Commonwealth of Virginia				Locality			Case Numbers		
Department of Social Services						OASIS			
Title IV E Footer Core and Mass						CLIENT ID			
Title IV-E Foster Care and Medicaio				<u>Evalua</u>	tion	MMIS			
				ate of Cust	ody Trans	fer			
			Date IV-E	Application	Form Re	ceived			
	I. Identify								
Child's Last Name	T								
Child's Date of Birth						-			
Home Address at Rem	oval			•					
AFDC MONTH									
A. ENTRY INTO FOST		II. Title IV-			-				
1. Voluntary	/ Placement	Agreement (VPA)		YES [NO 🗆		7	
- 6 (A	in December		IF YES P			O TO # 3]	
• •	Agreement i		:7	YES	NO				
b. Signed a	nd Dated by	all Required Part	ies?	YES \square	NO				
2 Salact the	annronriat	e type of Agreeme	ant and ent	tor the date	of the la	st required	signaturo		
2. Select tile	: арргорітас	e type of Agreeme	int and em	MO	DAY	YR	Signature		
	Permanent	Entrustment			DAI				
		Entrustment							
		dial Agreement							
	Non Custo	alui Agreement					l		
Date 180 I	ay Judicia	al Determinatio	n is Due						
If the signed	d agreement is	in the case record <u>a</u>	nd the child	has been in o	care less th	an 180 days p	roceed to S	Section B	
NOTE: Eligi	bility Based o	on Voluntary Placen	nent Agreen	nent: A Judi	cial detern	nination mus	st be made	within the	
first 180 day	=	nt. The judicial dete						interests of	
	the chil	d or that it is contra	ry to the w	elfare of the	child to b	e returned h	ome.		
3 Court Or	der - ludici	al Language Req	uirement	ς.					
		tial court order au			the child	and enter t	he date or	der was	
		dge. (Also select &	_						
5.8		age. (7 mod deleet (. p. 0	MO	DA	YR		Record?	
	Removal Po	etition - if filed					Yes □	No □	
		Removal Order (E	RO)				Yes □	No □	
		Removal Order (=				Yes □	No □	
	Disposition	·	•				Yes □	No □	
	•	Custody Order					Yes □	No □	
		ed of Services					Yes □	No □	
	CHINS Deli						Yes □	No □	
	Affidavit	. ,					Yes □	No □	
	Other						Yes □	No □	
	-					1		-	

