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