



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

November 28, 2011

Subject: Fostering Connections and Enrolling Adoption Assistance and Foster Care Children into CCNC

Dear County Director of Social Services:

The Fostering Connections to Success and Increasing Adoption Act of 2008 (Public Law 110-351) amended the existing title IV-B plan to require that States, in coordination with the State Medicaid agency, develop a plan for ongoing oversight and coordination of health care services for children in foster care, including mental health and dental health needs. The Division of Social Services (DSS) previously mentioned in a letter (<http://www.ncdhhs.gov/dss/dcdl/famsupchildwelfare/CWS-26-10.pdf>) that DSS and the Division of Medical Assistance (DMA) were working to develop this ongoing oversight and coordination.

Community Care of North Carolina (CCNC)/Carolina Access was developed to improve access to primary care, improve quality of care and utilization of services, and provide a more cost effective system of care. The North Carolina General Assembly has mandated a savings of approximately \$90 million in state appropriations for this fiscal year by DMA through the CCNC networks. Enrolling Medicaid recipients with a CCNC Primary Care Physician as quickly as possible is a critical step in meeting this mandate. Enrollment in CCNC/Carolina Access has many advantages for foster and adoptive children. Among the advantages are:

- CCNC/Carolina Access provides a system of coordinated health care for Medicaid recipients. This is accomplished by linking recipients to a medical home with a primary care provider to coordinate patient care by providing and/or authorizing services.
- The medical home can be a doctor's office, a community clinic, or a local health department.
- There is no longer a need to go to the emergency room when the problem is not life threatening or when the problem will not threaten the person's health without immediate treatment.
- Treatment and/or medical advice is provided 24 hours a day, 7 days a week.

Effective December 1, 2011, recipients in the "OPTIONAL" groups, who are not currently enrolled into CCNC, must be auto enrolled, unless the recipient chooses not to participate or requests to "opt out" of enrollment. This will include children receiving Adoption Assistance and Foster Care Assistance.



Also please find attached the DSS-5120 which has now been modified to capture the medical home of foster children. If a child coming into foster care already has an established medical home, please insure that the child's relationship with the medical home is maintained if at all possible. This is an important component of Social Service's mandate that all the health care needs of children in our care are met and to work toward maintaining a foster child's connections to all parts of their community, including health care.

DSS is continuing to collaborate with partners regarding training and technical assistance to address medical home and care coordination. If you have any concerns or questions about this information, please feel free to contact your Medicaid Program Representative or the Child Welfare Policy Team at 919-733-4622.

Sincerely,

Craig L. Gray, MD, MBA, JD, Director

Sherry S. Bradsher, Director,
NC Division of Social Services

CLG/SSB/lf
Attachment: 1



**DETERMINATION OF
FOSTER CARE ASSISTANCE BENEFITS AND/OR MEDICAL ASSISTANCE ONLY**

_____ COUNTY DEPARTMENT OF SOCIAL SERVICES

PART I: CHILD INFORMATION (completed by Social Worker)

A.
1. CHILD'S NAME _____

B. Date DSS obtained Placement and Care Responsibility _____ Date of Removal _____

C.
1. PLACE OF BIRTH _____ DOB _____

2. METHOD OF VERIFICATION _____
(copy of birth certificate is required, but parent's statement may be used until birth certificate is obtained)

D. 1.	2.	3.
SOCIAL SECURITY NUMBER	SIS I.D.	CO. CASE NUMBER

**PART II. LEGAL RESPONSIBILITY FOR REMOVAL (completed by Social Worker)
Choose removal method below (A, B or C) and complete relevant section**

A. VPA Removal Requirements (complete for removal by VPA and attach copy of the DSS-1789)

	YES	NO
Was the child removed by a valid Voluntary Placement Agreement (DSS-1789) signed by parent or guardian and the DSS Director? Date placed in foster care _____		

If Yes - Date signed by Parent/Guardian _____ (date) and DSS agency _____ (date).
Child meets initial IV-E eligibility requirements for a removal by a VPA. Proceed to PART III – Removal Home
If No - Child is only eligible for All County foster care funds for room and board. Complete PART IV and then
Proceed to Part VI and check all county.