Verify that the required language is in the order

				YES 🗆	NC) 🗆
b. The order contains a state to the existing emergency					•	oval" or
				YES 🗆	NC) _□
Date reasonable	e efforts language must	be obtained				
NON FINANCIAL REQU	IREMENTS					
1. Citizenship/Alien Stat		•				
US Citizen Documentation:	Qualified Alien 🗆	Undocum	ented o	or Ineligibi	le Alien 🛚	
Child meets Citizenshi	p/Alien Status Requirer	ments for Title IV	-E?	YES 🗆	NC)
2. Age of child on date in Under age 18 YES Copy of Birth Certification:	S 🗆 NO 🗆	NO 🗆				
3. Specified Relative/Re the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative	specified relative that (the prior six months of the specified relative,	Contrary to the W f the <i>eligibility m</i> their relationship	nonth i	ster care o	YES □	NO child las
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of	specified relative that (the prior six months of the specified relative,	Contrary to the W f the <i>eligibility m</i> their relationship nome used for AF	nonth i	ster care o	YES □ child, and date d forming the A	NO child las
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME	specified relative that (the prior six months of the specified relative,	Contrary to the W f the <i>eligibility m</i> their relationship nome used for AF	nonth?	ster care o	YES □ child, and date d forming the A	NO child las
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit.	specified relative that (the prior six months of the specified relative,	Contrary to the W f the <i>eligibility m</i> their relationship nome used for AF	nonth?	ster care o	YES □ child, and date d forming the A	NO child las AFDC assi
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assis	Contrary to the Work of the eligibility mentionship their relationship nome used for AF RELATION RELATIONSHIP THE RELATION RELAT	nonth in to fost to fo	ster care of eening and IIP	YES Child, and date d forming the A DA DA e eligibility montalways included	child lass AFDC assi TE CHILD LA WITH RELA
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME Documentation AFDC Assistance Unit – List a individual is required to be i unit even if the child was livi	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assising elsewhere at time of r	Contrary to the Warf the eligibility mentionship their relationship nome used for AF RELATION RELATIONSHIP THE RELATION	to fos DC screen	e during the re child is a	YES child, and date d forming the A de eligibility montalways included "yes" if individualsistance Unit? I	child lass AFDC ass TE CHILD LA WITH RELA th and inc in the ass al is included for the child included
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME Documentation AFDC Assistance Unit – List a individual is required to be i	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assising elsewhere at time of r	Contrary to the Work of the eligibility mentionship their relationship their relationship to the used for AFRELATION RELATION THE FORM TO FC CHILD	nonth in the following to the following the	e during the re child is a lindicate of the AFDC As indicate of the record of the reco	YES child, and date d forming the A DA e eligibility montalways included	Child lass AFDC ass TE CHILD LASS WITH RELASS th and inclusion the assets all is inclusions.
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME Documentation AFDC Assistance Unit – List a individual is required to be i unit even if the child was livi	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assising elsewhere at time of r	Contrary to the Work of the eligibility mentionship their relationship their relationship to the used for AFRELATION RELATION THE FORM TO FC CHILD	nonth in the following to the following the	e during the re child is a	YES child, and date d forming the A de eligibility montalways included "yes" if individualsistance Unit? I	Child lass AFDC ass TE CHILD LASS WITH RELASS th and inclusion the assets all is inclusions.
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the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME Documentation AFDC Assistance Unit – List a individual is required to be i unit even if the child was livi	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assising elsewhere at time of r	Contrary to the Work of the eligibility mentionship their relationship their relationship to the used for AFRELATION RELATION THE FORM TO FC CHILD	nonth in the following to the following the	e during the re child is a lindicate of the AFDC As indicate of the record of the reco	YES child, and date d forming the A de eligibility montalways included "yes" if individualsistance Unit? I	Child lass AFDC ass TE CHILD LASS WITH RELASS th and including the assets all is included front included.
the Welfare was made a Did the child live with the eligibility month or within If yes, enter the name of with this specified relative unit. NAME Documentation AFDC Assistance Unit – List a individual is required to be i unit even if the child was livi	specified relative that (the prior six months of the specified relative, e – this is the removal h all individuals who were I included in the AFDC assising elsewhere at time of r	Contrary to the Work of the eligibility mentionship their relationship their relationship to the used for AFRELATION RELATION THE FORM TO FC CHILD	nonth in the following to the following the	e during the re child is a lindicate of the AFDC As indicate of the record of the reco	YES child, and date d forming the A de eligibility montalways included "yes" if individualsistance Unit? I	Child la: AFDC ass TE CHILD LA WITH RELA th and in in the as al is inclu f not incl

