



**AND**

C. Reasonable efforts were made to place the child with appropriate adoptive parents without providing adoption assistance or Medicaid AND adoption assistance is necessary for **one** of the following:

- Child is being adopted by a relative.
- Child is a member of a sibling group and is being placed with siblings.
- Reasonable efforts were made to place the child with appropriate adoptive parents without providing adoption assistance or Medicaid, but were unsuccessful.

Describe:

- Reasonable efforts are not required because another placement is against the child's best interest due to the child's significant emotional ties with the foster parents while in their care and the foster parents wish to adopt the child. Date of placement with foster parents: \_\_\_\_\_

**AND**

**TITLE IV-E CHILD ELIGIBILITY TYPE**

Federal Fiscal Year (FFY)
January 1, 2018-September 30, 2018
October 1, 2018-September 30, 2019
October 1, 2019- September 30, 2020
October 1, 2020-September 30, 2021
October 1, 2021-September 30, 2022
October 1, 2022-September 30, 2023
October 1, 2023-June 30, 2024

D. The child meets **one** of the title IV-E applicable eligibility requirements:

- The child will be 2 years old or older in the FFY when the AAA is executed (see chart)
- The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.

Sibling's Name and DOB: \_\_\_\_\_

**OR**

*(Skip Section E. if child meets title IV-E applicable eligibility requirements in Section D.)*

E. The child meets **one** of the title IV-E non-applicable eligibility requirements:

- At the time the child was removed from the home of the specified relative, the child met the AFDC eligibility requirements in the home of removal and judicial determination in the first court ruling that remaining in the home would be contrary to the child's welfare.  A copy of the Title IV-E Foster Care Notice of Action is in record.
- The child was found ineligible for title IV-E foster care for the sole reason that there was not a court order issued within the first sixty (60) days of entering care containing the Reasonable Efforts language.
  - A copy of the Title IV-E Foster Care Notice of Action with such denial documentation is in the record.
- Child was voluntarily relinquished to a LDSS or LCPA.
 

The following **must all be included**:

  - A valid permanent entrustment agreement.
  - A petition to remove the child from the home of the specified relative is filed within 180 days.
  - Within 180 days, judicial determination that remaining at home would be contrary to the child's welfare.
  - A copy of the Title IV-E Foster Care Notice of Action showing title-IV-E eligibility.
  - At least one title IV-E foster care payment was paid on behalf of the child under a permanent entrustment agreement while the child was in the CPA's custody.
- Prior to the final order of adoption, the child meets all medical and disability requirements of Supplemental Security Income (SSI) as documented in an award letter from the Social Security Administration (SSA).
- Child is a minor child of a title IV-E eligible youth (minor parent) who received title IV-E foster care payments and the child was placed with the minor parent in foster care at any point when the minor parent was title IV-E eligible.
- Child was previously adopted with title IV-E adoption assistance agreement. Adoptive parents are deceased or prior adoption was dissolved due to termination of parental rights of the adoptive parents.

Child meets Section II, D. (title IV-E applicable requirements are met)

**OR**

Child meets Section II, E. (title IV-E non-applicable requirements are met)

**III. STATE ELIGIBILITY** (The child meets **both** state eligibility requirements, check all that apply)

**If eligible for title IV-E, skip this section**

- Physical, mental, or emotional condition existing prior to adoption.  
Professional diagnosis and date of diagnosis:
  
- Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability.  
*If this is the only special need factor, a \$0 AAA should be executed.*  
Specify:
  
- Member of a minority group based on racial, multi-racial, or ethnic heritage.  
Specify:
  
- Has a close relationship with 1 or more siblings and siblings are placed with the same adoptive parents.
- Age six or older and has been in foster care for eighteen (18) months or longer.
- Has developed significant emotional ties with foster parents while in their care for at least twelve (12) months, the foster parents are committed to adopting the child, and state adoption assistance maintenance payments are necessary to enable the adoption.

**AND**

The child meets all **three (3)** state adoption assistance eligibility criteria.