Note: State law requires that a child coming into care on a VPA must be placed in a licensed foster home.

B. Relinquishment Removal Requirements (complete for removal by Relinquishment and attach copy of the DSS-1804)

Note that a child initially removed by relinquishment is NOT eligible for IV-E.

	YES	NO
Was the child removed by a valid relinquishment (DSS-1804) signed by the parent and the DSS Director?		

If Yes - Date signed by Parent/s _____ (date) and DSS agency _____ (date).
Complete PART IV and then proceed to Part VIII to determine TEA eligibility or proceed to PART VI and check.
SFHF.

If No – Proceed to Part VI and check All County for room and board.

C. Court Ordered Removal Requirements (complete for removal by court order and attach copies of orders)

1. Placement and Care (attach court order)

	YES	NO
Is there a judicial determination that gives the DSS agency responsibility for placement and care of the child?		
	Date	
Date judicial determination issued, not date stamped or signed		

If YES - proceed to next question

If No - Child is only eligible for All County funds for room and board. Complete PART IV and Proceed to Part VI and check all county.

2. Best Interests/Contrary to the Welfare (BI/CTW) (attach court order)

Does the judicial determination that coincides with the removal of the child from the home indicate clearly that the BI/CTW requirements were met by one of the following findings. Note that the specific words below are not required, but the order must convey that the court has determined that the requisite findings have been made	YES	NO
It was in the best interests of the child to be removed from the home		
It was contrary to the welfare of the child to remain in the home		
There were no other reasonable means available to protect the juvenile		
	Date	
Date judicial determination issued with BI/CTW Language, not the date stamped or signed		

If Yes, Proceed to next question.

If No, the BI/CTW requirements were not met. Child is NOT IV-E eligible and is only eligible for All County funds for room and board. Complete PART IV and then Proceed to Part VI and check all county. If requirement is met at a later date, complete a redetermination to establish SFHF or TEA eligibility only.

3. Reasonable Efforts (Child is not IV-E eligible until 1st day of month RE finding made) (Attach Court Order)

	YES	NO
Was the reasonable efforts requirement met by one (only) of the following:		
A judicial determination within 60 days of removal that lists or refers to the efforts made by DSS to prevent removal and finds that those efforts were reasonable, or		
A judicial determination within 60 days of removal that determines reasonable efforts were precluded by safety concerns for child, therefore making no efforts was reasonable.		
Or a judicial determination that Reasonable Efforts were not required because one of the follow conditions existed (attach documentation)		
The parental rights with respect to a sibling have been terminated involuntarily or		
A court of competent jurisdiction has determined that the parent has subjected the child to aggravated circumstances (as defined in State law, which definition may include but need not be limited to abandonment, torture, chronic abuse, and sexual abuse), or		
A court of competent jurisdiction has determined that the parent has been convicted of:		
Murder of another child of the parent, or		
Voluntary manslaughter of another child of the parent, or		
Aiding or abetting, attempting, conspiring, or soliciting to commit such a murder or such a voluntary manslaughter, or		
A felony assault that results in serious bodily injury to the child or another child of the parent.		
	Date	
Date judicial determination issued with RE language, not the date stamped or signed		

If any one of the above is checked yes, child meets reasonable efforts requirements. Proceed to Next Section.