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

4. Deprivation	on Factor				
Does Deprivation	ion Exist in Removal H	Home? YES □	NC) 🗆	
=	IENT REASON BELOW				
	Death of a Parent(s)	List Parent			
	Disability of a Parent(s)	List Parent	-		_
□ P	Parental Absence	List Parent			
□ P	Paternity not established	d			<u></u>
_ □ P	Parental Unemployment	- BOTH PARENTS ARE	IN THE REMOVAL	L HOME AND NEITH	IER IS DISABLED
	(Une	mployment definition in	cludes "underemp	oloyment")	
Documentation	on:				
INANCIAL NE	FD				
	SPIDeR Checked?	YES	NO 🗆	Date SPIDeR C	Checked
		ummary screen & Si	_		
1. Resources -	- \$10, 000 limit (Evalu	•		•	·
	NAME	RESOURCE TYPE	AMOUN		e if resource is exempt or countable
	TV/ (IVIL	RESCONCE THE	7110011	inaicae	e ii resource is exempt or countable
			+		
DOCUM	MENTATION OF VAL	LIATION of DECOLU	DCEC:		
DOCON	VIENTATION OF VAL	UATION OF RESOUR			
AMOUNT OF	AU COUNTABLE RESO	OURCES			
Does AU r	meet the resource li	mit? YES 🗆) [
Does AU r	meet the resource li	mit? YES equired AFDC assista	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li	mit? YES 🗆	nce unit membe		COUNTABLE/EXEMPT
Does AU r	meet the resource li	mit? YES equired AFDC assista	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li	mit? YES equired AFDC assista	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li	mit? YES equired AFDC assista	nce unit membe	ers received in <i>eli</i>	
Does AU r 2. Income (Eva	meet the resource li aluate income of all re NAME	mit? YES equired AFDC assistation INCOME SOU	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li	mit? YES equired AFDC assistation INCOME SOU	nce unit membe	ers received in <i>eli</i>	
Does AU r 2. Income (Eva	meet the resource li aluate income of all re NAME	mit? YES equired AFDC assistation INCOME SOU	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li aluate income of all re NAME	mit? YES equired AFDC assistation INCOME SOU	nce unit membe	ers received in <i>eli</i>	
Does AU r	meet the resource li aluate income of all re NAME	mit? YES equired AFDC assistation INCOME SOU	nce unit membe	ers received in <i>eli</i>	
Does AU r 2. Income (Eva	meet the resource li	mit? YES equired AFDC assistal INCOME SOU	IATION:	ers received in <i>eli</i>	COUNTABLE/EXEMPT
Does AU r 2. Income (Eva	meet the resource li aluate income of all re NAME	mit? YES equired AFDC assistal INCOME SOU	IATION:	ers received in <i>eli</i>	COUNTABLE/EXEMPT
Does AU r 2. Income (Eva DOCUMENTA DOCUMENTATI	Meet the resource line income of all rename income	PW THE FAMILY IS MA	IATION:	AMOUNT ET WITH NO INCO	COUNTABLE/EXEMPT
Does AU r 2. Income (Eva DOCUMENTA DOCUMENTATI	meet the resource li	PW THE FAMILY IS MA	IATION:	AMOUNT ET WITH NO INCO	COUNTABLE/EXEMPT
Does AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income	Meet the resource line income of all rename income	PROPERTY OF THE FAMILY IS MA	IATION:	ET WITH NO INCO	COUNTABLE/EXEMPT
Does AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income	Meet the resource line aluate income of all rendered income of all r	PROPERTY OF THE FAMILY IS MA	IATION: AKING ENDS MEE	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES
Does AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income	Meet the resource line aluate income of all rendered income of all r	PROPERTY OF THE FAMILY IS MA	IATION: AKING ENDS MEE The Deeming & S5% of Need	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES
DOES AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income Assistar	Meet the resource lialuate income of all reNAME ATION OF AFDC AU I ON OBTAINED OF HOE Calculation nce Unit Size	PROPERTY OF THE FAMILY IS MA	IATION: AKING ENDS MEE The Deeming & S5% of Need	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES
DOES AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income Assistar	Meet the resource lialuate income of all reNAME ATION OF AFDC AU I ON OBTAINED OF HOE Calculation Ince Unit Size CTEP I Coun	PW THE FAMILY IS MARKED WAS Attack.	IATION: AKING ENDS MEE h Deeming & Locality \$0.00	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES
DOES AU r 2. Income (Eva DOCUMENTA DOCUMENTATI Income Assistar	Meet the resource lialuate income of all reNAME ATION OF AFDC AU I ON OBTAINED OF HOE Calculation Ince Unit Size CTEP I Coun	PROME DETERMINED WITHE FAMILY IS MARKED BY THE FAMILY BY THE FAMILY IS MARKED BY THE FAMILY BY THE FAM	IATION: AKING ENDS MEE h Deeming & Locality \$0.00	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES
DOCUMENTATI Income Assistan	ION OBTAINED OF HO Calculation nce Unit Size STEP I Coun MEETS 18	PROME DETERMINED WITHE FAMILY IS MARKED BY THE FAMILY BY THE FAMILY IS MARKED BY THE FAMILY BY THE FAM	IATION: AKING ENDS MEE h Deeming & Locality \$0.00	ET WITH NO INCO	COUNTABLE/EXEMPT OME: YES

