

Commonwealth of Virginia Department of Social Services		Locality		Case Numbers	
				OASIS	
<b>Title IV-E Foster Care and Medicaid Evaluation</b>				CLIENT ID	
				MMIS	
		Date of Custody Transfer			
		Date IV-E Application Form Received			
<b>I. Identifying Information</b>					
Child's Last Name		First Name			
Child's Date of Birth					
Home Address at Removal					
AFDC 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
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a. Copy of Agreement in Record?      YES                       NO

b. Signed and Dated by all Required Parties?      YES                       NO

#### 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**

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. ( Also select & provide date for the removal petition if one was filed)

	MO	DA	YR	Copy in Record?	
<input type="checkbox"/> Removal Petition - if filed				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Emergency Removal Order (ERO)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Preliminary Removal Order (PRO)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Dispositional Order				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Transfer of Custody Order				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Child in Need of Services				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> CHINS Delinquency				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Affidavit				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other				Yes <input type="checkbox"/>	No <input type="checkbox"/>



**4. Deprivation Factor**

Does Deprivation Exist in Removal Home? YES  NO

IF YES, DOCUMENT REASON BELOW:

- Death of a Parent(s) List Parent \_\_\_\_\_
- Disability of a Parent(s) List Parent \_\_\_\_\_
- Parental Absence List Parent \_\_\_\_\_
- Paternity not established
- Parental Unemployment – BOTH PARENTS ARE IN THE REMOVAL HOME AND NEITHER IS DISABLED

(Unemployment definition includes "underemployment")

Documentation: \_\_\_\_\_

**C. IV-E FINANCIAL NEED**

SPIDeR Checked? YES  NO  Date SPIDeR Checked \_\_\_\_\_

(Print the SPIDeR summary screen & SPIDeR match screens & place in record.)

**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

DOCUMENTATION OF VALUATION of RESOURCES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AMOUNT OF AU COUNTABLE RESOURCES**

Does AU meet the resource limit? YES  NO

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

NAME	INCOME SOURCE	AMOUNT	COUNTABLE/EXEMPT

DOCUMENTATION OF AFDC AU INCOME DETERMINATION: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOCUMENTATION OBTAINED OF HOW THE FAMILY IS MAKING ENDS MEET WITH NO INCOME: YES  NO

**Income Calculation**

*Attach Deeming & Income Calculation worksheet.*

Assistance Unit Size  185% of Need  100% of Need   
 Locality Group \_\_\_\_\_

**STEP 1** Countable Income:   
 MEETS 185% REQUIREMENTS YES  NO

**STEP 2** Countable Income:   
 MEETS 100% REQUIREMENTS YES  NO

**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 Placement Ended \_\_\_\_\_  
Name and address of foster parent or facility \_\_\_\_\_

Placement Type

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 Placement Ended \_\_\_\_\_  
Name and address of foster parent or facility \_\_\_\_\_

Placement Type

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

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



**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 for Denial**

**DATE**

**Worker's Signature for Final Determination**

**DATE**

**Supervisor's Authorization (optional)**

**DATE**

## PLACEMENTS (Continued)

**PLACEMENT # 3**      Date Placed \_\_\_\_\_ Date Placement 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**

- 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? YES  NO

**PLACEMENT # 4**      Date Placed \_\_\_\_\_ Date Placement 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**

- 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? YES  NO

# Income Screening Worksheet

**FILL IN ONLY SHADED FIELDS**

**Step 1** (Screening @ 185% Standard of Need for Group Locality)

Standard of Need for AFDC AU size

Note: No earned income disregards apply in this step

A. Total monthly countable earned income of AFDC AU

plus

B. Total monthly countable Unearned income of AFDC AU

equals

\*\*Includes child support minus the \$50 disregard and any deemed income\*\*

**TOTAL**



(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 ONLY SHADED FIELDS**

**Step 2** (Screening @ 100% Standard of Need for Group Locality)

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

Less \$30 X AU Members w/Earnings

Subtotal

Multiply by .67

Subtract Monthly Dependent Care Costs

FT Work - \$175 Max for dep > 2 years old  
 FT Work - \$200 Max for dep < 2 years old  
 PT Work - \$120 Max deduction

Total Adjusted Monthly Earned Income after disregards

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 WORKSHEET

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**

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.

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\*

Subtotal

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

\*Example: Stepparent provides support to an adult child or parent who lives else where and amount provided is sufficient enough that stepparent can claim this individual as a dependent on their tax return.

## AFDC Standards of Need

### *Maximum Income Chart-185 Percent of Need*

<b>Column1</b>	<b>Column2</b>	<b>Column3</b>	<b>Column4</b>
<b>Size of Assistance Unit</b>	<b>Group I</b>	<b>Group II</b>	<b>Group III</b>
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