

Adoption Assistance Eligibility Form

I. Identifying Information

(To be completed by the service worker or licensed child-placing agency representative)

Child's Name: Date of Birth: Race: Sex:

II. Citizenship of Child (Select One)

- US Citizen/Naturalized Citizen
- Qualified Alien (Alien Registration #) Use the link below for guidance to determine Qualified Alien
http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/fed_reg/fr111797a7.htm
- Unqualified Alien/Undocumented Alien
(Only US citizens/naturalized citizens or qualified aliens are eligible for adoption assistance.)

III. Legal Care and Responsibility of Child

- Local Board/Department of Social Services
By court order or voluntary entrustment agreement Date:
- Licensed Child-Placing Agency Date:
Court Order or Permanent Entrustment Agreement
- Relative Please specify
- Other Please specify

IV. Child is available for adoption (Check all that applies. Complete for each parent.)

Mother

- Termination of Parental Rights Date:
- Voluntary/Permanent Entrustment Date:
- Death Date:

Father

- Termination of Parental Rights Date:
- Voluntary/Permanent Entrustment Date:
- Death Date:

V. Basic Eligibility for Virginia Adoption Assistance

(All criteria below must be checked yes for a child to meet eligibility for adoption assistance.)

	Yes	No
The child is under the age of 18	<input type="checkbox"/>	<input type="checkbox"/>
It has been determined that the child cannot or should not be returned to the home	<input type="checkbox"/>	<input type="checkbox"/>
A reasonable effort has been made to first place the child with an appropriate adoptive parent(s) without providing subsidy or	<input type="checkbox"/>	<input type="checkbox"/>
It has been determined that the child has a significant emotional tie with the prospective adoptive parents while in their care as a foster child or is being adopted by a relative.	<input type="checkbox"/>	<input type="checkbox"/>

VI. Special Needs Determination for Adoption Assistance

(One or more of the following factors or conditions must exist and be documented to demonstrate the child is hard to place.) Check all that apply.

Factor(s) or Condition(s)	Yes	No
The child has a physical, mental, or emotional disability/condition existing before legal adoption	<input type="checkbox"/>	<input type="checkbox"/>
The child has a hereditary, congenital problem or birth injury that could lead to a future disability (If this is the only criterion, child is eligible for conditional adoption assistance)	<input type="checkbox"/>	<input type="checkbox"/>
The child is six years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
The child is a member of a minority or mixed racial heritage	<input type="checkbox"/>	<input type="checkbox"/>
The child is a member of a sibling group that is ready for placement at the same time and that should not be separated	<input type="checkbox"/>	<input type="checkbox"/>
The child has significant emotional ties with the foster parents with whom the child has resided for at least 12 months, when the adoption is in the best interest of the child and when the subsidy is necessary to achieve the adoption by these foster parents.	<input type="checkbox"/>	<input type="checkbox"/>
(Use the above criteria only when one of the other individual characteristics does not apply. A child whose only individual characteristic is emotional ties must be provided a state subsidy agreement, rather than a Title IV-E subsidy agreement, even if child is Title IV-E eligible.)		

If the child meets the basic eligibility and special needs criteria above, the child is eligible for adoption assistance. The Service Worker continues to complete the form to determine benefits and funding source type (Title IV-E or State). If the child does not meet the basic eligibility and special needs criteria, the Service Worker must inform that the prospect adoptive parents the child is not eligible for adoption assistance in writing.

VII. Determination of Title IV-E “Applicable Child”

An “Applicable Child” is a child with special needs who is eligible for Title IV-E 1) by age in the fiscal year, or 2) by length of care in the custody of a LDSS for 60 consecutive months, or 3) is a sibling to a child who is eligible by age or length in care and placed in the same adoptive home placement.

An “Applicable Child” is as also a child with special needs and 1) is eligible for supplemental security income (SSI), 2) is a minor child of a child in foster care who receives Title IV-E foster care maintenance payments; or 3) is eligible for Title IV-E adoption assistance because of a prior adoption where the child received Title IV-E adoption assistance.

One of the six criteria below must be met to be eligible as an Applicable Child.

1. Age		
	Age	Check below the age of the child in the year of the adoption
		If the child reaches the indicated birthday or older during the Federal Fiscal Year (October 1 to September 30)
<input type="checkbox"/>	16 to 18	During October 1, 2009 to September 30, 2010
<input type="checkbox"/>	14 to 18	During October 1, 2010 to September 30, 2011
<input type="checkbox"/>	12 to 18	During October 1, 2011 to September 30, 2012
<input type="checkbox"/>	10 to 18	During October 1, 2012 to September 30, 2013
<input type="checkbox"/>	8 to 18	During October 1, 2013 to September 30, 2014
<input type="checkbox"/>	6 to 18	During October 1, 2014 to September 30, 2015
<input type="checkbox"/>	4 to 18	During October 1, 2015 to September 30, 2016
<input type="checkbox"/>	2 to 18	During October 1, 2016 to September 30, 2017
<input type="checkbox"/>	0 to 18	During October 1, 2017 to September 30, 2018

2. Length of Care in LDSS		
Yes	No	Length of Care in LDSS
<input type="checkbox"/>	<input type="checkbox"/>	The child has been in the care and responsibility of a LDSS for 60 consecutive months. Date child entered care: to . (Uninterrupted documentation must be in the case record.)

