excel format will be accepted; PDFs of applications will not be accepted. A confirmation of receipt will be sent to LEAs submitting applications. LEAs may contact Special Education Finance with any questions at (573) 751-0622 or [spedfunding@dese.mo.gov](mailto:spedfunding@dese.mo.gov).

Special School District (SSD) and the Component LEAs must complete the same version of the application that other LEAs complete. It is up to SSD and the Component LEAs to determine which entity claims which students and which costs, as long as both LEAs don't claim the same student.

The application is divided into five worksheets (tabs) listed below. Data entry is required by the LEA in all areas **except** those shaded in gray. The gray shaded areas contain formulas which automatically calculate specific totals. LEAs must complete all blue highlighted cells in order for the application to compute accurately.

- PPF Application
- Revenue and Costs
- Student Information
- Supporting Documentation (LEAs do not enter information on this worksheet)
- DESE USE Summary (LEAs do not enter information on this worksheet)

**PPF APPLICATION**

❖ **Local Education Agency (LEA) Information**

Enter the county-district code, LEA contact person, and email address in this section.

❖ **Submission Instructions/Directions For Completing Student Information Worksheet**

These sections provide general application instructions and information regarding entering data into the Student Information worksheet.

❖ **Assurance Statement**

The Assurance Statement must be agreed upon by the LEA superintendent certifying that the superintendent agrees with the following statement.

The Superintendent assures that the expenditures listed herein have been made solely on behalf of these students and that they are accurate to the best of his/her knowledge. Documentation must be maintained in the LEA for 3 years after the reimbursement date. The LEA is subject to fiscal monitoring of all documentation used to support the expenditures reported on the PPF application. The LEA understands that if monitored, and appropriate PPF documentation cannot be provided to the DESE, PPF reimbursements for which no documentation is available will be returned to the DESE either by direct repayment from the LEA to the DESE or adjustment to a future PPF payment at the discretion of the DESE.

To agree to the Assurance statement, click on the cell and select “I agree with the Assurance Statement” from the drop down box. In addition, the superintendent must also type his or her name in the “Type Superintendent Name” field and enter in the date.

❖ **Excess Cost**

The Excess Cost amount is calculated based on information entered by the LEA on the Revenue and Costs and Student Information worksheets.

**REVENUE AND COSTS**

❖ **Basic State Aid Revenue Per ADA**

The Basic State Aid Revenue per ADA amount is populated from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected. The ADA per Student amount is populated from the Student Information worksheet.

The Basic State Aid Revenue per ADA for PPF students is determined by the following calculation:

$$\text{Basic State Aid Revenue per ADA} * \text{ADA per Student}$$

Co-Dist Code	Name	Actual Calendar da	Total Basic State Aid Revenue	Annualized Transportation Amount	Grant Total ADT (Line 8 of BU110)	Part B Entitlement	Dec. 1 Child Count	Current Expenditure per ADA	LTE
001-090	ADAIR CO. R-I	174	\$ 6,449.45	\$ 51,641.00	185.50	\$ 51,354	29	\$ 9,566.03	\$ 2,595.24
001-091	KIRKSVILLE R-III	175	\$ 4,504.45	\$ 269,042.00	1,397.00	\$ 480,447	482	\$ 10,008.10	\$ 4,310.52
001-092	ADAIR CO. R-II	174	\$ 7,639.60	\$ 37,305.00	127.50	\$ 51,259	36	\$ 11,040.98	\$ 3,476.40
002-089	NORTH ANDREW CO. R	168	\$ 8,177.00	\$ 52,776.00	226.50	\$ 60,594	43	\$ 11,941.52	\$ 3,163.13
002-090	AVENUE CITY R-IX	174	\$ 4,828.10	\$ 20,460.00	134.00	\$ 28,621	14	\$ 7,673.91	\$ 4,836.28
002-097	SAVANNAH R-III	174	\$ 4,705.25	\$ 290,779.00	1,035.50	\$ 373,845	309	\$ 7,652.59	\$ 3,111.21
003-031	TARKIO R-I	174	\$ 7,834.38	\$ 36,289.00	128.00	\$ 86,346	49	\$ 14,590.07	\$ 6,958.93

❖ **Local Tax Effort (LTE) Revenue**

Local Tax Effort Revenue is determined per student by the following calculation:

*Domicile LEA LTE (from Supporting Documentation worksheet below) / Serving LEA Actual Calendar Days (from PPF Application worksheet) \* Attendance Days (from Student Information worksheet)*

The calculation determines the total amount of LTE revenue generated by the students claimed on the application.