If none of the above are checked yes - Child is NOT IV-E eligible and is only eligible for All County funds for room and board. Complete PART IV and then Proceed to Part VI and check all county. **If requirement is met at a later date, complete a redetermination to establish SFHF or TEA eligibility only.**

PART III: DETERMINATION OF REMOVAL HOME (completed by Social Worker)

Complete either A or B below

A. VPA removal - who signed the VPA? Parent Guardian. **If Parent**, proceed with next question. **If Guardian**, was the guardian a specified relative? Yes No If yes, proceed to next question, if no the child is not IV-E eligible, proceed to Part VI and mark SFHF.
 Has the child lived with this parent or specified relative above within the last six months? Yes No
If yes, this is the removal home, enter below and then Proceed to PART IV. If no, child is not IV-E eligible, Proceed to Part VI and mark SFHF. Name Parent or Guardian: _____.

B. Court ordered removal:

1.	Yes	No
Was the child living with a parent at removal?		

If **yes**, the parent is the removal home. Enter the parent's name as the removal home below.
 If **no**, proceed to next question.

2.	Yes	No
Was child living with a specified relative other than parent at removal? A specified relative is defined as any relation by blood, adoption or marriage (even if marriage has been dissolved by death or divorce), within the fifth degree of kinship to the dependent child. This includes, <u>but is not limited to</u> , great-great-great grandparents and first cousins once removed (children of first cousins).		

If **yes**, proceed to next question.
 If **no**, proceed to "4" below.

3.	Yes	No
Was the child physically removed from that specified relative above?		
Does petition or custody order explain why child was removed from that relative. Note: the relative does not have to be named as a party or respondent in the petition.		

If **yes** to both, then the specified relative is the removal home. Enter the specified relative's name as the removal home below.
 If **no** to either, then name the specified relative _____ and their relationship to the child _____, then proceed to next question.

4.	Yes	No
Has child lived with a parent or any other specified relative within the last six months? With whom: _____ and dates: _____		
Does the petition or custody order explain why child was removed from that parent or other specified relative with whom they have lived in the last six months?		

If yes to both, then that parent or other specified relative named above is the removal home. Enter the name as the removal home below and proceed to PART IV
If no to either, child is **NOT** IV-E eligible. Complete PART IV and then proceed to Part VI and mark SFHF. Note the person child was living with at removal: _____

Removal Home (name): _____

Relationship to child: _____

Removal Home Address: _____

PART IV: AFDC CONNECTEDNESS (completed by Social Worker)

A. Deprivation (Must be supported by appropriate verification)

	Yes	No
Was the child without parental support or care in the removal home during the removal month due to one of the below? (note that deprivation is always in regard to a parent so if the child is legally removed from a specified relative other than a parent, absence exists in the relatives home if the parent is not living in that home)		
Death		
Absence Note: absence means that either or both of the parents are out of the home and the nature of the absence causes an interruption or a termination of the parent's functioning as a provider of maintenance, physical care, or guidance of the child.		
Incapacity/disability Note: Incapacity is defined as a physical or mental defect, illness, or impairment, verified by a qualified professional, that substantially reduces or eliminates the parent's ability to support or care for a child.		
Unemployment only applies in two parent households. In single parent households, one of the above should apply. Complete the following section when the Primary Wage Earner in a two parent household meets the definition of unemployment.	Yes	No
Unemployment/Underemployment of PWE Note: The Primary Wage Earner (PWE) in a two parent family is the parent who made the most money in the previous 24 months. The PWE must be employed less than 100 hours per month, or exceeds that standard for a particular month if the work is intermittent and the excess work is temporary. Such work may be considered temporary if the unemployed parent worked fewer than 100 hours in the preceding two months and is expected to work fewer than 100 hours in the following month		
How was deprivation verified? (specify)		

If Any of the above are marked Yes, Proceed to next section.

If None of the above are marked Yes, the child is NOT IV-E eligible. complete next section and then proceed to PART VIII to determine TEA eligibility or proceed to Part VI and check SFHF.

Note: If the removal home was a parent and conditions in the removal home change such that an item marked yes above would no longer be yes, it is necessary to immediately redetermine eligibility using the DSS-5120A and determine whether the child may meet the deprivation requirement under another category or for another reason. If not met, then the child is not IV-E eligible from the date that deprivation no longer exists.

