

**DETERMINATION OF
FOSTER CARE 18 TO 21 ASSISTANCE BENEFITS AND/OR MEDICAL ASSISTANCE ONLY**

_____ COUNTY DEPARTMENT OF SOCIAL SERVICES

PART I: YOUNG ADULT INFORMATION (completed by Social Worker)

A. YOUNG ADULT'S NAME _____

B. DATE OF VPA _____

C. PLACE OF BIRTH _____ **DOB** _____

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

D.

1.

SOCIAL SECURITY NUMBER

2.

SIS I.D.

3.

CO. CASE NUMBER

PART II. LEGAL RESPONSIBILITY (completed by Social Worker)

A. VPA Requirements (attach a copy of the Voluntary Placement Agreement for Foster Care 18 to 21 DSS-xxxx)

	YES	NO
Did the young adult enter into a Voluntary Placement Agreement for Foster Care 18 to 21 signed by the young adult and the DSS director or designee?		

If Yes - Date signed by Young Adult _____ (date) and DSS agency _____ (date).
Young adult meets initial IV-E eligibility requirements for Foster Care 18 to 21. Proceed to Part III: AFDC Connectedness.

PART III. AFDC CONNECTEDNESS (completed by Social Worker)

Deprivation is not a requirement for IV-E eligibility for young adults. Only need must be established. If the young adult has entered into a Voluntary Placement Agreement for Foster Care 18 to 21, complete budget information for the young adult, the young adult's spouse as appropriate, and any children of the young adult who are residing in the home with that young adult.

Young Adult	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)		

Spouse of Young Adult Residing with the Young Adult		How Verified?
NA <input type="checkbox"/>		
Name (Last, First, MI)		
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)		

Child Residing with Young Adult		How Verified?
Name (Last, First, MI)		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Child Residing with Young Adult		How Verified?
Name (Last, First, MI)		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		
Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

Child Residing with Young Adult		How Verified?
Name (Last, First, MI)		
DOB		
SS#		
Citizenship (citizen, qualified, unqualified)		
Child Support Payments received		
SSI Benefits		
Social Security Benefits (not SSI)		

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.

Other Unearned Income ¹ (describe)		
Resources (Bank Act, Stocks, Bonds, etc)		

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

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 the young adult, spouse residing in the home with the young adult, and any of the young adult’s children residing in the home with the young adult. Attach additional pages if needed.

a. **Young Adult** – List the young adult for whom eligibility is being determined (**do not list if young adult receives SSI**)

Name (Last, First, MI)	DOB	SS#

Note: If the young adult 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. **Spouse** – List a spouse living in the home with the young adult.

Name (Last, First, MI)	DOB	SS#

c. **Children** – List any children living in the home with the young adult.

DO NOT LIST THE FOLLOWING
1. Children receiving SSI
2. Children receiving foster care maintenance (board payments) at the time of removal

Name (Last, First, MI)	DOB	SS#
1.		
2.		
3.		
4.		
5.		

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

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 Members² 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 ³ .	
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	

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): _____

² Family assistance unit consists of the young adult, spouse, and any children of the young adult residing in the same household.

³ 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 Members⁴ 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			

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

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

⁴ Family assistance unit consists of child, natural or adoptive parents and the blood related or adoptive siblings living in the same household.

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 ⁵		Assets/Resources
Young Adult		Spouse	
Child		Child	
Child		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 young adult 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.

⁵ 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 young adult 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 Met		
Need (verified by IMCW)		
Was Citizenship Established?		

Decision Point: Were all initial IV-E eligibility requirements for Foster Care 18 to 21 met?

Yes – if all initial IV-E eligibility requirements are met, Mark IV-E as funding source below

No - The young adult is not eligible for IV-E foster care funds. Mark SFHF below.

Note: Eligibility for SFHF is the same as IV-E, except need is not required. 2. SFHF may be used until eligibility for IV-E is established.

C. FOSTER CARE 18 TO 21 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 _____ SFHF _____

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

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: _____

Young Adult Name and Address: _____

Licensed Foster Home or Facility? Yes _____ No _____

<p>Definition of Qualified Alien</p>	<p>At the time of application for IV-E, a qualified alien is a young adult 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</p>
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	family member's full name, date of birth, registration number (if available) and a description of the USCIS document.
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