



IV-E Eligibility Determination for an Adoption Support Application Effective October 2009

Sections II, III, and IV completed by the IV-E Specialist. Section V completed by Adoption Support Program Consultant.

I. CHILD IDENTIFYING INFORMATION	
1. CHILD'S BIRTH NAME	2. CHILD'S PERSON ID/CASE NUMBER
3. CHILD'S ADOPTIVE NAME (PRESUMPTIVE, if known)	4. CHILD'S BIRTH DATE (MM/DD/YYYY)
5. SOCIAL SECURITY NUMBER	6. DCYF LOCAL OFFICE/SOCIAL WORKER

II. US CITIZEN/ALIEN CRITERIA	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<p>1. Verify if U.S. citizen. If yes, proceed to Section III. If no, answer Alien question #2 below.</p> <p>2. Is this child a qualified alien as defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996? If yes, proceed to Section III. If no, child is not eligible for title IV-E adoption assistance; proceed to Section IV.</p>	

III. IV-E ELIGIBILITY CRITERIA
<p>First, determine if the child is an "Applicable Child" or "Not Applicable Child." Then complete <u>only</u> the section (A. or B.), which corresponds to the child's Applicable/Not Applicable status.</p> <p><input type="checkbox"/> Applicable Child – Complete Section A. Check the "Applicable Child" box only if <u>one</u> of the following criteria applies (check a, b, or c)</p> <p><input type="checkbox"/> a. Age – The child has attained or will attain the "applicable age," as defined in PL 110-351, ACYF-CB-PI-09-10 (August 26, 2009) and Title IV-E Desk Guide Adoption Support Section any time before the end of the Federal fiscal year during which the adoption assistance agreement is entered into; or</p> <p><input type="checkbox"/> b. Time In Foster Care – The child has been in foster care under the responsibility of the State or Tribal title IV-E agency for 60 consecutive months. The 60 consecutive month period is any 60 consecutive months prior to finalization of the adoption.</p> <p><input type="checkbox"/> c. Sibling – The child is a sibling of a child who meets either a. or b. above <u>and</u> is placed in the <u>same</u> adoption arrangement as his/her sibling.</p> <p><input type="checkbox"/> Not Applicable Child – Complete Section B Check the "Not Applicable Child" box for a child who does not meet any of a, b, or c above.</p>

A. Applicable Child IV-E Eligibility Criteria
<p>If any <u>one</u> of questions 1 – 4 is checked "Yes," stop and check "Yes" in Section IV on page 3 of this form.</p> <p>Criteria Met?</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Previous Adoption Eligibility Has the child been previously adopted, the previous adoption has been dissolved (adoptive parents' rights terminated), or the adoptive parents have died, <u>and</u> the child was eligible for IV-E adoption support in the previous adoption or would have been eligible had the Adoption and Safe Families Act (ASFA) of 1997 been in effect at the time of the previous adoption?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. SSI Eligibility Does the child meet all medical and disability requirements of title XVI Supplemental Security Income (SSI)? NOTE: The Applicable Child does <u>not</u> have to meet the needs based requirements of SSI.</p>

DISTRIBUTION: Original to Case/Adoption Worker to Include in Adoption Support Packet Copy to IV-E Documentation File

1. CHILD'S BIRTH NAME	2. CHILD'S PERSON ID/CASE NUMBER
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III. IV-E ELIGIBILITY CRITERIA - (CONTINUED)

Criteria Met?

Yes No

3. Child of a Minor Parent Eligibility

Was the child residing in a foster family home or child care institution with his/her minor parent, whose removal from home was pursuant to a judicial determination that it was contrary to the minor parent's welfare to remain in the home, or pursuant to a voluntary placement agreement or voluntary relinquishment on behalf of the minor parent?

4. Judicial or Voluntary Removal Eligibility

At the time of the initiation of adoption proceedings, was the child in care of a public or licensed private nonprofit child placement agency or Indian tribal organization pursuant to a voluntary placement agreement, voluntary relinquishment, **or** judicial determination that it was contrary to the child's welfare to remain in the home?

B. Not Applicable Child IV-E Eligibility Criteria

If any one of questions 1 – 4 is checked "Yes," stop and check "Yes" in Section IV on page 3 of this form.

Criteria Met?

Yes No

1. Previous Adoption Eligibility

Has the child been previously adopted, the previous adoption has been dissolved (adoptive parents' rights terminated), or the adoptive parents have died, **and** the child was eligible for IV-E adoption support in the previous adoption?

2. SSI Eligibility

Is the child eligible for SSI benefits, the SSI Eligibility Date is prior to the date adoption is finalized, and there is proof of eligibility on file, such as an SSI award letter or SSI payment history?

3. Child of a Minor Parent Eligibility

Was the child's parent in foster care and received a **title IV-E** foster care maintenance payment that covered both the minor parent's and child's needs at any time prior to finalization of the adoption? **NOTE:** Look only at the last unbroken placement episode preceding finalization of the adoption

4. AFDC Eligibility

NOTE: For removals prior to 03/27/2000, please consult Title IV-E Desk Guide, Adoption Support, "Not Applicable Child" Section. The following apply to children removed from home on or after 03/27/2000.

Check "Yes" for #4. only if all of a – care "Yes."

Yes No

a. Was the child living with a relative of specified degree (RSD) at the time of removal **or** at any time within six months of the eligibility month?

b. Did the child meet AFDC financial need and deprivation factors (per July 16, 1996 AFDC rules) in the home of the specified relative from whom he/she was removed?

c. If the child was placed by court order, does the very first court order removing the child from home contain language to the effect that it was contrary to the child's welfare to remain in the home, **OR** if removal was pursuant to a voluntary placement agreement, was the child IV-E reimbursable at some point prior to finalization of the adoption?

1. CHILD'S BIRTH NAME		2. CHILD'S PERSON ID/CASE NUMBER	
IV. CERTIFICATION OF IV-E ELIGIBILITY STATUS			
Meets IV-E Eligibility Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: In addition, child must meet special needs criteria in Section V to be eligible for title IV-E Adoption Support.			
ELIGIBILITY SPECIALIST (PRINT NAME)		SIGNATURE	
E-MAIL ADDRESS	TELEPHONE NUMBER (INCLUDING AREA CODE)	DATE	
COMMENTS:			
Completed by the Adoption Support Program Consultant			
V. SPECIAL NEEDS DETERMINATION AND CERTIFICATION			
A. Child - Special Needs Criteria			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the state determined that the child cannot or should not be returned to the home of his/her parents?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the state determined the following? (Check "Yes" only if either a and b are true, OR if c is true).	
		a. There exists, with respect to the child, a specific factor or condition (such as ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as a medical condition or physical, mental, or emotional handicap) AND	
		b. Because of that specific factor or condition , it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance or medical assistance OR	
		c. For an "Applicable Child" Only: The Applicable Child meets the criteria for the factor or condition element of the special needs determination by meeting all of the medical or disability requirements for Supplemental Security Income (SSI).	
<input type="checkbox"/>	<input type="checkbox"/>	3. Has a reasonable, but unsuccessful, effort been made to place the child with appropriate adoptive parents without providing adoption assistance or Medicaid? <i>This test would not be applied if it would be against the best interest of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child.</i>	
If yes on all of these questions, child meets special needs criteria (unless number 3 is against the best interest of the child).			
Comments:			
ADOPTION SUPPORT PROGRAM CONSULTANT (PRINT NAME)			
SIGNATURE			DATE
TELEPHONE NUMBER (INCLUDING AREA CODE)		E-MAIL ADDRESS	