

Commonwealth of Virginia Department of Social Services	Locality	Case Numbers	
		OASIS	
Title IV-E and Medicaid Evaluation	Date of Application	VACIS	
		MMIS	

I. Identifying Information

Child's Last Name		First Name	
Child's Date of Birth			
Address at Removal			
ELIGIBILITY MONTH			

II. Title IV-E Initial Eligibility Factors

A. ENTRY INTO FOSTER CARE

1. Voluntary Placement Agreement (VPA)

YES NO

IF YES PROCEED IF NO, GO TO # 3

a. Copy of Agreement in Record?

YES NO

IF NO STOP & GO TO E

b. Signed and Dated by all Required Parties?

YES NO

IF NO STOP & GO TO E

2. Select the appropriate type of Agreement and enter the date of the last required signature

	MO	DAY	YR
<input type="checkbox"/> Permanent Entrustment			
<input type="checkbox"/> Temporary Entrustment			
<input type="checkbox"/> Non Custodial Agreement			

Date 180 Day Judicial Determination is Due

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If the signed agreement is in the case record and the child has been in care less than 180 days proceed to Section B

NOTE: Eligibility Based on Voluntary Placement Agreement: A Judicial determination must be made within the first 180 days of placement. The judicial determination must indicate that the placement is in the best interests of the child or that it is contrary to the welfare of the child to be returned home.

3. Court Order - Judicial Language Requirements

Select the type of initial court order authorizing removal of the child and enter the date order was signed by the judge

	MO	DA	YR
<input type="checkbox"/> Emergency Removal Order (ERO)			
<input type="checkbox"/> Preliminary Removal Order (PRO)			
<input type="checkbox"/> Dispositional Order			
<input type="checkbox"/> Transfer of Custody Order			
<input type="checkbox"/> Child in Need of Services			
<input type="checkbox"/> CHINS Delinquency			
<input type="checkbox"/> Other			

Copy of Court Order in Record

YES NO

IF NO STOP & GO TO E

Verify that the required language is in the order

a. The order contains a statement to the effect that "placement is in the best interest of the child or "continuation in the home is contrary to the welfare of the child

YES NO

IF NO STOP - Child can never be Title IV-E eligible for this episode of care. GO TO E.

b. The order contains a statement to the effect that "reasonable efforts were made to prevent removal" or "due to the existing emergency reasonable efforts were not possible to prevent removal" (not required if child entered care through a VPA)

YES NO

IF NO STOP - If reasonable efforts language is not on original order, it must be obtained within 60 days (Title IV-E eligibility may not begin until a reasonable efforts determination is obtained.) GO TO E.

B. IV-E NON FINANCIAL REQUIREMENTS

1. Citizenship/Alien Status

US Citizen Qualified Alien Undocumented or Ineligible Alien

Documentation _____

Child meets Citizenship/Alien Status Requirements for Title IV-E YES NO

IF NO STOP & GO TO E

2. Age of child on date in A.2 or A.3

Under age 18 YES NO IF NO STOP & GO TO E

Copy of Birth Certificate in file? YES NO

IF NO - document what was used to verify Birth Date _____

3. Specified Relative/Removal Home (Child must be legally removed from a specified relative to be IV-E eligible)

Did child live with the specified relative who had legal custody during the *eligibility month* or within six months of *eligibility month* ? YES NO IF NO STOP & GO TO E

If yes, enter the name of the specified relative who had legal custody, their relationship to foster care child, and date child last lived with this specified relative – this is the removal home used for AFDC screening and forming the AFDC assistance unit.

NAME	RELATIONSHIP	DATE CHILD LAST LIVED WITH RELATIVE
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AFDC Assistance Unit – List all individuals who were living in the removal home at the time of child’s physical removal and indicate if individual is required to be included in the AFDC assistance unit. The foster care child is always included in the assistance unit even if child was living elsewhere at time of removal.

NAME	RELATIONSHIP TO FC CHILD	AGE	Indicate “yes” if individual is included in AFDC Assistance Unit? If not included, indicate reason for exclusion
	FC CHILD		YES

4. Deprivation Factor

Does Deprivation Exist in Removal Home? YES NO IF NO STOP & GO TO E

IF YES DOCUMENT REASON BELOW:

- Parental Death - Mother Parental Death – Father
- Parental Disability - Mother Parental Disability - Father
- Parental Unemployment – Mother* Parental Unemployment – Father *
- (*Both parents must be in the home and neither can be disabled)
- Parental Absence - Mother Parental Absence – Father

Documentation _____

C. IV-E FINANCIAL NEED

SPIDER Checked YES NO Date SPIDER Checked _____

(Best Practice Hint: Print SPIDER Matches that verify eligibility information)