Co-Dist Code	Name	Actual Calendar days	Total Basic State Aid Revenue	Annualized Transportation Amount	Grant Total ADT (Line 8 of BU110)	Part B Entitlement	Dec. 1 Child Count	Current Expenditure per ADA	LTE
001-090	ADAIR CO. R-I	174	\$ 6,449.45	\$ 51,641.00	185.50	\$ 51,354	29	\$ 9,566.03	\$ 2,595.24
001-091	KIRKSVILLE R-III	175	\$ 4,504.45	\$ 269,042.00	1,397.00	\$ 480,447	482	\$ 10,008.10	\$ 4,310.52
001-092	ADAIR CO. R-II	174	\$ 7,639.60	\$ 37,305.00	127.50	\$ 51,259	36	\$ 11,040.98	\$ 3,476.40
002-089	NORTH ANDREW CO. R	168	\$ 8,177.00	\$ 52,776.00	226.50	\$ 60,594	43	\$ 11,941.52	\$ 3,163.13
002-090	AVENUE CITY R-IX	174	\$ 4,828.10	\$ 20,460.00	134.00	\$ 28,621	14	\$ 7,673.91	\$ 4,836.28
002-097	SAVANNAH R-III	174	\$ 4,705.25	\$ 290,779.00	1,035.50	\$ 373,845	309	\$ 7,652.59	\$ 3,111.21
003-031	TARKIO R-I	174	\$ 7,834.38	\$ 36,289.00	128.00	\$ 86,346	49	\$ 14,590.07	\$ 6,958.93

❖ **Transportation Revenue**

The Total Transportation Amount and Grand Total Eligible ADT are populated from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected. The Transportation Revenue Received per ADT calculates based on the information entered on the Student Information worksheet.

The Allocated Transportation Revenue Received for PPF Students is determined by the following calculation:

*Total Annualized Transportation Amount / Grand Total ADT \* Total ADA of PPF students that were marked as receiving transportation = Allocated Transportation Revenue Received for PPF Students*

Co-Dist Code	Name	Actual Calendar days	Total Basic State Aid Revenue	Annualized Transportation Amount	Grant Total ADT (Line 8 of BU110)	Part B Entitlement	Dec. 1 Child Count	Current Expenditure per ADA	LTE
001-090	ADAIR CO. R-I	174	\$ 6,449.45	\$ 51,641.00	185.50	\$ 51,354	29	\$ 9,566.03	\$ 2,595.24
001-091	KIRKSVILLE R-III	175	\$ 4,504.45	\$ 269,042.00	1,397.00	\$ 480,447	482	\$ 10,008.10	\$ 4,310.52
001-092	ADAIR CO. R-II	174	\$ 7,639.60	\$ 37,305.00	127.50	\$ 51,259	36	\$ 11,040.98	\$ 3,476.40
002-089	NORTH ANDREW CO. R	168	\$ 8,177.00	\$ 52,776.00	226.50	\$ 60,594	43	\$ 11,941.52	\$ 3,163.13
002-090	AVENUE CITY R-IX	174	\$ 4,828.10	\$ 20,460.00	134.00	\$ 28,621	14	\$ 7,673.91	\$ 4,836.28
002-097	SAVANNAH R-III	174	\$ 4,705.25	\$ 290,779.00	1,035.50	\$ 373,845	309	\$ 7,652.59	\$ 3,111.21
003-031	TARKIO R-I	174	\$ 7,834.38	\$ 36,289.00	128.00	\$ 86,346	49	\$ 14,590.07	\$ 6,958.93

❖ **Part B Entitlement**

The Part B Entitlement and Child Count from the PPF Supporting Documentation are populated from the Supporting Documentation worksheet once the county-district Code on the PPF Application worksheet is selected. The Part B Funds per Child is the average Part B funds that the LEA received per student included in the December 1 child count. The Number of PPF Students with IEPs enrolled December 1 is the number of students that were marked on the PPF application as having an IEP and were marked as enrolled on December 1.