B. Need

Note: This section is completed by the Social Worker and then provided to the Income Maintenance Case Worker for a determination of AFDC Need. The Social Worker subsequently makes the determination of IV-E eligibility based on all initial IV-E eligibility requirements being met, including the AFDC Need finding.

Was the removal home (above in Part III) determined to be a Parent or Other Specified Relative?

Decision Point:

If the removal home was determined to be a **parent**, complete one budget information section for **each** member of the removal home (use additional pages if needed).

If the removal home was determined to be a **specified relative (not a parent)**, complete budget information sections only for the child and **all** siblings in the removal home (use additional pages if needed). Since the relative (not a parent) does not have any financial responsibility for the child, the income and resources of the relative are not considered in determining AFDC eligibility.

Child		How Verified?
Name (Last, First, MI)		
DOB		
SS#		
Full Time Student? (Yes or No)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Siblings (including step siblings) (use additional pages as needed)		How Verified?
Name (Last, First, MI)		
Relationship to Child		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Full Time Student? (Yes or No)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Siblings (including step siblings) (use additional pages as needed)		How Verified?
Name (Last, First, MI)		
Relationship to Child		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Full Time Student? (Yes or No)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

¹ Unearned income includes Child Support, Social Security Benefits, Retirement Income, Unemployment Benefits, and other income that is not considered wages. SSI is not countable, nor or any of the resources or income of an individual that receives SSI.

Parents		How Verified?
Name (Last, First, MI)		
Relationship to Child		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments made		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ² (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Parents		How Verified?
Name (Last, First, MI)		
Relationship to Child		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments made		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ² (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Stepparent		How Verified?
Name (Last, First, MI)		
Relationship to Child		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Place of Employment		
Removal Month Gross Monthly Earnings		
Child Support Payments made		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ² (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Note: The budget information section above, after being completed by the Services Worker, is to be given to the Income Maintenance Worker for a determination of AFDC Need and then returned to the Services Worker for a determination of IV-E eligibility.

² Unearned income includes Child Support, Social Security Benefits, Retirement Income, Unemployment Benefits, and other income that is not considered wages. SSI is not countable, nor or any of the resources or income of an individual that receives SSI.

Part V AFDC NEED DETERMINATION (completed by IMCW)

**This section is to be completed by the Income Maintenance Case Worker
BUDGETS TO DETERMINE “WOULD HAVE BEEN ELIGIBLE” for AFDC as of July 16, 1996.**

1. Determining the Family Assistance Unit. Note: Family Assistance Unit consists of child, natural or adoptive parents and the blood related or adoptive siblings living in the same household. Attach additional pages if needed.

a. **Child** – List the child for whom eligibility is being determined (**do not list if child receives SSI**)

Name (Last, First, MI)	DOB	SS#

Note: If the child receives SSI, they may still be eligible for IV-E. While they would not have been included in the family assistance unit for AFDC budgeting purposes, this does not exclude them from being IV-E eligible.

b. **Siblings** – List siblings who are related by **blood or adoption** living in the removal home.

DO NOT LIST THE FOLLOWING
1. Siblings receiving SSI
2. Siblings receiving foster care maintenance (board payments) at the time of removal
3. Siblings receiving adoption assistance at the time of removal
4. Siblings who are stepsister or stepbrother
5. Siblings who are not U.S. citizens or qualified aliens
6. Siblings who do not meet the age requirement of being under 18

Name (Last, First, MI)	DOB	SS#	Full Time Student	
			Yes	No
1.				
2.				
3.				
4.				
5.				

c. **Parents** – List the children’s (in a and b above) biological or adoptive parent(s) living in the removal home.