1. Resources - \$10,000 limit (Evaluate resources of all required AFDC assistance unit members)

NAME	RESOURCE TYPE	AMOUNT	Indicate if resource is exempt or countable

AMOUNT OF AU COUNTABLE RESOURCES _____

Does AU meet the resource limit? YES NO IF NO STOP & GO TO E

2. Income (Evaluate income of all required AFDC assistance unit members received in *eligibility month*)

NAME	INCOME SOURCE	AMOUNT	COUNTABLE/EXEMPT

Income Calculation

Assistance Unit Size _____ 185% of Need _____ 100% of Need _____

Total gross countable earned income of AFDC assistance unit	_____
Add total countable unearned income (including deemed income – attach deeming worksheet if stepparent or alien parent not included in AU has income)	_____
Total countable income	\$0.00
185% of the AFDC income standard for the AFDC assistance unit	\$0
Total income equals to or is less than 185% of the AFDC income standard?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO STOP & GO TO E
If yes, enter net countable income (net income from 100% worksheet – attach 100% work sheet)	\$ -
100% of the Standard of Need for the AFDC assistance	\$0
Total net income equals or is less than 100% of the AFDC income standard?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO STOP & GO TO E

All remaining questions pertain to Foster Care Child only

D. Conditions of IV-E Payment Enter the name of facility/placement in which the child was placed

following removal. Make an entry for each subsequent placement up to the date the initial evaluation is completed. Use additional sheets if necessary. Each placement must be evaluated for Title IV-E reimbursement eligibility. Ensure that all documents are current and up to date. If documentation not provided, cannot use IV-E.

PLACEMENT # 1 Date Placed _____ Date Placment Ended _____

Name and address of foster parent or facility _____

Placement Type

Information Required for Placement. (Ensure that all documents are current and up to date) (If documentation not provided, cannot use IV-E)

Agency approved Family Foster Home

Checklist for Initial Provider Approval or Renewal form (or compliance form if home approved before 10/1/10)

Date Criminal records check received _____ Date CPS checks received _____

Foster Home Certificate of Approval

Approved from _____ to _____

Financial agreement

Child Placing Agency Family Foster Home

NAME OF CPA _____

CPA License:

Licensed from _____ to _____

Foster Home Certificate of Approval

Approved from _____ to _____

State form letter substantiating results of CPS/criminal background checks

Financial agreement

Residential Facility/Group Home

Residential Facility/Group Home License

Licensed from _____ to _____

Financial agreement

PLACEMENT MET FOR TITLE IV-E? YES NO

PLACEMENT # 2 Date Placed _____ Date Placment Ended _____

Name and address of foster parent or facility _____

Placement Type

Information Required for Placement. (Ensure that all documents are current and up to date) (If documentation not provided, cannot use IV-E)

Agency approved Family Foster Home

Checklist for Initial Provider Approval or Renewal form (or compliance form if home approved before 10/1/10)

Date Criminal records check received _____ Date CPS checks received _____

Approved from _____ to _____

Financial agreement

Child Placing Agency Family Foster Home

NAME OF CPA _____

CPA License:

Licensed from _____ to _____

Foster Home Certificate of Approval

Approved from _____ to _____

State form letter substantiating results of CPS/criminal background checks

Financial agreement

Residential Facility/Group Home

Residential Facility/Group Home License

Licensed from _____ to _____

Financial agreement

PLACEMENT MET FOR TITLE IV-E? YES NO

(For additional placements go to Tab labeled "Additional Placements")

E. TITLE IV-E ELIGIBILITY (may begin on first day of placement in month in which all requirements are met).

- TITLE IV-E Eligible**
Entitlement date (s) _____
- NOT TITLE IV-E Eligible** Select Reason >
Effective date (s) _____

F. Changes in Eligibility and Payment prior to Approval

DATE	CHANGE	REASON FOR CHANGE	Effective Date	AMOUNT

III. Medicaid

Date Medicaid application received _____

Retroactive Period _____

- Child is Title IV-E eligible (maintenance payment made) and meets IV-E Medicaid covered group. Proceed to Section C below.
- Child is not Title IV-E eligible (no maintenance payment made) and does not meet IV-E Medicaid covered group; evaluate for other Medicaid covered groups.

A. Medicaid Non-financial Information

Was Child a resident of Virginia at time of commitment? YES NO

Citizenship/alien status requirements met? YES NO

Institutional status requirements met? YES NO

Social Security number provided? (Needed for Medicaid only) YES NO

B. Medicaid Financial Information

1. INCOME

List child's income source(s), amounts, frequency, and verification:

Child's countable income MI income limit

Eligible in MI covered group? YES NO

(If YES, proceed to Section C. If NO, proceed to Section IV- to evaluate for FAMIS.)

2. Medicaid Resources (for MN evaluation, if required)

List child's resources, amounts, and verification

Child's countable resources Resource limit

Meets MN Resource Limits? YES NO If yes, calculate spend down

C. Medicaid Disposition

1. Medicaid Eligibility Established

Effective Date

Covered Group

- Title IV-E Foster Care
- MI Child Under 19

2. Medicaid Eligibility Not Established

- MN Individuals Under Age 21 SPENDDOWN AMOUNT
- OTHER (list reason) SPENDDOWN BUDGET PERIOD

FAMIS - GO TO NEXT PAGE

IV. FAMIS

A. FAMIS Nonfinancial Information

Does child have creditable health insurance?

YES

NO

Is child in an IMD?

YES

NO

B. FAMIS Financial Information

FAMIS Income Limit _____

Eligible for FAMIS

YES

NO

C. FAMIS Disposition

FAMIS Eligibility Established

Effective Date

FAMIS Eligibility Not Established

Reason: _____

Worker's Signature

Supervisor's Authorization (optional)

DATE

DATE