The Total Part B Entitlement Revenues for PPF Students is determined by the following calculation:  
*Part B Funds per Child \* Number of PPF Students with IEP enrolled December 1*

Co-Dist Code	Name	Actual Calendar d	Total Basic State Aid Revenue	Annualized Transportation Amount	Grant Total ADT (Line 8 of BU110)	Part B Entitlement	Dec. 1 Child Count	Current Expenditure per ADA	LTE
001-090	ADAIR CO. R-I	174	\$ 6,449.45	\$ 51,641.00	185.50	\$ 51,354	29	\$ 9,566.03	\$ 2,595.24
001-091	KIRKSVILLE R-III	175	\$ 4,504.45	\$ 269,042.00	1,397.00	\$ 480,447	482	\$ 10,008.10	\$ 4,310.52
001-092	ADAIR CO. R-II	174	\$ 7,639.60	\$ 37,305.00	127.50	\$ 51,259	36	\$ 11,040.98	\$ 3,476.40
002-089	NORTH ANDREW CO. R	168	\$ 8,177.00	\$ 52,776.00	226.50	\$ 60,594	43	\$ 11,941.52	\$ 3,163.13
002-090	AVENUE CITY R-IX	174	\$ 4,828.10	\$ 20,460.00	134.00	\$ 28,621	14	\$ 7,673.91	\$ 4,836.28
002-097	SAVANNAH R-III	174	\$ 4,705.25	\$ 290,779.00	1,035.50	\$ 373,845	309	\$ 7,652.59	\$ 3,111.21
003-031	TARKIO R-I	174	\$ 7,834.38	\$ 36,289.00	128.00	\$ 86,346	49	\$ 14,590.07	\$ 6,958.93

❖ **Miscellaneous Revenues**

Enter any other revenues relevant to the students on the application, such as: Title Grants, Medicaid, Assistive Technology Grants, etc. **Supporting documentation of miscellaneous revenues must be submitted with the application.**

❖ **Costs**

A detailed description and documentation for all DIRECT costs listed in this section must be attached to the application. DIRECT costs are those costs directly associated with educating the children on the application, and not the costs incurred by the LEA for normal operations. For example, LEA administration and overhead for LEA buildings are all costs associated with regular business operations. Costs for this application may include: teachers and aides hired specifically for the students on this application, supplies for classrooms specific to this application, assistive technology, lease cost for space not owned by the LEA, and transportation specific to these students.

Option A: Use Option A for students on this application who attend regular or special education classes within the LEA. The methodology behind Option A is that students who are placed with regular domicile students are usually costing the same as domicile students. This calculation creates a base cost for each student (Current Expenditure per ADA Amount) and allows the LEA to add additional costs that may be burdensome, such as personal paraprofessionals, related services, special education transportation, assistive technology, and any other costs directly related to the education of the student.

The Current Expenditure per ADA is populated from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected. The Current Expenditure per ADA is calculated each year by School Finance, taking all of the expenditures from the LEA divided by the total ADA.

Co-Dist Code	Name	Actual Calendar d	Total Basic State Aid Revenue	Annualized Transportation Amount	Grant Total ADT (Line 8 of BU110)	Part B Entitlement	Dec. 1 Child Count	Current Expenditure per ADA	LTE
001-090	ADAIR CO. R-I	174	\$ 6,449.45	\$ 51,641.00	185.50	\$ 51,354	29	\$ 9,566.03	\$ 2,595.24
001-091	KIRKSVILLE R-III	175	\$ 4,504.45	\$ 269,042.00	1,397.00	\$ 480,447	482	\$ 10,008.10	\$ 4,310.52
001-092	ADAIR CO. R-II	174	\$ 7,639.60	\$ 37,305.00	127.50	\$ 51,259	36	\$ 11,040.98	\$ 3,476.40
002-089	NORTH ANDREW CO. R	168	\$ 8,177.00	\$ 52,776.00	226.50	\$ 60,594	43	\$ 11,941.52	\$ 3,163.13
002-090	AVENUE CITY R-IX	174	\$ 4,828.10	\$ 20,460.00	134.00	\$ 28,621	14	\$ 7,673.91	\$ 4,836.28
002-097	SAVANNAH R-III	174	\$ 4,705.25	\$ 290,779.00	1,035.50	\$ 373,845	309	\$ 7,652.59	\$ 3,111.21
003-031	TARKIO R-I	174	\$ 7,834.38	\$ 36,289.00	128.00	\$ 86,346	49	\$ 14,590.07	\$ 6,958.93

All costs should be prorated based on the number of students served. See examples on the next page.