DO NOT LIST THE FOLLOWING
1. Parents receiving SSI
2. Parents who are not U.S. citizens or qualified aliens
3. Stepparents when there are no common children
4. Parents who are qualified aliens, but ineligible due to sponsor income
5. Parents who are on permanent intentional program violations
6. Specified relatives that the children are living with in place of their parent(s)

Name (Last, First, MI)	DOB	SS#

Number of individuals listed in a, b and c. _____ This is the size of the family assistance unit.

Note: For households where there is a parent or stepparent who is not a member of the FAU (for example an unqualified alien parent or a stepparent with no children in common), complete a stepparent/unqualified alien parent budget. However, if the biological or adoptive parent of the child whose eligibility is being determined receives SSI, do not complete a stepparent budget.

2. AFDC Income Determination. Attach additional pages if needed. **Note** that WFFA is not considered as income.

NOTE: This is a **two step process** and meeting the 185% of need is only the first step in the process. However, if the total countable income is determined to exceed 185% of need test, then the child is **NOT** IV-E eligible.

Step 1 Complete Budget Below For ALL Family Assistance Unit Members³ Who Do Not Receive SSI.

1. Name Family Assistance Unit member: _____	
Gross Monthly Earned Income (Weekly gross x 4.3, or bi-weekly gross x 2.15	
Add Gross Unearned Income ⁴ .	
Subtract First \$50/month Child Support received	
Subtract Earned Income Disregard for Students (for children who are full time students)	
(A) Total Net Income	

2. Name Family Assistance Unit member: _____	
Gross Monthly Earned Income (Weekly gross x 4.3, or bi-weekly gross x 2.15	
Add Gross Unearned Income ⁴ .	
Subtract First \$50/month Child Support received	
Subtract Earned Income Disregard for Students (for children who are full time students)	
(B) Total Net Income	

3. Name Family Assistance Unit member: _____	
Gross Monthly Earned Income (Weekly gross x 4.3, or bi-weekly gross x 2.15	
Add Gross Unearned Income ⁴ .	
Subtract First \$50/month Child Support received	
Subtract Earned Income Disregard for Students (for children who are full time students)	
(C) Total Net Income	

4. Name Family Assistance Unit member: _____	
Gross Monthly Earned Income (Weekly gross x 4.3, or bi-weekly gross x 2.15	
Add Gross Unearned Income ⁴ .	
Subtract First \$50/month Child Support received	
Subtract Earned Income Disregard for Students (for children who are full time students)	
(D) Total Net Income	

5. Name Family Assistance Unit member: _____	
Gross Monthly Earned Income (Weekly gross x 4.3, or bi-weekly gross x 2.15	
Add Gross Unearned Income ⁴ .	
Subtract First \$50/month Child Support received	
Subtract Earned Income Disregard for Students (for children who are full time students)	
(E) Total Net Income	

Note the Total Net Income of the Family Assistance Unit from (A) through (E) above (also include totals from any additional pages): _____

Note Family Assistance Unit Size determined above (also include members from any additional pages): _____

³ Family assistance unit consists of child, natural or adoptive parents and the blood related or adoptive siblings living in the same household.

⁴ Unearned income includes Child Support, Social Security Benefits, Retirement Income, Unemployment Benefits, and other income that is not considered wages. SSI is not countable, nor are any of the resources or income of an individual that receives SSI.

Decision Point:

Compare Total Net Income to 185% of the State’s AFDC Standard of Need for a family of the size noted.

Refer to Family Services Manual Volume 1: Chapter XIII (Funding Manual) if family unit exceeds 7

Number in Family Unit	1	2	3	4	5	6	7
185% of Need	670	873	1006	1099	1199	1291	1380

If the total net income of the Family Assistance Unit is at or below 185% of the Standard of Need, proceed to step two below.

If total net income exceeds 185% of the AFDC standard of need, child does not meet AFDC Need Standards, proceed to AFDC Need Decision below.

Step 2 Complete Budget Below For ALL Family Assistance Unit Members⁵ Who Do Not Receive SSI. Attach additional pages if needed.

