

**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