Example: A full-time paraprofessional serves three students in the LEA. To prorate, take 1/3 of the salary and benefits to determine the cost for each student.  
*\$13,500 salary & benefits / 3 students = \$4,500 per student*

Example: A student receives speech therapy for 60 minutes each week. The speech pathologist has a caseload of 1800 minutes per week. To prorate, divide the student's minutes into the total therapy caseload, and multiply by the salary and benefits to determine a cost for this student.  
*60 minutes / 1800 minutes = 3% of time spent with this student*  
*\$60,000 salary & benefits \* 3% = \$1,800 for this student*

Option B: Use Option B for students who attend LEA operated separated classrooms/programs, including residential or detention facilities. If these classrooms/programs are only serving students who have been publicly placed, 100% of their direct operating costs may be claimed. If domicile LEA or non-publicly placed students are also being served in these classrooms/programs, all costs in this section must be prorated according to the number of students on this application who are served in the program as compared to the total number of students in the program.

The costs under this option include staff salary and benefits, supplies, assistive technology, related services, rent/utilities, and any other costs directly related to the education of the student. See example below.

Example: A residential facility houses 50 students placed by the court. Of the 50 students, 46 are non-domicile, and 4 are domicile, meaning they are the LEA's responsibility. To prorate all the costs, divide the number of non-domicile students by the total number of students housed at the facility.

*46 non-domicile students / 50 students housed = 92% of costs may be claimed*  
*Total Teacher Salary and Benefits (5 teachers) = \$225,000 \* 92% = \$207,000*

Option C: Use Option C for students who are receiving services through contractual placements with other LEAs or approved private agencies. LEAs may add other additional costs not included in the tuition, such as transportation, related services, assistive technology, supplies, and any other costs directly related to educating the student.

**LEAs are required to submit documentation that supports the DIRECT costs claimed on the application.** The names of all the private agencies used for students with contractual placements that had costs claimed on the application must be listed under the Option C section.

#### ❖ **Summary of Revenues/Costs and Calculation of Excess Cost**

Revenues and costs calculate from each section of the application if all information has been entered correctly. This calculates the Excess Cost amount, if any.

If the Excess Cost amount is **negative**, the LEA received enough revenues to cover the costs of educating these non-domicile students and will not receive reimbursement from this fund.

If the Excess Cost amount is **positive**, the LEA didn't receive enough revenues to cover the costs of educating these non-domicile students and will receive the amount displayed, based on the appropriation and possible proration, from the fund.

## **STUDENT INFORMATION**

The student information worksheet includes the following components: Placing Agency, Student Information (MOSIS Number), IEP Status, Educational Setting, and Local Tax Effort information including Domicile County-District Code, Attendance, Transportation, and Average Daily Attendance (ADA). Instructions for completing each component are listed below.

