

**ADOPTION ASSISTANCE SCREENING TOOL**

**INSTRUCTIONS: COMPLETE A SEPARATE TOOL FOR EACH CHILD BEING CONSIDERED FOR ADOPTION**

**SECTION I: CASE INFORMATION**

CHILD'S NAME: (First, Middle, Last Initial)	AGENCY NAME	FAMILY SERVICE WORKER
D.O.B.	CHILD'S CLIENT ID	CASE NUMBER

- ADOPTION ASSISTANCE SCREENING WAS COMPLETED PRIOR TO FINAL ORDER OF ADOPTION.
- ADOPTION ASSISTANCE SCREENING WAS COMPLETED AFTER FINAL ORDER OF ADOPTION.

**SECTION II. US CITIZEN/ALIEN CRITERIA**

**YES NO**

- Verify if U.S. citizen. **If yes, proceed to Section III.** If no, answer Alien question #2 below.
- Is this child a qualified alien as defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996? **If no, child is not eligible for adoption assistance maintenance payments; still proceed to Section III.**

**SECTION III. THREE PART SPECIAL NEEDS DETERMINATION**

**A. Determination that the child could not or should not be returned to the home of their parent? This can be achieved by one of the following:**

- Termination of parental rights for mother and father (paternity has been establish and/or unknown father).
- Temporary Entrustment Agreement with evidence of a title IV-E foster care payment being made.
- Permanent Entrustment Agreement, petition with subsequent judicial determination of contrary to child's welfare.

**B. Adoptive placement without financial assistance unlikely due to one of the following:**

- Physical, mental, or emotional condition existing prior to adoption;
- Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability;  
*Note: If hereditary tendency, congenital problem or birth injury is the only factor noted in this section, the agreement will be \$0.*
- Member of a minority group based on racial, multi-racial, or ethnic heritage;
- Membership in a sibling group and being placed in the same adoptive family;
- Age six or older and has been in foster care for 18 months or longer;
- Child meets the medical or disability requirements for SSI.

**C. Reasonable Efforts Criteria. Choose one of the following:**

- The LDSS made a reasonable effort to find an adoptive home without providing adoption assistance.
- The requirement was waived due to the existence of significant emotional ties with the prospective adoptive family, while in their care as a foster child.

**Summary:** The child must have met the conditions in A, B, and C to meet the special needs determination.

Did this child meet conditions in A, B, and C?

- If Yes,** go to Section IV: Title IV-E Eligibility Criteria, to continue screening.
- If No, stop here.** This child is not eligible for adoption assistance.

## SECTION IV: TITLE IV-E ELIGIBILITY CRITERIA

First, determine if the child is an “**Applicable Child**” or “**Non-Applicable Child.**” Then complete only the section (A. or B.), which corresponds to the child’s Applicable/Non Applicable status.

**Applicable Child** – Check the “Applicable Child” box only if one of the following criteria applies (check a or b), then complete **Section A.**

- a. **Age** – The child has attained or will attain the “applicable age,” any time before the end of the Federal fiscal year during which the adoption assistance agreement is entered into;  
(*applicable age = two years old or older*) OR
- b. **Sibling** – The child has a sibling who is placed in the **same** home for adoption and that sibling meets the above age criteria.

If the child does not meet one of a or b, proceed to **B. Non-applicable Child Criteria.**

### A. Applicable Child IV-E Eligibility Criteria

#### Criteria Met?

Yes No

#### 1. Previous Adoption Eligibility:

The child's previous adoption has been dissolved (adoptive parents’ rights terminated), or the adoptive parents have died, and the child was eligible for IV-E adoption support in the previous adoption or would have been eligible had the Adoption and Safe Families Act (AFSA) of 1997 been in effect at the time of the previous adoption?

#### 2. SSI Eligibility:

Does the child meet all medical and disability requirements of title XVI Supplemental Security Income (SSI)? *NOTE: The Applicable Child does not have to meet the needs based requirements of SSI.*

#### 3. Child of a Minor Parent Eligibility:

Was the child residing in a foster family home or child care institution with his/her minor parent, who was removed involuntarily with judicial language of contrary to welfare or a temporary or permanent entrustment agreement?

#### 4. Judicial or Voluntary Removal Eligibility:

At the time of the initiation of adoption proceedings, was the child in care of a LDSS, LCPA, or a Tribal agency pursuant to a temporary entrustment agreement, permanent entrustment agreement, **or** an involuntary removal order with judicial determination that it was contrary to the child’s welfare to remain in the home?

If any one of questions 1 – 4 is checked “**Yes**” stop and check “**Yes**” in the **Summary Section A**, on page 3.  
If not, continue to **B. Non-Applicable Child IV-E Eligibility Criteria**, to continue screening.



**SECTION V: STATE ADOPTION ASSISTANCE**

**IF THE CHILD IS ELIGIBLE AS A TITLE IV-E APPLICABLE OR TITLE IV-E NON-APPLICABLE CHILD SKIP THIS SECTION AND SUMMARY.**

**THE CHILD MUST MEET EACH OF THREE CONDITIONS BELOW:**

- The child is under age 18 years at the time of application and met the citizenship criteria in Section II; and
- The child met the special needs criteria in Section III.
- The adoptive parents are capable of providing the permanent family relationships needed by the child in all respects except financial.

**THE CHILD MUST MEET BOTH OF THE CONDITIONS BELOW:**

- Was in the custody of a LDSS, LCPS or Tribal agency at the time of the adoptive placement; and  
Has lived with their foster parent for at least 12 months and developed significant emotional ties while in their care.