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3

All remaining questions pertain to Foster Care Child only

	following re additional s	moval. Make an entry for each subsequent	facility/placement in which the child was placed placement up to the date the initial evaluation is completed. Use evaluated for Title IV-E reimbursement eligibility. Ensure that all n not provided, cannot use IV-E.
	PLACEMEN	IT#1 Date Placed	Date Placement Ended
		address of foster parent or facility	
		,	
	Placemo	ent Type	
	Agency (approved Family Foster Home	
		Checklist for Initial Provider Approval or Renev	val form (or compliance form if home approved before 10/1/10)
ĺ	Date Criminal reco	ords check received	Date CPS checks received
		Foster Home Certificate of Approval	
		Approved from	to
		Financial agreement	
	<u>Child Plac</u>	cing 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	
	Reside	ntial Facility/Group Home	
		Residential Facility/Group Home License	
		Licensed from	to
	П	Financial agreement	
	DI ACEME	_	
	FLACLIVIL	NIMELFOR HILE IV-E? YES 🗆	NO 🗆
		NT MET FOR TITLE IV-E? YES	NO 🗆
	PLACEMEN	TT#2 Date Placed	NO □ Date Placement Ended
	PLACEMEN		
	PLACEMEN Name and	TT#2 Date Placed address of foster parent or facility	
	PLACEMEN Name and	Date Placed address of foster parent or facility Type	
	PLACEMEN Name and Placement Agency of	Type Tapproved Family Foster Home	Date Placement Ended
	PLACEMEN Name and Placement Agency o	Type approved Family Foster Home Checklist for Initial Provider Approval or Renew	Date Placement Ended val form (or compliance form if home approved before 10/1/10)
1	PLACEMEN Name and Placement Agency of	TH 2 Date Placed address of foster parent or facility Type approved Family Foster Home Checklist for Initial Provider Approval or Renewards check received	Date Placement Ended
1	PLACEMEN Name and Placement Agency o	Type Type Checklist for Initial Provider Approval or Renewards check received Foster Home Certificate of Approval	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received
1	PLACEMEN Name and Placement Agency of	TH#2 Date Placed address of foster parent or facility Type approved Family Foster Home Checklist for Initial Provider Approval or Renewards check received Foster Home Certificate of Approval Approved from	Date Placement Ended val form (or compliance form if home approved before 10/1/10)
,	PLACEMEN Name and Placement Agency of	Type Type Checklist for Initial Provider Approval or Renewards check received Foster Home Certificate of Approval Approved from Financial agreement	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to
,	PLACEMEN Name and Placement Agency of	Type Type Checklist for Initial Provider Approval or Renewords check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received
ı	PLACEMEN Name and Placement Agency of	Type Type Checklist for Initial Provider Approval or Reneval Scheck received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License:	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA
,	PLACEMEN Name and Placement Agency of	Type Type Type The checklist for Initial Provider Approval or Renewards check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to
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ı	PLACEMEN Name and Placement Agency of Date Criminal reco	Type Type Type Checklist for Initial Provider Approval or Renevals check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from Foster Home Certificate of Approval Approved from Foster Home Certificate of Approval Approved from	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to to
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	PLACEMEN Name and Placement Agency of Child Place Child Place	Type approved Family Foster Home Checklist for Initial Provider Approval or Renevals check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from Foster Home Certificate of Approval Approved from State form letter substantiating results of Financial agreement	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to to
1	PLACEMEN Name and Placement Agency of Child Place Child Place	Type Type Type Type The Checklist for Initial Provider Approval or Renewands check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from Foster Home Certificate of Approval Approved from State form letter substantiating results of Financial agreement ntial Facility/Group Home	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to to
	PLACEMEN Name and Placement Agency of Child Place Child Place	Type approved Family Foster Home Checklist for Initial Provider Approval or Renevals check received Foster Home Certificate of Approval Approved from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from Foster Home Certificate of Approval Approved from State form letter substantiating results of Financial agreement	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to to
	PLACEMEN Name and Placement Agency of Date Criminal reco	Type Type Type Checklist for Initial Provider Approval or Reneval State Home Checklist for Initial Provider Approval or Reneval State from Financial agreement Cing Agency Family Foster Home CPA License: Licensed from Foster Home Certificate of Approval Approved from Foster Home Certificate of Approval Approved from State form letter substantiating results of Financial agreement Intial Facility/Group Home Residential Facility/Group Home License Licensed from	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to to
1	PLACEMEN Name and Placement Agency of Date Criminal reco	Type Type Type Checklist for Initial Provider Approval or Renewants check received Foster Home Certificate of Approval Approved from Financial agreement CINCA License: Licensed from Foster Home Certificate of Approval Approved from State form letter substantiating results of Financial agreement mitial Facility/Group Home Residential Facility/Group Home License	Date Placement Ended val form (or compliance form if home approved before 10/1/10) Date CPS checks received to NAME OF CPA to CPS/criminal background checks