Placing Agency	Indicate the placing agency by placing an "x" in the appropriate column. Only non-domicile students placed by the Children's Division (CD), Division of Youth Services (DYS), Division of Mental Health (DMH), or a Court of Competent Jurisdiction are eligible for this fund.
MOSIS Number	Enter the student's assigned MOSIS number in this column. Students participating in the Early Childhood Special Education (ECSE) program are not eligible for this fund as the ECSE program costs are reimbursed by DESE through other funding.
IEP Status	Indicate if the student has an Individualized Education Program (IEP) by placing an "x" in this column.
Educational Setting	Indicate the educational setting of the student by placing an "x" in the appropriate column. If the student was in two settings during the school year, choose the one in which they were placed the longest. More information about the educational setting/cost options is included further in the manual. <i>Option A</i> - This option is for students who attend regular and special education classes within the LEA setting. <i>Option B</i> - This option is for students who attend LEA operated separate classrooms and/or programs, including residential or detention facilities. <i>Option C</i> - This option is for students who have contractual placements with other LEAs or approved private agencies.
Enrollment Dates	Enter the begin and end enrollment dates of the student for the school year being claimed. If multiple enrollment dates for one student, create a separate line for each enrollment session.
Domicile County District Code	Enter the county-district code of the domicile LEA or the county-district code of the LEA that was billed for local tax effort (LTE). County-district codes may be found at: <a href="http://dese.mo.gov/directory/">http://dese.mo.gov/directory/</a> . In some cases, the domicile county-district code is not applicable. In these instances, use one of the codes below in this field. These codes only apply to this application and are not necessarily exemptions to LTE billbacks. Revenue for LTE is not claimed on the application when using the codes below even though billing for LTE might still be applicable for the LEA. Documentation of domicile must be kept on file at the LEA – it does not have to be submitted to the DESE.

	<u>Code</u> <u>Reason</u>
	TPR      Parental Rights are terminated
	OTS      Parents live out-of-state
	INC      Parents are incarcerated
	ORP      Parents are deceased and the student is orphaned
	UNK      The information is truly unknown or untraceable
Local Tax Effort Rate	The Local Tax Effort Rate is populated from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected.
Attendance Days	Enter the attendance days for the student during the school year being claimed. Do not include Extended School Year (ESY) or Summer School attendance days. Attendance days are used in calculating revenues by student.
Transportation	Indicate if the student received LEA transportation by placing an “x” in this column.
ADA	This column is calculated from the information entered on the Student Information worksheet and from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected.
LTE Revenue	This column is calculated from the information entered on the Student Information worksheet and from the Supporting Documentation worksheet once the county-district code on the PPF Application worksheet is selected.

**FISCAL MONITORING**

DESE will randomly monitor selected LEAs on an annual basis to ensure compliance with State fiscal requirements. This monitoring will include the review of PPF related documentation. LEAs must maintain and be able to provide documentation relating to the expenditures claimed on the PPF application. If documentation to support all costs claimed on the application can't be provided to DESE during a fiscal monitoring review, the PPF reimbursement amount will be adjusted based on the actual documentation available.

LEAs may use what is commonly referred to as an Appendix C, also known as a Legal Release of Confidential Student Information as documentation, or use their own LEA enrollment forms as documentation. A sample of an Appendix C is included at the end of the manual.

## **PUBLIC COMMENT FORM**

The Office of Special Education allows public input on the structure and operation of the PPF. Please complete the form below with any comments, concerns, or suggestions regarding the fund, and return to:

DESE – Division of Financial and Administrative Services  
Attn: Special Education Finance  
PO Box 480  
Jefferson City, MO 65102

Name (Optional):

Phone Number (Optional):

Residing Local Education Agency:

Comments/ Concerns/ Suggestions:

**Attachment I**  
**"Appendix C Form" – Information Request/Response**

<b>LEGAL RELEASE OF CONFIDENTIAL INFORMATION TO LEA</b>	
<b>SECTION A – To be completed by the LEA</b>	
Child's Name:	
Date of Birth:	
Social Security Number:	
Departmental Client Number (DCN) if known:	
Dates of attendance for billback:	_____ - _____-20_____ to _____ - _____-20_____
Request from:	_____ at _____ <small>(name of person) (LEA)</small>
By accepting this information I/we agree not to re-release any information or to use it for any purpose other than the administrative activities authorized by the cooperative agreement between DESE and Children's Division.	
<b>SECTION B – To be completed by the county Children's Division office liaison</b>	
1. Was the above named child in Children's Division custody (LS-1) during the above listed dates? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, go to #2. If no, STOP!	
2. Was the above named child placed in the above named LEA during the dates specified? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, go to #3. If no, STOP!	
3. Were the parents' rights of the above named child terminated either prior to or during the dates specified? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, STOP! If no, go to #4.	
4. Please list the following information (if known):	
<u>Mother</u>	<u>Father</u>
Address:	Address
State, Zip Code:	State, Zip Code:
CD Liaison: _____ at _____ <small>(name) (county office)</small>	
Date:	