

AFCARS Adoption Error Guide

#	AFCARS Adoption Element Name	FSFN Page; Field
1	State Code	N/A
2	Report Period Ending Date, Year	N/A
3	Record Number	N/A
4	State Agency Involvement in Adoption	N/A
5	Child's Date of Birth	Maintain Case→Person Management (<i>Childs Record</i>)→Basic Tab; Birth Date
6	Child's Sex	Maintain Case→Person Management (<i>Childs Record</i>)→Basic Tab; Gender
7	Child's Race	Maintain Case→Person Management (<i>Childs Record</i>)→Basic Tab; Race
8	Child's Hispanic Origin	Maintain Case→Person Management (<i>Childs Record</i>)→Basic Tab; Ethnicity
9	State Determined that Child Has Special Needs	N/A
10	Primary Basis for Special Needs	Interim Child Information→Adoption Factors Tab; Primary Basis for Special Needs Values for the "Primary basis for Special Needs" field: <ul style="list-style-type: none"> • Age of Child • Medical Conditions or Mental, Physical or Emotional Disabilities • Not Applicable • Other Special Needs • Race/Ethnicity • Sibling Group <p><i>(*Note* The reason that is selected should coincide with the selection on the child's person Disability/AFCARS screen.)</i></p>
11	Special Needs--Mental Retardation	Maintain Case→Person Management (<i>Childs Record</i>)→Disability/AFCARS tab; Mental Retardation
12	Special Needs--Visually or Hearing Impaired	Maintain Case→Person Management(<i>Childs Record</i>)→Disability/AFCARS tab; Visually or Hearing Impaired
13	Special Needs--Physically Disabled	Maintain Case→Person Management (<i>Childs Record</i>)→Disability/AFCARS tab; Physically Disabled
14	Special Needs--Emotionally Disturbed (DSM III)	Maintain Case→Person Management→Disability/AFCARS tab; Emotionally Disturbed

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15	Special Needs--Other Medically Diagnosed Condition Requiring Special Care	Maintain Case→Person Management(<i>Childs Record</i>)→Disability/AFCARS tab; Other Medically Diagnosed Condition Requiring Special Care
16	Year of Birth of Birth Mother	Maintain Case→Person Management (<i>Childs Record</i>)→Additional Tab; Child's Mother OR Maintain Case→Person Management (<i>Mothers Record</i>)→Basic tab; Birth Date <i>(*Note* This information is pulled from the child's and the mother's person record. The mother needs to be linked on the child's Additional Tab.)</i>
17	Year of Birth of Birth Father	Maintain Case→Person Management (<i>Childs Record</i>)→Additional Tab; Child's Father OR Maintain Case→Person Management (<i>Fathers Record</i>)→Basic tab; Birth Date <i>(*Note* This information is pulled from the child's and the father's person record. The father needs to be linked on the child's Additional Tab.)</i>
18	Mother Married at Time of Child's Birth	Interim Child Information→Adoption Factors Tab; Mother Married at Time of Child's Birth
19	Mother's Termination of Parental Rights	Interim Child Information→Legal Tab; Mother TPR Date
20	Father's Termination of Parental Rights	Interim Child Information→Legal Tab; Father TPR Date
21	Date Adoption Legalized, Year	N/A
22	Adoptive Parents Family Structure	Person Provider→Home tab; Marital Status <i>*Note* This is the provider record of the provider linked to the adoptive home type placement that was end dated at the time of removal discharge with the reason of "adoption finalization."</i>

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23	Adoptive Mother Year of Birth	<p>Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Birth Date</p> <p><i>*Note* The adoptive Mother needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the DOB is pulled from the Person Record.</i></p>
24	Adoptive Father Year of Birth	<p>Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Birth Date</p> <p><i>*Note* The adoptive Father needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the DOB is pulled from the Person Record.</i></p>
25	Race of Adoptive Mother	<p>Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Race</p> <p><i>*Note* The adoptive Mother needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the race is pulled from the Person Record.</i></p>
26	Hispanic Origin of Adoptive Mother	<p>Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Ethnicity</p> <p><i>*Note* The adoptive Mother needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the race is pulled from the Person Record.</i></p>
27	Race of Adoptive Father	<p>Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Race</p> <p><i>*Note* The adoptive Father needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the race is pulled from the Person Record.</i></p>

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28	Hispanic Origin of Adoptive Father	Person Provider→Home tab; Caregiver 1 or Caregiver 2 OR Maintain Case→Person Management→Basic Tab; Ethnicity <i>*Note* The adoptive Father needs to be linked on the Person Provider record as either Caregiver 1 or Caregiver 2, once this is determined the ethnicity is pulled from the Person Record.</i>
29	Adoptive Parent Relationship--Stepparent	Interim Child Information→Adoption Factors Tab; Relationship of Adoptive Parent to Child
30	Adoptive Parent Relationship--Other Relative of Child by Birth or Marriage	Interim Child Information→Adoption Factors Tab; Relationship of Adoptive Parent to Child
31	Adoptive Parent Relationship--Foster Parent of Child	Interim Child Information→Adoption Factors Tab; Relationship of Adoptive Parent to Child
32	Adoptive Parent Relationship--Other Non-Relative	Interim Child Information→Adoption Factors Tab; Relationship of Adoptive Parent to Child
33	Child Placed From	Interim Child Information→Adoption Factors Tab; Child Placed From
34	Child Placed By	Interim Child Information→Adoption Factors Tab; Child Placed By
35	Is Child Receiving Monthly Subsidy	N/A
36	Monthly Amount of Subsidy	N/A
37	Title IV-E--Is Child Receiving Adoption Assistance	N/A

