APPLICATION FOR INITIAL DETERMINATION FOR TITLE IV-E PLACEMENT MAINTENANCE AND MEDICAID

COUNTY ASSISTANCE OFFICE	
NAME:	
ADDRESS:	
WORKER:	PHONE #:

COUNTY CHILDREN & YOUTH AGENCY/JUVENILE PROBATION OFFICE	
NAME:	
ADDRESS:	
WORKER:	PHONE #:

I. IDENTIFYING INFORMATION

1. CCYA CASE #:	2. CHILD'S NAME:	3.SOCIAL SECURITY NO.:
4. DATE OF BIRTH: ____ / ____ / ____	4a. CITIZENSHIP: ❒ YES ❒ NO	5. SEX: ❒ MALE ❒ FEMALE

II. COURT ORDER OR VOLUNTARY PLACEMENT AGREEMENT

6. DATE OF JUVENILE COURT PETITION OR VOLUNTARY PLACEMENT AGREEMENT SIGNED BY ALL PARTIES: ____ / ____ / ____
   - ❒ VPA, CONTINUE TO SECTION 8
   - ❒ PETITION, COMPLETE SECTIONS 7 & 7A

7. INITIAL CUSTODY/REMOVAL COURT ORDER THAT CONTAINS THE CTW/BEST INTEREST LANGUAGE.
   - ❒ YES
   - ❒ NO
   - DATE ORDER WAS SIGNED: ____ / ____ / ____

7a. COURT ORDER THAT CONTAINS THE REASONABLE EFFORTS TO PREVENT REMOVAL LANGUAGE WITHIN 60 DAYS OF CHILD'S REMOVAL:
   - ❒ YES
   - ❒ NO
   - DATE ORDER WAS SIGNED: ____ / ____ / ____

III. REMOVAL HOME

8. CHILD WAS REMOVED FROM HOME:
   - ❒ A. PARENT OR ADOPTIVE PARENT
   - ❒ B. RELATIVE (OTHER THAN PARENT OR ADOPTIVE PARENT)
   - ❒ C. OTHER (UNRELATED PERSON, HOSPITAL, RUNAWAY, ETC.)

9. IF 8C (ABOVE) IS CHECKED, THEN WITHIN THE 6 MONTHS PRIOR TO PLACEMENT DID THE CHILD LIVE WITH:
   - ❒ A. PARENT OR ADOPTIVE PARENT
   - ❒ B. RELATIVE (OTHER THAN PARENT OR ADOPTIVE PARENT)
   - ❒ C. DID NOT LIVE WITH PARENT, ADOPTIVE PARENT OR OTHER SPECIFIED RELATIVE IN PRIOR 6 MONTHS

IV. DEPRIVATION FACTORS

10. WAS THE CHILD DEPRIVED OF CARE AND SUPPORT OF ONE OR BOTH PARENTS?
   - ❒ DEPRIVATION - CHECK 1 OF THE DEPREVIATION FACTORS BELOW:
     - ❒ DEATH
     - ❒ UNEMPLOYMENT OF PRIMARY WAGE EARNER OR WORKS LESS THAN 100 HOURS PER MONTH
     - ❒ ABSENCE (E.G., SEPARATION, DIVORCE)
     - ❒ INCAPACITY/DISABLED, EXPLAIN: _____
   - ❒ NO DEPRIVATION

V. INCOME AND RESOURCES OF ONLY THE CHILD

11. DID THE CHILD HAVE ANY INCOME/RESOURCES IN ELIGIBILITY MONTH OR MONTH CHILD HAD LIVED WITH A RELATIVE? ❒ YES ❒ NO

12. SPECIFY THE TYPE AND MOUNT OF THE INCOME AND RESOURCES AVAILABLE TO THE CHILD, THEN SEND TO CAO.

TYPE	AMOUNT
❒ WAGES	
❒ SSI	
❒ RSDI	

SPECIFY:

TYPE	AMOUNT
❒ AUTOMOBILE	
❒ BANK ACCOUNT	
❒ CERTIFICATE OF DEPOSIT	

SPECIFY:

(OVER)

VI. INCOME AND RESOURCES OF THE HOUSEHOLD

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE FOR QUESTION 13.

13. LIST ALL MEMBERS OF HOUSEHOLD LIVING WITH THE CHILD IN THE REMOVAL HOME THAT ARE INCLUDED IN AFDC GROUP ATTACH ADDITIONAL SHEETS IF NEEDED.

HOUSEHOLD MEMBER NAME: RELATION TO CHILD: S.S. #:	**INCOME & AMOUNT**	**RESOURCES: & AMOUNT**	**VEHICLE MAKE: MODEL: YEAR:**	**DEPENDENT CARE EXPENSES: TYPE: AMOUNT:**

VII. COUNTY ASSISTANCE OFFICE CERTIFICATION

14. ☐ INSUFFICIENT INFORMATION, SPECIFY: _____

15. THIS CHILD: (CHECK ONE)

- ☐ MEETS AFDC CRITERIA AND IS CATEGORICALLY MEDICAID ELIGIBLE
- ☐ DOES NOT MEET AFDC CRITERIA, REASON:
  - ☐ EXCESS INCOME
  - ☐ EXCESS RESOURCES
  - ☐ LACK OF DEPRIVATION
  - ☐ AGE
  - ☐ CITIZENSHIP
- ☐ ELIGIBLE FOR MEDICAID BENEFITS ONLY
- ☐ NOT ELIGIBLE FOR MEDICAID BENEFITS

EFFECTIVE DATE: ____ / ____ /____

16. CAO WORKER CERTIFICATION: _____ PHONE #: _____ DATE: ____ / ____ /____
(SIGNATURE)

VIII. CCYA IV-E DETERMINATION

17. IV-E ELIGIBILITY (CHECK ONE)

- ☐ CHILD IS IV-E ELIGIBLE ONLY
- ☐ CHILD IS **NOT** IV-E ELIGIBLE AND REIMBURSABLE
- ☐ CHILD IS **NOT** IV-E ELIGIBLE, REASON: _____
- ☐ PENDING, IV-E ELIGIBILITY CANNOT BE DETERMINED. DATE ____ / ____ /____

EFFECTIVE DATE: ____ / ____ /____