1. Name Family Assistance Unit Member: _____		2. Name Family Assistance Unit Member: _____	
Total Net Income From Above		Total Net Income From Above	
Less Earned Income Tax Credit (EITC)		Less Earned Income Tax Credit (EITC)	
Less \$90 Work Related Expense Per Person		Less \$90 Work Related Expense Per Person	
Less Allowable Child Care Expense		Less Allowable Child Care Expense	
(A) Total Countable Income		(B) Total Countable Income	

3. Name Family Assistance Unit Member: _____		4. Name Family Assistance Unit Member: _____	
Total Net Income From Above		Total Net Income From Above	
Less Earned Income Tax Credit (EITC)		Less Earned Income Tax Credit (EITC)	
Less \$90 Work Related Expense Per Person		Less \$90 Work Related Expense Per Person	
Less Allowable Child Care Expense		Less Allowable Child Care Expense	
(C) Total Countable Income		(D) Total Countable Income	
(E) Total Countable Income for family assistance unit			

Stepparent/Unqualified Alien Parent Budget (Note: For households where there is a parent/stepparent who is not a member of FAU, complete this budget.)

Budget for Parent/Stepparent NOT in Family Assistance Unit but living in the Removal Home	
Monthly Gross Earned plus Unearned Income	
Subtract \$90 for Work Related Expenses	
Subtract Need Standard for Parent/Stepparent and his/her Children not in FAU living in Removal Home	
Subtract Actual Amount Paid for Child Support and Court Ordered Alimony	
Subtract Actual Amount Paid for the Care of a Dependent that is living out of the home	
(F) Total Countable Income of Parent/Stepparent not in FAU, but living in Removal Home.	

(G) Total Household Countable Income - Add (E) and (F) from above (also include totals from any additional pages): _____

⁵ Family assistance unit consists of child, natural or adoptive parents and the blood related or adoptive siblings living in the same household.

Compare Total Household Countable Income (G above) to 100% of the State's AFDC Standard of Need for a family of the same size.

Refer to Family Services Manual Volume 1: Chapter XIII (Funding Manual) if family unit exceeds 7.

Number in Needs Unit	1	2	3	4	5	6	7
100% of Need	362	472	544	594	648	698	746

Is the Total Countable Income for the Family Assistance Unit at or below 100% of the States Standard of Need?

Yes No

Decision Point:

If Yes – proceed to next step.

If No - child does not meet AFDC Need Standards, proceed to **AFDC Need Decision below**

3. AFDC Resources Determination of FAU members (From Part IV)

	Assets/Resources ⁶		Assets/Resources
Father		Mother	
Stepparent (if in FAU)		Child	
Sibling		Sibling	
Sibling		Sibling	
Total Assets/Resources			

	Yes	No
Are the Total Assets/Resources of the family assistance unit less than \$10,000? (The resources of the family assistance unit must be less than \$10,000, see footnote below)		

If **yes**, proceed to Question 4; if **no** proceed to the next questions.

	Amount	How Verified?
If No, What was the total amount of Federal tax refund the household received in the last 12 months?		
	Yes	No
Is the difference between the family assistance unit's reported assets and the amount received from the tax refund less than \$10,000?		

If **yes**, proceed to Question 4.

4. AFDC Need Decision

	Yes	No
Does the child meet AFDC need standards for both income and resources?		

IMCW _____ Date _____

Note: Once the IMCW has determined that the removal household would have met AFDC Need Standards in the month of removal, this form is returned to the Services Worker for a Determination of IV-E Eligibility.

⁶ Resources include such things as stocks, bonds, and real property. Excludable resources include the family's place of residence, equity in one automobile, burial plots, and funeral agreements valued up to \$1500.

