

Colorado Department of Human Services
Trails System Report
Division of Child Welfare
Client Placement History as of mm/dd/yyyy

Client Name: Doe, John

Client ID: 999999

DOB: mm/dd/yyyy

State ID: Z999999

ICPC/ICJ: No

Ethnicity: White

Hispanic: No

SSN: 999-99-9999

HH Num: 80-999999-99

Dates: -

Most Recent CW Case Information

Case ID: 999999

Open Date: mm/dd/yyyy

Close Date:

Program Area: PA4

Caseworker: lastname, firstname

Perm Goal: Other Planned Permanent Living Arrangement/Emancipation

Date Set: mm/dd/yyyy

Target Date: mm/dd/yyyy

REMOVAL INFORMATION

Number of Prior Removals: 3

Age at First Removal: 8

Most Recent Removal

Begin Date: mm/dd/yyyy

Removal Manner: Court Ordered

Ever Adopted: Yes

Family Structure: Married Couple

End Date:

Rmvl End Reason:

Rmvl Reason(s): Child's Behavior Problem, Child's Disability

Caretaker A: Firstname lastname

Relationship: Mother (Adoptive)

Caretaker B: Firstname lastname

Relationship: Father (Adoptive)

LEGAL CUSTODY HISTORY *

Custody Status	Date
DHS Legal Custody	mm/dd/yyyy
DHS Legal Custody	mm/dd/yyyy
Custody w/Non-Kin and County Consent to	mm/dd/yyyy
Parental Custody	mm/dd/yyyy
DHS Legal Custody/Grdnshp w/Consent to	mm/dd/yyyy
DHS Legal Custody/Grdnshp w/Consent to	mm/dd/yyyy
DYC Commit Date:	
* 5 Most Recent	

SERVICE HISTORY

Service Category: Core Services Provider ID / Name	Srvc Type	Gov Body	Pay	Pre-Adopt	Resp.	County	Start Date	End Date	Leave Reason
1506379 - CITY COUNTY DSS	Home-Based Services		N			80-City	mm/dd/yyyy	mm/dd/yyyy	In Home Case Closed/Success
							Funding Source: WRI		mm/dd/yyyy -
999999 – Iname, firstname	Mental Health Services		N			80-City	mm/dd/yyyy	mm/dd/yyyy	
							Funding Source: WRI		mm/dd/yyyy -
999999 – Iname, firstname	Mental Health Services		Y			80-City	mm/dd/yyyy	mm/dd/yyyy	Change in Funding/Payment Source
							Funding Source: WRI		mm/dd/yyyy -

Total Core Services: 3

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Doe, John. Client ID: 999999

SERVICE HISTORY

Service Category: Out of Home

Provider ID / Name	Srvc Type	Gov Body	Pay	Pre-Adopt	Resp.	County	Start Date	End Date	Leave Reason
999999 – Iname, firstname Location Address street City, Colorado 99999-0000	Adoption		Y	N	16-City		mm/dd/yyyy	mm/dd/yyyy	Needs More Restrictive Setting
							Funding Source: WRI WRI		mm/dd/yyyy - mm/dd/yyyy - mm/dd/yyyy
999999 – facility Location Address street City, Colorado 99999	Residential Child Care Facility		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Needs Less Restrictive Setting
							Funding Source: WRI		mm/dd/yyyy -
999999 – Iname, firstname Location Address Avenue City, Colorado 99999	Foster Family Home Care		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Treatment Successful
							Funding Source: WRI		mm/dd/yyyy -
999999 – facility Location Address Street City, Colorado 99999-0000	DYC Facility		N		DYC-Division of Youth Correction		mm/dd/yyyy	mm/dd/yyyy	
							Funding Source:		-
999999 – facility Location Address Street City, Colorado 99999	Therapeutic Residential Child Care Facility		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Same Provider, Change in Service Type
							Funding Source: SSI WRI		mm/dd/yyyy - mm/dd/yyyy -
999999 – Iname, firstname Location Address Street City, Colorado 99999-0000	Adoption		N		16-City		mm/dd/yyyy	mm/dd/yyyy	Emancipation
							Funding Source: WRI		mm/dd/yyyy -
999999 – facility Location Address Street City, Colorado 99999-0000	Therapeutic Residential Child Care Facility		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Same Provider, Change in Service Type
							Funding Source: SSI WRI		mm/dd/yyyy - mm/dd/yyyy -
999999 – facility Location Address Street City, Colorado 99999-0000	Therapeutic Residential Child Care Facility		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Same Provider/Same Service
							Funding Source: SSI WRI		mm/dd/yyyy - mm/dd/yyyy -
999999 – facility Location Address Street City, Colorado 99999-0000	Residential Child Care Facility		Y		80-City		mm/dd/yyyy	mm/dd/yyyy	Detention
							Funding Source: SSI WRI		mm/dd/yyyy - mm/dd/yyyy -

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Doe, John. Client ID: 999999

SERVICE HISTORY

Service Category: Out of Home

Provider ID / Name	Srvc Type	Gov Body	Pay	Pre-Adopt	Resp.	County	Start Date	End Date	Leave Reason
999999 – facility	Residential Child Care Facility		Y		80-City		mm/dd/yyyy		
Location Address							Funding Source: SSI		mm/dd/yyyy -
Street							WRI		mm/dd/yyyy -
City, Colorado 99999-0000									
Total Out of Home:									10

Service Category: SB-94 Non-Residential

Provider ID / Name	Srvc Type	Gov Body	Pay	Pre-Adopt	Resp.	County	Start Date	End Date	Leave Reason
999999 – facility	Client Assessment/Evaluation		N		DYC-Division of Youth Correction		mm/dd/yyyy	mm/dd/yyyy	No further services required(assessment only)
Funding Source: -									
Total SB-94 Non-Residential:									1

Total Services: 14