

South Carolina Department of Social Services
IV-E ANNUAL REVIEW AND CHANGE REPORT

County Office: _____

I. Identifying Information

Child's Name: _____ Birthdate: _____

Social Security No.: _____ CAPSS Person No.: _____

Grade in School: _____ Expected Date of Graduation: (If 17 or older) _____

II. Placement

Type of Facility: FH GH RTF CCI Licensed Relative Home

Relative Home in Process of License Court Ordered Unlicensed Other: _____

Name and Address of Facility: _____

III. Information Regarding Child at Time of Review

1. Does child receive SSI? Yes No (If yes, enter amount) _____

IV. Court Information

Permanency Planning order or TPR order attached? Yes No

If no, date of scheduled hearing: _____

Signature of Worker: _____

Signature of Supervisor: _____

Distribution: Case record and IV-E Unit

Mail To: Division of Human Services/IV-E Unit, State Office/Room 505, Columbia, SC