Data Entry Instructions for Documenting CLETS, CACI, and CWS/CMS search in the FCSS

1. Complete the following fields.

[X] Emergency Pre-Placement Checks

Primary Substitute Care Provider	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date

Secondary Substitute Care Provider	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date

ADD Other Adults in Home

Other Adults

Last Name	Text	First Name	Text
DOB	Date	Relationship to SCP	Drop Down

	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date

Other Adults

Last Name	Text	First Name	Text
DOB	Date	Relationship to SCP	Drop Down

	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date