3. Sibling Status		
Yes	No	Sibling Status
<input type="checkbox"/>	<input type="checkbox"/>	The child is a sibling to a child who qualifies as an applicable child by age or length in care and is being placed in the same adoptive home placement Name of sibling who is an applicable child:

Yes	No	Other Applicable Child Eligibility - child may meet one of these criterion
4. SSI		
<input type="checkbox"/>	<input type="checkbox"/>	The child meets all of the medical or disability requirements for SSI after October 1, 2009.

5. Prior Title IV-E Adoption		
<input type="checkbox"/>	<input type="checkbox"/>	The child is eligible for Title IV-E adoption assistance because of a prior adoption where the child received a Title IV-E adoption assistance after October 1, 2009.
6. Minor Child		
<input type="checkbox"/>	<input type="checkbox"/>	The child is minor child of a child in foster care who receives Title IV-E foster care maintenance payments after October 1, 2009.

One of the following must be met to be eligible as an Applicable Child.

Yes	No	Care and Responsibility Requirements for the Applicable Child or Exceptions
<input type="checkbox"/>	<input type="checkbox"/>	The child is in the care and responsibility of a LDSS or licensed child-placing agency at the time of the initiation of the adoption proceedings as a result of either a judicial determination that it was contrary to the welfare of the child to remain in the home or a permanent entrustment agreement has been entered.
<input type="checkbox"/>	<input type="checkbox"/>	The child meets all of the medical or disability requirements for SSI.
<input type="checkbox"/>	<input type="checkbox"/>	The child is eligible for Title IV-E adoption assistance because of a prior adoption where the child received Title IV-E adoption assistance.
<input type="checkbox"/>	<input type="checkbox"/>	The child is the minor of a child in foster care who receives Title IV-E foster care maintenance payments.

VIII. Determination of Title IV-E “Non-Applicable Child”

One of the following must be met to be eligible as a “Non-Applicable Child”.

Yes	No	Requirements for the “Non-Applicable Child” The eligibility below is determined by the Eligibility Unit at a local department of social services.
<input type="checkbox"/>	<input type="checkbox"/>	The child was determined eligible for Title IV-E because at the time of the child’s removal from the home the child met eligibility requirements for AFDC before or after October 1, 2009.
<input type="checkbox"/>	<input type="checkbox"/>	The child was determined eligible for Title IV-E because all of the medical and disability requirements for SSI were met before October 1, 2009.
<input type="checkbox"/>	<input type="checkbox"/>	The child is eligible for Title IV-E adoption assistance because of a prior adoption where the child received Title IV-E adoption assistance before October 1, 2009.
<input type="checkbox"/>	<input type="checkbox"/>	The child is the minor of a child in foster care who receives Title IV-E foster care maintenance payments before October 1, 2009.

IX. Adoption Assistance Benefits and Funding

- The child is not eligible to receive adoption assistance benefits. (Stop and inform prospective adoptive parents. Place form in child’s record.)
- The child is eligible to receive adoption assistance benefits based on the above information with a signed adoption assistance agreement. The child is eligible for:

- Title IV-E maintenance and Medicaid
 - Applicable Child (Meets requirements of Sections V, VI, & VII) or
 - Non-Applicable Child (Meets requirements of Sections V, VI, & VIII).
 - Title IV-E and Medicaid Only (Child is eligible for SSI but not in custody of an agency. This child is not eligible for special service payments.)

- State Special Service Payments (Payments are child specific and must be negotiated with adoptive parents.)

- State funded maintenance (Is a citizen or qualified alien, in care and responsibility of Local Board/Department of Social Services or Licensed Child-Placing Agency, and meets all of Section V and at least one of Section VI).

- Conditional (State funded only) – (The child is a citizen or qualified alien, in care and responsibility of Local Board/Department Social Services or Licensed Child-Placing Agency, and meets all of Section V and only meets “A hereditary, congenital problem or birth injury that could lead to a future disability” of Section VI.)

These sections are completed after determination.

X. Family Notified of Eligibility

- Prospective adoptive parent(s) have been informed of the eligibility decision regarding adoption assistance. Date completed _____

XI. Notice of Right to Appeal

- Prospective adoptive parent(s) have been informed about the right to appeal the agency’s decision regarding adoption assistance. Date completed _____

XII. Notice of Adoption Tax Credit

- Prospective adoptive parent(s) have been informed about the potential Adoption Tax Credit. Adoptive parent(s) may contact a tax preparer or the Internal Revenue Service (IRS) at 1-800-829-1040 or via website at <http://www.irs.gov/taxtopics/tc607.html>. Date completed _____

XIII. Notice of Eligibility for Independent Living Services for youth adopted at 16 years of age or older.

- Prospective adoptive parent(s) have been informed about the child’s eligibility for Independent Living Services if the child was adopted at 16 years of age or older. Date completed _____

XIV. Notice of Assurance of School Enrollment Requirement

- Prospective adoptive parent(s) are informed that the agency will request the name of the school the child is attending if the child is school-age and that the child is enrolled full-time on the

Annual Affidavit. The adoptive parents will also certify that they are legally responsible for the child and the child remains in their care. The Annual Affidavit must be notarized.

Date Form Completed:

Signature of LDSS Social Worker: _____ Date _____

Signature of Licensed Child-Placing Social Worker: _____ Date _____
(If applicable)

Signature of Eligibility Worker for LDSS: _____ Date _____
(Signature of Eligibility Worker who opens Medicaid record or reviews form)

A copy of this form shall be provided to the prospective adoptive parent(s) for signature.

Signature of Prospective Adoptive Parent: _____ Date: _____

Signature of Prospective Adoptive Parent: _____ Date: _____