

Case #
CCYA/JPO:
CAO:
MCI#:

CY-61: APPLICATION FOR INITIAL DETERMINATION FOR TITLE IV-E ELIGIBILITY AND MEDICAID DETERMINATION

CCYA/JPO COMPLETES FORM AND FORWARDS TO CAO WITHIN 60 WORKING DAYS OF CHILD'S INITIAL PLACEMENT

APPLICATION FOR AFDC RELATEDNESS

I. ACTION REQUESTED (COMPLETED BY CCYA/JPO) – CHECK ALL THAT APPLY

- ☐ 60-Day Submission For Medicaid: _____
 ☐ AFDC Relatedness Determination For Month/Year: _____
☐ Revision to CY-61 Dated: _____
 ☐ AFDC Relatedness Revised Determination For Month/Year: _____

II. IDENTIFYING INFORMATION (COMPLETE BY CCYA/JPO)

1. Child's Name (Last, First, MI):		2. DOB: _____/_____/_____	3. SS#:
4. Father's Name And Address (not applicable for youth over 18):		5. DOB: _____/_____/_____	6. SS#:
7. Mother's Name And Address if different from above (not applicable for youth over 18):		8. DOB: _____/_____/_____	9. SS#:
10. Citizenship:	11. Age Requirement:		
<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Unqualified Alien	<input type="checkbox"/> Child Is Under The Age Of 18 <input type="checkbox"/> Child Is Over the Age of 18 but Under The Age Of 21; fulfilling definition of child criteria as follows: _____		

III. REMOVAL HOME (Section is not applicable for youth over 18 and removed from self)

1. List the home of legal removal (person(s) who signed the VPA or were named by the court as the CTW home):

NAME (LAST, FIRST, MI) AND ADDRESS:	SOCIAL SECURITY NUMBER:	RELATIONSHIP TO CHILD:

2. Is the home of legal removal also a specified relative to the child? Y/N _____ If no, the child is not eligible for Title IV-E.
 3. Did the child reside in the home of legal removal during or within 6 months of the eligibility month? Y/N _____ If no, child is not eligible for Title IV-E.
 4. If a parent didn't sign the VPA, did a legal guardian as stated in a court order sign the VPA? Y/N/NA _____ Court order date _____ If no, VPA is not valid and child is not eligible for Title IV-E.

IV. INCOME AND RESOURCES OF THE CHILD

1. Did the Child Have Any Income/Resources in Eligibility Month ☐ No ☐ Yes, If Checked Specify Below

2. Please Identify the Removal Month: _____/_____/_____

INCOME	AMOUNT
<input type="checkbox"/> WAGES:	
<input type="checkbox"/> SSI:	
<input type="checkbox"/> SS:	
<input type="checkbox"/> OTHER:	
SPECIFY:	

RESOURCES	AMOUNT
<input type="checkbox"/> AUTOMOBILE:	
<input type="checkbox"/> BANK ACCOUNT:	
<input type="checkbox"/> CERTIFICATE OF DEPOSIT:	
<input type="checkbox"/> OTHER:	
SPECIFY:	

V. INCOME AND RESOURCES OF THE HOUSEHOLD

1. Please List All Members Of The Household Living With The Child In The Removal Home (Attach Additional Sheet If Needed):

HOUSEHOLD MEMBER (INCLUDE NAME, RELATION TO CHILD, SS#, AND D.O.B.)	GROSS INCOME AND FREQUENCY	INCOME SOURCE	RESOURCES AND AMOUNT (FOR VEHICLES, INCLUDE MAKE, MODEL AND YEAR)	DEPENDENT CARE EXPENSES TYPE AND AMOUNT

2. Parent Is Paying Child Support For Child(ren) Out Of The Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3. Name Of Child(ren):	4. Total Amount:
5. Parent Is Receiving Child Support For Child(ren) In The Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6. Name Of Child(ren):	7. Total Amount:

(OVER)