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	TITLE IV-E Eligible (r Entitlement date:						
	DENIED - INCOMPLI	ETE INFORMAT	ΓΙΟΝ (list all)				
	NOT TITLE IV-E Eligi Effective date:	ble Select Reas	son >				
F. Changes	s in Eligibility and Payı	ment prior to A	Approval				
DATE	CHANGE		REASON FOR C	HANGE	Effective Da	ate	AMOUNT
III. Me					_		
	caid application receiv						
Retroactive							
	d Non-financial Inform			\/ 5 0 —	_		
	esident of Virginia at time			YES		NO 🗆	
•	lien status requirements m	iet?		YES		NO 🗆	
	status requirements met?	(N) d - d C N C	15 5 A 1 A	YES		NO 🗆	
Meets SSN re	equirements?	(Needed for Med	dicaid only)	YES 🗆		NO 🗆	
	Child is Title IV-E eligil	ble (maintenance	payment made) a Section C l		E Medicaid cove	ered group. I	Proceed to
	Child is not Title IV- co d Financial Informatio	E eligible (no movered group; e	Section C l	pelow. ment made)	and does not	meet IV-E	
B. Medicaio	Child is not Title IV- co d Financial Informatio	E eligible (no m overed group; e	Section C l aintenance pay valuate for oth	pelow. ment made)	and does not	meet IV-E	
B. Medicaion 1. INCOME List child's in	Child is not Title IV- co d Financial Informatio	E eligible (no m overed group; e	Section C laintenance pay valuate for other of the control of the	pelow. ment made)	and does not covered group	meet IV-E	
B. Medicaion 1. INCOME List child's in	Child is not Title IV- cond Financial Information	E eligible (no movered group; end	Section C laintenance pay valuate for other of the control of the	oelow. ment made er Medicaid	and does not covered group	meet IV-E	
B. Medicaid 1. INCOME List child's in	Child is not Title IV- cond Financial Information come source(s), amoun countable income	E eligible (no movered group; ents, frequency, and overed group?	Section C be a sintenance pay valuate for other order of the sind verification: MI in YES	pelow. ment made er Medicaid ncome limit	and does not covered group	meet IV-E	
B. Medicaion 1. INCOME List child's in Child's	Child is not Title IV- cond Financial Information come source(s), amoun countable income Eligible in MI co	E eligible (no movered group; end ts, frequency, and overed group?	Section C be a controlled a con	pelow. ment made er Medicaid ncome limit	and does not covered group	meet IV-E	
B. Medicaid 1. INCOME List child's in Child's roceed to Sect 2. Medicaid	Child is not Title IV- cond Financial Information ncome source(s), amoun countable income Eligible in MI condition C. If NO, proceed to	E eligible (no movered group; end ts, frequency, and overed group? Section IV- to end to the section in the se	Section C be a contact and verification: MI in YES evaluate for FAI and the contact and the	pelow. ment made er Medicaid ncome limit	and does not covered group	meet IV-E	
B. Medicaid 1. INCOME List child's in Child's roceed to Sect 2. Medicaid List chi	Child is not Title IV- cond Financial Information countable income Eligible in MI condition C. If NO, proceed to Resources (for MN evaluation of the countable)	E eligible (no movered group; end ts, frequency, and overed group? Section IV- to end to the section in the se	Section C be a sintenance pay valuate for other and verification: MI in YES evaluate for FAI ed)	nelow. ment made er Medicaid ncome limit	and does not covered group NO	meet IV-E	
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E. TITLE IV-E ELIGIBILITY (may begin on first day of placement in month in which all requirements are met).

032-03-0635-08-eng (07/21)

FAMIS - GO TO NEXT PAGE

IV. FAMIS A. FAMIS Nonfinancial Information YES □ Does child have creditable health insurance? NO 🗆 Is child in an IMD? NO 🗆 **B. FAMIS Financial Information** Eligible for FAMIS YES □ NO 🗆 **FAMIS Income Limit C. FAMIS Disposition Effective Date FAMIS Eligibility Established FAMIS Eligibility Not Established** Reason: **Worker's Signature for Denial** DATE **Worker's Signature for Final Determination** DATE

Supervisor's Authorization (optional)

DATE

PLACEMENTS (Continued)

PLACEME	NT # 3	Date Placed			Date Placemen	t Ended		
Name and	daddress of fos	ter parent or fac	cility		_			
Placemen	t Type							
Inf	ormation Requ	ired for Placem	ent. (Ensure th	nat all do	ocuments are c	urrent and	up to date)	
		(If documer	ntation not prov	ided, can	not use IV-E)			
<u>Agency</u>	approved Famil	y Foster Home						
	Checklist for In	nitial Provider Appr	oval or Renewal f	-			ved before 10,	1/10)
ate Crimin	al records check			Date (CPS checks receiv	ved		
		Certificate of App	proval	_				
	Approved fro			to				
	Financial agr							
		mily Foster Home	<u>-</u>					
	CPA License:							
	Licensed from			to				
		Certificate of App	วเบงตเ	to				
	Approved fro	om etter substantiatir	na recults of Cas	to Verimina	l hackaround at	ocks		
	Financial agr		ig results of CPS	y CHITHITIO	тыскугочна сп	ELKS		
Rosid	Financial agr lential Facility/G							
		<u>roup ноте</u> acility/Group Hor	me license					
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П	=							
PLACEME	Financial aga	reement ES Date Placed	NO 🗆		Date Placemen	t Ended		
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Income Screening Worksheet