- 1. The child is in a CPA's custody and there is **one** of the following:
  - The initial removal order contains a statement that continuation in the home is contrary to the welfare of the child or that removal is in the child's best interest.
  - A valid permanent entrustment agreement relinquishing the child to a CPA.
- 2. There is a TPR court order for all legal parents subsequent to the removal order or voluntary permanent placement agreement or a death certificate for all legal parents and no provisions for the child were made.
- 3. Reasonable efforts were made to place the child without adoption assistance, but were unsuccessful, or an exception was made because the child has developed significant emotional ties with foster parents while in their care and the foster parents wish to adopt the child.

For *after final order of adoption only*, the following **four (4)** must be met:

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

- Child meets Section III (state eligibility requirements are met)*

**IV. ENHANCED MAINTENANCE ELIGIBILITY**, **one** of the following must be met:

- This child requires additional supervision and support from adoptive parents based on one of the following:
  - The child is receiving enhanced maintenance payment in foster care based on the VEMAT.
  - The child is not receiving enhanced maintenance payments. The LDSS has sufficient reason to believe the child requires additional supervision and support consistent with VEMAT guidance.

**If the child has a VEMAT within the last three (3) months, fill the information below.**

Date VEMAT administered: \_\_\_\_\_ Child's VEMAT score: \_\_\_\_\_

- Child meets Section IV (enhanced maintenance requirements are met)*

**V. SPECIAL SERVICES ELIGIBILITY** (This child meets **both** criteria)

- This child is in the custody of the LDSS or LCPA.
- The adoptive parents are capable of providing the permanent family relationships needed by the child in all respects except financial.

- Child meets Section V (special services eligibility requirements are met)*

**VI. NON-RECURRING ELIGIBILITY** (This child meets **all** criteria)

- The child has special needs as defined:
  - The child cannot and should not return home (See Section 2.11.2 in Adoption Guidance) **AND**
  - The child has a specific factor or condition because of which reasonable efforts to place the child without providing adoption assistance and Medicaid were unsuccessful (See Section 2.9.1.2 or 2.9.2.1).
- Child meets Section VI (non-recurring requirements are met)*

**VII. MEDICAID ELIGIBILITY**

- The AAA will include Medicaid for this child because this child is eligible for title IV-E adoption assistance.
- The AAA will document that this child is eligible for solely state adoption assistance and this child has a special medical need.
- The AAA *will not* include Medicaid for this child because this child is eligible for solely state funded adoption assistance and does not have a special medical or rehabilitative need.

The eligibility determination below is supported with documentation retained in the child’s case record.

I certify that this child is eligible for the adoption assistance below.

- |  |  |
|--|--|
| <input type="checkbox"/> Title IV-E Applicable Maintenance<br>Met all requirements for sections I, II, & Section D     | <input type="checkbox"/> Special Services, state funds only<br>Met all requirements for sections I, (II or III), & V |
| <input type="checkbox"/> Title IV-E Non-Applicable Maintenance<br>Met all requirements for sections I, II, & Section E | <input type="checkbox"/> Non-recurring<br>Met sections I and VI  |
| <input type="checkbox"/> State Maintenance<br>Met all requirements for section I, III, & <b>did not met title IV-E</b> | <input type="checkbox"/> Medicaid in relation to the title IV-E AAA<br>Determined in section I, II, & VII            |
| <input type="checkbox"/> Enhanced Maintenance, federal funds<br>Met sections I, II & IV                                | <input type="checkbox"/> Medicaid in relation to the state AAA<br>Determined in section I, III, & VII                |
| <input type="checkbox"/> Enhanced Maintenance, state funds<br>Met sections I, III, and IV                              |  |

I certify that this child is not eligible for adoption assistance.

Local Department of Social Services

Adoptive Parent’s Signature	Date
Adoptive Parent’s Signature	Date
LDSS Worker’s Signature	Date
LDSS Supervisor/Director’s Signature	Date