

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PLACEMENT AND PAYMENT REPORT – CONTINUATION PAGE

County	Case Manager Name (Last)	FI	MI	Case Manager Number	County Case Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client ID	Client Name, Last	Client Name, First
<input type="text"/>	<input type="text"/>	<input type="text"/>

XIII. Non-Family Placement Services

68. Svc Type	69. Freq.	70. Beg. Date	71. End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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XIV. Trafficking

72. Trafficking Begin Date	73. Trafficking End Date	74. Report to Law Enfcmt	75. Date Rpt to Law Enfcmt	76. Custody Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

XV. Runaway

Runaway Begin Date	Runaway End date
<input type="text"/>	<input type="text"/>
Runaway Contributory Factors (check all that apply)	
77. <input type="checkbox"/> CPS History	78. <input type="checkbox"/> Separation from Siblings
79. <input type="checkbox"/> Multiple FC moves	
80. <input type="checkbox"/> Running to someone	81. <input type="checkbox"/> Running from FC Placement
82. <input type="checkbox"/> Other	
Runaway Experiences (check all that apply)	
83. <input type="checkbox"/> Alcohol and/or illegal drug use	84. <input type="checkbox"/> Voluntary Sexual Activity
85. <input type="checkbox"/> Involuntary Sexual Activity	
86. <input type="checkbox"/> Lived with Friends	87. <input type="checkbox"/> Lived with Family
88. <input type="checkbox"/> Lived in Homeless Shelter	89. <input type="checkbox"/> Lived on Street
90. <input type="checkbox"/> Other	