PART VI DECISION (completed by Social Worker)

A. CITIZENSHIP: Is the child a U.S. citizen or qualified alien? (Verification Required, attach)

RESIDENCE AND CITIZENSHIP

	YES	NO	DATE & METHOD OF VERIFICATION (there must be documentation of verification of citizenship or qualified alien status)
U.S. Citizen?			
Qualified Alien? (see definition in glossary)			
Unqualified Alien?			Explain

B. SUMMARY of Initial IV-E Eligibility Requirements

Were legal responsibilities established?	YES	No
VPA Requirements Or		
Court Removal Requirements:		
Placement and Care		
BI/CTW		
Reasonable Efforts		
Were AFDC Connectedness issues established?		
Living with and removed from a specified relative		
Deprivation		
Need (verified by IMCW)		
Was Citizenship Established?		

Decision Point: Were all initial IV-E eligibility requirements for removal by VPA or Court order Met?

- Yes – if all initial IV-E eligibility requirements are met, Mark IV-E as funding source below (Determine TEA eligibility in Part VIII at county option)**
- No - The child is not eligible for IV-E or TEA foster care funds. Mark SFHF or All County below.**

Note: Eligibility for SFHF is the same as IV-E, except: 1. AFDC Need and Deprivation are not required and 2. SFHF may be used until eligibility for IV-E is established. If a child is determined to be ineligible for IV-E due to an eligibility requirement not being met timely, SFHF may be used only when the requirement has been met.

C. FOSTER CARE ELIGIBILITY:

Mark funding source below: (Note: IV-E funds may not be used for foster care maintenance until the first day of placement in the month in which all initial IV-E requirements are met. SFHF may be used from initial placement until the seven day hearing.)

IV-E _____ TEA _____
SFHF _____ ALL COUNTY _____

Foster Care Eligibility Period for room and board: from _____ to _____

Sign and verify eligibility only after IMCW has verified AFDC need in Part V.

SOCIAL WORKER

SUPERVISOR

DATE

Note: Continue to PART VII

PART VII ADDITIONAL INFORMATION

A. CHILD SUPPORT: This information should be sent to Child Support Enforcement.

Mother's Name: _____
Address _____

Legal Father's Name: _____
Address _____

Alleged Father's Name: _____
Address _____

Are any of the named parents paying court ordered child support? Yes _____ No _____

If Yes, indicate:
Amount _____
Frequency _____
By whom _____

If No, Do you want to pursue child support? Yes _____ No _____

If yes - From Whom _____

If No, why not _____

Refer to policy manual for allowable reasons not to refer to child support enforcement.

B. HEALTH INSURANCE: Do the Parents have health/medical insurance for this child?

Policy Holder Name	Group Name	Insurance Company Name	Insurance Policy/Certificate Number

C. MEDICAID INFORMATION: (For purpose of Medicaid card).

Certification Period for MA: from _____ to _____

Medicaid Eligibility Category: _____

Individual EIS ID: _____

Foster Parent Name and Address: _____

Licensed Foster Home or Facility? Yes _____ No _____

D. MEDICAL HOME: (Where the child receives all their healthcare needs – regular check-ups, shots, sick visits, accidents and for referral to specialists for special needs.)

The current medical home provider for the child: _____

Address: _____

Phone number: _____

PART VIII TEA ELIGIBILITY DETERMINATION
(County decides whether and when to make TEA eligibility determination)

1. Was legal responsibility established in PART II? Yes _____ No _____
(Note that legal requirements are the same as for IV-E, except that if contrary to the welfare/best interests language is not obtained in the very first court order, child may become TEA eligible when it is obtained, if all other criteria are met.)
2. Had the child lived with a parent or specified relative within six months preceding the determination of TEA eligibility.
Yes _____ No _____ (Documented in Part III)
3. Is there documentation in the record that child was in an emergency situation. Yes _____ No _____
(If YES, specify) _____

4. Did family state they did not have the resources to meet the emergency. Yes _____ No _____
5. The 364 day eligibility period begins/began on _____ (date) and ends on _____ (date).
6. The services that are/were anticipated to be needed include the following (note that all services must be identified within 30 days of eligibility determination, they may not be added at a later time): _____

DECISION POINT:

If yes to 1, 2, 3 and 4, child is TEA eligible, go to Part V and mark accordingly.