VI. MEDICAL INSURANCE INFORMATION

1. Does The Child Have Private Medical Insurance: ☐ No
☐ Yes, Attach Third Party Liability (TPL) Data Entry Worksheet

VII. DEPRIVATION FACTORS

1. Was The Child Deprived Of Care And Support Of One Or Both Parents?

- ☐ Deprivation – Check The Deprivation Factor(s) Below:
☐ Death ☐ Unemployment Of Primary Wage Earner ☐ Underemployment Of Primary Wage Earner
☐ Absence (E.G. Separation Or Divorce) ☐ Incapacity/Disabled, Explain: _____
☐ No Deprivation

VIII. CCYA INFORMATION VERIFICATION:

1. Information In Sections II-VII Verified By:

VERIFYING SIGNATURE/TITLE OF PERSON COMPLETING SECTIONS II-VII:	DATE:	NAME OF PERSON(S) INTERVIEWED If information gathered From Personal Contact	RELATIONSHIP TO CHILD(May be Self)

CCYA/JPO Forward Completed Form To CAO**IX. COUNTY ASSISTANCE OFFICE CERTIFICATION**

1. ☐ Insufficient Information, Specify: _____
2. ☐ This Child (Check the appropriate box(es) that apply to the child):
- ☐ Meets AFDC Criteria and Is Categorically Medicaid Eligible
- ☐ Does Not Meet AFDC Criteria, Reason:
- ☐ Excess Income ☐ Excess Resources ☐ Citizenship ☐ Age
- ☐ Lack Of Deprivation ☐ Child Did Not Live With Specified Relative Within Six Months
- ☐ Child is over the age of 18 and not fulfilling the definition of a child criteria
- ☐ Is Eligible For Medicaid Benefits Only
- ☐ Is Not Eligible For Medicaid Benefits
3. CAO Information And Authorization:

CAO Notes:

NAME: (PLEASE PRINT)	SIGNATURE:	DATE:	PHONE:

CAO Returns Completed CY-61 along with Income Calculation Worksheet to CCYA**CCYA FINAL ELIGIBILITY DETERMINATION****X. COURT ORDER OR VOLUNTARY PLACEMENT AGREEMENT (COMPLETED BY CCYA/JPO)**

1. Date Child Entered Agency Foster Care/Placement: _____/_____/_____		2. Date Of Initial Removal: (If Differs From Placement Date) _____/_____/_____	
3. Date Of Initial Legal Proceedings That Led To The Child's Removal Or Date Voluntary Placement Agreement Was Signed By All Parties (Eligibility Month): _____/_____/_____		<input type="checkbox"/> VPA, Skip To Section XI <input type="checkbox"/> Petition, Complete Section X	
4. Does Initial Agency Custody/Responsibility Court Order Authorizing Removal Contain The CTW or BI Language:	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Effective Date Of Order: _____/_____/_____	
6. Court Order That Contains The Reasonable Efforts To Prevent Removal Language Within 60 Days Of Child's Removal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Effective Date Of Order: _____/_____/_____	
8. JPO Court Order That Contains Shared Case Responsibility Language:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	9. Effective Date Of Order: _____/_____/_____	

XI. CCYA IV-E DETERMINATION

1. Pending, IV-E Eligibility Cannot Be Determined: Reason: _____
 Date Placed In Pending File: _____/_____/_____ Date Of Resolution: _____/_____/_____
2. IV-E Eligibility (Check One):
- ☐ Child Is IV-E Eligible, Provide start date of IV-E eligibility: _____/_____/_____ (First day of the month all eligibility criteria are met)
- ☐ Child Is Not IV-E Eligible, Reason: _____
3. CCYA Information And Authorization:

NAME: (PLEASE PRINT)	SIGNATURE:	DATE:	PHONE:

XII. CCYA NOTIFICATION OF IV-E ELIGIBILITY TO CAO/JPO

1. CAO/JPO Notified of Child's Eligibility Status By: ☐ Mail ☐ E-mail ☐ Fax Code: _____
2. CAO Notified By: _____ 3. Date: _____