Person Management – Basic Tab

Basic

Additional

AKA Names

Address

Relationship

Disability/AFCARS

Name

ID: 409 Last Name: Acorn Suffix: II First Name: Jim Middle Name: A

Basic

Gender: Male U.S. Citizen SSN: 123-12-3123
 Birth Date: 09/01/2005 Type of Birth Verification: County: Estimated Age:
 Birth Place: County: Cause of Death:
 Death Date: 12/22/2006 Death Time: 00:00 AM PM

Identification

ID Type	ID Number	State	
Birth Certificate	@%*	AK	Delete

Insert

Primary Language: Filipino Secondary Language: Interpreter Required
 Religion: Eastern Orthodox Marital Status:

Ethnicity

Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander
 White Unable to Determine
 Ethnicity: Eastern European
 Hispanic/Latino: No Indian Tribe 1: Alaskan Native
 Indian Tribe 2: Other Tribal Info:
 Tribal Reference #:

Save Close

Person Management - Additional Tab

Person Management 'Acorn II, Jim A' ID:409 -- Web Page Dialog

Florida Safe Families Network

Print Audit Spell Check Help

Basic **Additional** AKA Names Address Relationship Disability/AFCARS

Person Information

Child's Mother:	Search	Child's Father:	Search
Child's Legal Guardian (1):	Search	Child's Legal Guardian (2):	Search

Child's Parental Information

Mother's Current Status:

Father's Current Status:

Current Relationship of Parents to Each Other:

Armed Services Information

Person is the Legal Dependent of an Individual on Active Duty in the Armed Services of the U.S.

Person is on Active Duty in the Armed Services of the U.S.

Reporting Information

Client Characteristics 1:

Client Characteristics 2:

Client Characteristics 3:

Identification Records

Birth Verification: Fingerprints Record Obtained:

Photos obtained - Most Recent: Second Most Recent: Third Most Recent:

[View Photo](#)

Comments:

Save Close

Person Management - Disability/AFCARS Page

Person Management 'Acorn II, Jim A' ID:409 -- Web Page Dialog

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Basic Additional AKA Names Address Relationship **Disability/AFCARS**

Child Information

Child is a Teen Parent
 Teen Parent's Child Resides with Him/Her

Child Was previously Adopted: No Age Adopted:

School Information

Currently Enrolled in School
Highest Grade Level Completed:

Disability Information

Clinically Diagnosed Disability: Yes

Mental Retardation **Physically Disabled** **Visually/Hearing Impaired**
 Other Medically Diagnosed Conditions Requiring Special Care **Emotionally Disturbed** **Learning Disability**

Adult's Disability Information

Save Close

Interim Child Information – Legal tab

Interim Child Information - Microsoft Internet Explorer

Florida Safe Families Network Print Audit Spell Check Help

Child
 Child: super, man Case Name: Acorn, Jim, A

Basic **Legal** Adoption Factors

Legal Status

Legal Status	Begin Date	End Date	
6 Month Judicial Review	06/04/2007	00/00/0000	Delete

Insert

TPR Dates

Mother-TPR Date: **Father-TPR Date:**

Permanency Goal

Goal	Established On	Outcome Date	Goal Outcome	Primary Goal
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Insert

Save **Close**

Done Trusted sites

Interim Child Information – Adoption Factors Tab

Interim Child Information - Microsoft Internet Explorer

Florida Safe Families Network Print Audit Spell Check Help

Child: super, man Case Name: Acorn, Jim, A

Basic Legal **Adoption Factors**

Adoption Factors

Adoption Finalized

Birth mother married at time of child's birth:

Relationship of adoptive parent to child:

Placed From:

Placed By:

Primary Basis for Special Needs:

Save Close

Done Trusted sites

Person Provider – Home Tab

Person Provider - Microsoft Internet Explorer

Florida Safe Families Network Print Audit Spell Check Help

Basic

Number: 1101 Name: bbb aaa Type: Other Placement Status: Active

Lcns. Type: Lcns. Agency:

Home Members Resource Types Characteristics Services Training

Home Information

Caregiver 1: aaa, bbb Caregiver 2: Primary Language: English

Home: (888)999-0000 Cell: **Marital Status:** Single Female

Cell: (333)444-6666 Work: Ext: Building:

Work: (333)344-3333 Ext:4444 Unit Designator: County: Bradford State: FL ZIP: 323011234 Country: United States

Street/Route: 123 testing street City: Tallahassee

Alternate Contact Information

Name: Phone:

Further Information

Tax Id Number **Miscellaneous** **ICWSIS ID**

FEIN EFT District ICWSIS ID Delete

SSN 1099 Form Required

N/A

Options: **Save** **Close**

Done Trusted sites