Child may be considered for TEA Foster Care Maintenance payments if the child is non IV-E and has lived with a parent or specified relative within six months of the TEA eligibility determination. Counties have the option to consider the eligibility of the child for TEA rather than SFHF, but it must be remembered that the TEA Foster Care Assistance payments may be made no longer than 364 days and that the payment system does not reimburse for partial months.

SOCIAL WORKER

SUPERVISOR

DATE

Glossary of Terms

Absence	Absence means that either or both of the parents are out of the home and the nature of the absence causes an interruption or a termination of the parent's functioning as a provider or maintenance, physical care, or guidance of the child.
AFDC	Aid to Families with Dependent Children (Title IV-A)
Disability	See incapacity
Incapacity	Incapacity is defined as a physical or mental defect, illness, or impairment that substantially reduces or eliminates the parent's ability to support or care for a child.
Judicial Determination	The judicial determinations of "contrary to the welfare" and "reasonable efforts" must be made in valid court orders, that is, court orders that the State's statute defines as legally enforceable within the State.
Legal Father	The man recognized as the legal father due to marriage to the mother at the time of birth, by voluntary acknowledgment, or by court order
Placement and Care Responsibility	The major responsibility in placement and care is the development of an individual case plan for the child, including periodic review of the appropriateness and suitability of the plan and the foster care placement, to ensure that proper care and services are provided to facilitate return to the child's own home or to make an alternative permanent placement.
Primary Wage Earner (PWE)	The Primary Wage Earner (PWE) in a two parent family is the parent who made the most money in the previous 24 months.
Qualified Alien	<p>At the time of application for IV-E, a qualified alien is a child who meets one of the following:</p> <ol style="list-style-type: none"> 1. Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA). 2. Granted Asylum under section 208 of the INA. 3. A refugee admitted to the U.S. under section 207 of the INA. 4. Paroled into the U.S. under section 212(D)(5) of such Act for a period of at least one year. 5. Deportation is being withheld under section 243(H) of the INA, as in effect immediately before April 1, 1997, or section 241(B)(3) of the INA. 6. Granted conditional entry pursuant to section 203(A)(7) of the INA as in effect prior to April 1, 1980. 7. Cuban/Haitian entrants, as defined in section 501(E) of the Refugee Education Assistance Act of 1980. 8. Who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S., in accordance with exhibit B to attachment 5 of the Dept. of Justice Interim Guidance, 62 FED. REG. 61344 (November 17, 1997). <p>Note: You may contact the Charlotte US Citizenship and Immigration Services (USCIS) at (800) 357-2099 to verify immigration status. (This number is not to be given to the applicant) You will need the family member's full name, date of birth, registration number (if available) and a description of the USCIS document.</p>

Relinquishment	Voluntary consent to the termination of one's parental rights to a child
Specified Relative	<p>A specified relative is defined as any relation by blood, adoption or marriage (even if marriage has been dissolved by death or divorce), within the fifth degree of kinship to the dependent child.</p> <p>This includes, <u>but is not limited to</u>, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great-uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed.</p> <p>Also included is any relationship above preceded by step or half.</p>
Unearned Income	income received by an individual other than through employment.
Underemployment/ Unemployment	The PWE must be employed less than 100 hours per month, or exceeds that standard for a particular month if the work is intermittent and the excess work is temporary. Such work may be considered temporary if the unemployed parent worked fewer than 100 hours in the preceding two months and is expected to work fewer than 100 hours in the following month
Valid	Having legal force
Verify/Verification	to prove to be true by evidence
VPA	Voluntary Placement Agreement