		FILL IN <u>ONLY</u> SHAD	ED FIELDS	
Step 1 (Screening @ 185% Standard of Need for Group	Locality)	Standard of	Need for AFDC AU size	
	Note: No earn	ed income disregards apply	in this step	
	A. Total mo	nthly countable earned	l income of AFDC AU	
		=	ned income of AFDC AU	plus
	Includes chi	ld support minus the \$50 di	sregard and any deemed income	equals -
				\$0.00
				(this amount will automatically populate in section C.2. Step 1 on the Title IV-E
				Foster Care & Medicaid Initial Evaluation Form)
				,
		TOTAL ≤185%	Standard of Need	□ YES □ NO IF NO - RETURN TO EVALUATION
				IF YES CONTINUE TO STEP 2
		FILL IN <u>ONLY</u> SHAD		
Step 2 (Screening @ 100% Standard of Need for Group L	ocality)	Standard of	Need for AFDC AU size	
Total Countable Gross Monthly Earned Income			Same amount in	Step #1A
Number Unit Members w/Earnings	Fill in #			
Less \$90 X AU Members w/Earnings		\$ -		
Subtotal		0		
Less \$30 X AU Members w/Earnings		\$ -		
Subtotal		0		
Multiply by .67		0		
Subtract Monthly Dependent Care Costs		\$ -	FT Work - \$200 N	Max for dep > 2 years old Max for dep< 2 years old
		\$ -	PT Work - \$120 I	Max deduction
Total Adjusted Monthly Earned Income after disrega	rds	0		
Total Countable Monthly Unearned Income			Same amount in	Step #1B
TOTAL		\$ -		
(this amount will automatically populate in section C.2. Step 2 on the Title IV-E Foster Care & Medicaid Initial Evaluation Form)		\$0.00		

STEPPARENT/ INELIGIBLE ALIEN PARENT DEEMING WORKSH	EET
Step1: Enter the gross earned income received during the eligibility month by the stepparent/ineligible alien parent	
Step 2:Subtract \$90 for each employed stepparent/ ineligible alien parent Subtotal	0
Step 3: Add countable monthly unearned income of the stepparent/alien parent.	
Step 4: Subtract any court ordered child support and alimony paid by member of the deeming group to support individual who is not in the household.	0.00
Step 5: Subtract support, including wage assignments, paid during the eligibility month to individuals not living in the home who are claimed or could be claimed as dependents on the stepparent's federal income tax return*	0.00
Subtotal	0.00
Step 6: Subtract the 100% Standard of Need amount for the deeming group's AFDC groups size, including the stepparent/alien parent	
Add this amount as unearned income on the Income Worksheet	0.00
*Example: Stepparent provides support to an adult child or parent who lives else where and amount provided is suffic can claim this individual as a dependent on their tax return.	ient enough that stepparent

AFDC Standards of Need

Maximum Income Chart-185 Percent of Need

Column1	Column2	Column3	Column4
Size of Assistance Unit	Group I	Group II	Group III
1	\$270	\$322	\$450
2	\$424	\$475	\$605
3	\$546	\$596	\$727
4	\$662	\$714	\$845
5	\$781	\$845	\$1,003
6	\$875	\$942	\$1,097
7	\$990	\$1,055	\$1,212
8	\$1,113	\$1,177	\$1,334
9	\$1,215	\$1,280	\$1,441
10	\$1,328	\$1,395	\$1,550
Each additional person above 10	\$113	\$113	\$113

AFDC Standards of Need

Maximum Income Chart-100 Percent of Need

Column1	Column2	Column3	Column4
Size of Assistance Unit	Group I	Group II	Group III
1	\$146	\$174	\$243
2	\$229	\$257	\$327
3	\$295	\$322	\$393
4	\$358	\$386	\$457
5	\$422	\$457	\$542
6	\$473	\$509	\$593
7	\$535	\$570	\$655
8	\$602	\$636	\$721
9	\$657	\$692	\$779
10	\$718	\$754	\$838
Each additional person above 10	\$61	\$61	\$61