**For *after final order only*, the following four must be met:**

- The condition/disability was present at the time of adoption.
- The date the child was first diagnosed with this condition/disability was after the final order of adoption.
- The diagnosis was made within 12 months of the date of application for adoption assistance.
- The child was in the custody of a LCPA or LDSS at the time of the adoptive placement.

**Summary: The child must have met of the above named conditions to be eligible for state funded adoption assistance.**

**Did the child meet each of the above conditions?**

YES  NO

**If YES, the child's adoption assistance funding type is: State Adoption Assistance**

**Continue to Section VI: Additional Daily Supervision**

**If NO, the child is not eligible for state funded adoption assistance.**

**Continue to Section VIII: Non-Recurring Expenses**

**SECTION VI: ADDITIONAL DAILY SUPERVISION**

**This child requires additional support and supervision from their adoptive parents based on the following:**

- The child is receiving an enhanced maintenance payment in foster care based on the VEMAT tool.
- The child is not receiving enhanced maintenance payments but the LDSS has sufficient reason to believe the child requires additional support and supervision consistent with VEMAT guidance and has conducted a VEMAT.

**Did the child meet one of the above conditions? YES NO**

**Date of Child's Last VEMAT (within 6 months): \_\_\_\_\_ Child's VEMAT Score: \_\_\_\_\_**

**Summary: The child must have met one of the above conditions to be eligible for an Additional Daily Supervision Payment.**

If Yes, the child is eligible to receive an Additional Daily Supervision payment.  
Continue to Section VII: Special Services

If No, the child is not eligible to receive an Additional Daily Supervision payment.  
Continue to Section VII: Special Services.

**SECTION VII: SPECIAL SERVICES**

**Complete this section for all children who are eligible for adoption assistance.**

The child must meet both criteria below to be eligible for Special Service Payments:

- The child is in the custody of an LDSS, LCPA, or Tribal agency at the time of application.
- The child was found eligible to receive title IV-E or state adoption assistance.

**Summary: The child must have met both of the above conditions to be eligible for a Special Service Payment.**

**Did the child meet both of the above conditions?**  YES  NO

**If YES, the child is eligible to receive a Special Service payment.  
Continue to Section VIII: Non-Recurring Expenses**

**If NO, the child is not eligible to receive a Special Service payment.  
Continue to Section VIII: Non-Recurring Expenses.**

**SECTION VIII: NON-RECURRING EXPENSES**

*To be eligible for reimbursement of non-recurring adoption expenses, the child must have met the criteria in SECTION III: SPECIAL NEEDS DETERMINATION.*

The child met the requirements of Section III: Special Needs Determination?  YES  NO

**Summary: Section III: Special Needs Determination criteria must have been met to be eligible for reimbursement of Non-Recurring Expenses.**

**Did the child meet the Special Needs Determination criteria in Section III?**  YES  NO

**If YES, the child is eligible to receive reimbursement for Non-Recurring Expenses.  
Continue to Section IX: Medicaid Eligibility.**

**If NO, the child is not eligible to receive reimbursement for Non-Recurring Expenses.  
Continue to Section IX: Medicaid Eligibility.**

**SECTION IX: MEDICAID ELIGIBILITY**

- The adoption assistance agreement will include Medicaid for this child because this child is eligible for title IV-E adoption assistance. No additional application is required.
- The adoption assistance agreement will include Medicaid for this child because this child is eligible for state adoption assistance and has a special medical or rehabilitative need. A Medicaid application is required.
- The adoption assistance agreement will not include Medicaid for this child because the child is not title IV-E eligible or state eligible or is state eligible but does not have a special medical or rehabilitative need.

**Make a selection then continue to Section X. Eligibility Summary & Signatures**

**SECTION X: ELIGIBILITY SUMMARY AND SIGNATURES**

**THE FOLLOWING IS CERTIFIED:**

**PART I:**

**THIS CHILD IS ELIGIBLE FOR THE FOLLOWING TITLE IV-E ASSISTANCE:**

- Title IV-E Applicable Adoption Assistance AND Medicaid
- Title IV-E Non-Applicable Adoption Assistance AND Medicaid

**OR**

**THIS CHILD IS ELIGIBLE FOR THE FOLLOWING STATE ASSISTANCE:**

- State Funded Adoption Assistance AND Medicaid
- State Funded Adoption Assistance, no Medicaid

**PART II:**

**THIS CHILD IS ELIGIBLE FOR THE FOLLOWING TYPE OF ADDITIONAL DAILY SUPERVISION PAYMENT:**

- Additional Daily Supervision, Title IV-E
- Additional Daily Supervision, State Funded
- Child Is Not Eligible For An Additional Daily Supervision Payment

**PART III:**

**THIS CHILD IS ELIGIBLE TO RECEIVE STATE FUNDED SPECIAL SERVICE PAYMENTS**

- YES
- NO

**PART IV:**

**THIS CHILD IS ELIGIBLE TO RECEIVE REIMBURSEMENT OF NON-RECURRING EXPENSES**

- YES
- NO

**PART V:**

**THIS CHILD IS INELIGIBLE FOR TITLE IV-E OR STATE ADOPTION ASSISTANCE**

**ADOPTIVE PARENT SIGNATURE:**

**DATE:**

**ADOPTIVE PARENT SIGNATURE:**

**DATE:**

**LDSS/LCPA WORKER'S SIGNATURE:**

**DATE:**

**LDSS SUPERVISOR SIGNATURE:**

**DATE:**