

**TITLE IV-E/FFP INITIAL ELIGIBILITY DETERMINATION
(CS-IV-E/FFP-3):**

PURPOSE:

The purpose of this form is to provide a worksheet for the IV-E Eligibility Specialist (IV-E ES) to determine initial Title IV-E eligibility for a child in out-of-home care. Once Title IV-E eligibility is established, it is maintained throughout the time the Division OR THE Juvenile Court with a IV-E contract has custody of the child and the child is in an out of home placement. The child is no longer eligible the month following the month the child turns 18, unless the child is enrolled full time in high school or an equivalent course of study and can reasonably be expected to graduate prior to his/her nineteenth birthday. If child will graduate prior to age 19 eligibility continues through the month of graduation or until it is determined the child would not complete high school by age 19.

NUMBER OF COPIES AND DISTRIBUTION:

One copy is completed and kept in the child's Children's Services Financial Assistance record.

INSTRUCTIONS FOR COMPLETION:

NOTE: This form is designed with a "decision tree" format. Instructions on the form itself will advise the IV-E ES when to continue with form completion or when to stop. The IV-E ES shall always sign and date the form.

I. LEGAL STATUS:

Child's Name: Enter the child's name as it appears in FACES.

Date of Birth: Enter the date of birth of the child.

Date Child Entered Care: Enter the date the child was placed in Children's Services custody or custody of the Juvenile Court who has a IV-E contract by the Court.

DCN: Enter the child's DCN.

1. LEGAL REMOVAL: Check "Yes" or "No". Check "Yes," if child was physically removed from a home or if child was not physically removed from home but lived with parents/specified relative within the past 6 months.
2. COURT ORDERED PLACEMENT: Check "Yes" or "No" for Items A and B.

II. AFDC RELATEDNESS:

1. REMOVAL HOME:

A. Physical \ Constructive Removal: Check "Yes" or "No". If "yes", enter the requested information.

B. Specified Relative: Check "Yes" or "No". If "yes", enter the requested information.

2. AGE: Check "Yes" or "No".

3. DEPRIVATION:

Parental Support: Check "Yes" or "No". If "yes", enter the requested information.

4. NEED:

Assets and Income: Enter the requested information and check "Yes" or "No".

Comments: Enter any explanatory comments necessary.

Signature and Date:

The IV-E ES signs and dates the form.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the Children's Services Financial Assistance record. The child's financial record is destroyed three and one-half (3 ½) years after the date of the most recent closing.