

ADOPTION ASSISTANCE SCREENING TOOL

The Adoption Assistance Screening Tool assesses whether a child is eligible for adoption assistance. The LDSS must complete the form and have the prospective adoptive family sign it. A separate form must be completed for each child in a sibling group.

Date:

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|-----------------------------|
| Agency: |
| Family Services Specialist: |
| Email Address: |
| Telephone Number: |

| | | |
|---|--------------------|----------------|
| SECTION I: CASE INFORMATION | | |
| Child's Name: (First, Middle, Last Initial) | | |
| Client ID: | OASIS Case Number: | Date of Birth: |
| <i>Note: The child must be under 18 when the adoption petition is filed to be eligible for adoption assistance.</i> | | |
| <p style="margin-left: 40px;">The application for adoption assistance was submitted before the final order of adoption.</p> <p style="margin-left: 40px;">The application for adoption assistance was submitted after the final order of adoption.</p> | | |
| <p style="margin-left: 40px;">Y N Was the child placed into the adoptive home by their parent? If yes, the child is not eligible for adoption assistance. Proceed to Section X.</p> | | |
| SECTION II: CITIZENSHIP CRITERIA | | |
| Verify that the following supporting documentation is in the child's case record. The child named above meets one following citizenship requirements. | | |
| <p style="margin-left: 40px;">The child is a U.S. Citizen. If yes, proceed to Section III.</p> <p style="margin-left: 40px;">The child is a qualified alien who will be adopted by a qualified alien or a U.S. citizen. If yes, proceed to Section III.</p> <p style="margin-left: 40px;">The child is a qualified alien who will be adopted by an unqualified alien, and</p> <p style="margin-left: 80px;">Y N The child has maintained their qualified status for five years?</p> <p style="margin-left: 120px;">If yes, enter the status date and proceed to Section III: Three-part special needs determination. Date: _____</p> <p style="margin-left: 120px;">If not, the child is not eligible for adoption assistance. Proceed to Section X: Eligibility Summary and Signatures.</p> <p style="margin-left: 40px;">The child is not a U.S. citizen and has no qualified alien status. This child is not eligible for adoption assistance. Proceed to Section X: Eligibility Summary and Signatures.</p> | | |
| SECTION III: THREE-PART SPECIAL NEEDS DETERMINATION | | |
| <p>A. A determination has been made that the child cannot be returned to their parent's home using one of the criteria below:</p> <p style="margin-left: 40px;">Death of the Birth Parents Mother Father</p> <p style="margin-left: 40px;">Termination of Parental Rights</p> <p style="margin-left: 80px;">Date for Mother:</p> <p style="margin-left: 80px;">Date for Father:</p> <p style="margin-left: 80px;">Date for Unknown Father:</p> <p style="margin-left: 40px;">Temporary Entrustment Agreement with evidence of a title IV-E payment being made on behalf of child.</p> <p style="margin-left: 40px;">Permanent Entrustment Agreement. A petition was filed within 180 days of the child's removal from the home and a subsequent contrary to the child's best interest judicial determination was made to remaining in the home.</p> | | |
| <p>B. Adoptive Placement without financial assistance is unlikely due to one of the following:</p> <p style="margin-left: 40px;"><i>Check all that apply.</i></p> <p style="margin-left: 80px;">Physical, mental, or emotional condition existing prior to the adoption.</p> | | |

Member of a minority group based on racial, multi-racial, or ethnic heritage.
 Member of sibling group and will be placed in the same adoptive family during the same federal fiscal year (10/1-9/30).
 Age six or older and has been in foster care for 18 months or longer.
 Child meets the medical or disability requirements for SSI.
 Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. If hereditary tendency, congenital problem, or birth injury is the only factor selected in this section, the agreement will be \$0.

C. Reasonable Efforts Criteria

Y N Were reasonable but unsuccessful efforts made to place the child without adoption assistance?

Mark all efforts that apply.

The child was registered on AREVA within 60 days of terminating parental rights.

The child was referred to Adoption Exchanges for photo listing.

Specific recruitment initiatives, such as ATCP or newspapers, were used to locate an adoption placement for the child.

The requirement was waived due to the existence of significant emotional ties with the foster family formed while in their care as a foster child for at least 18 months.

The child is being adopted by a relative.

The selected adoptive family has indicated they cannot adopt without adoption assistance.

Summary: The child must meet conditions A, B, and C to qualify for the special needs determination.

Y N Did the child meet the conditions in A, B, and C?

If yes, go to Section IV: Title IV-E Eligibility Criteria.

If no, stop here. The child is not eligible for adoption assistance. Proceed to Section X: Summary and Signatures.

SECTION IV: TITLE IV-E ELIGIBILITY CRITERIA

The child must meet one of the eligibility criteria below to be eligible for title IV-E. If any of these criteria is checked, stop and check "Y" in the summary section below.

Previous Adoption Eligibility

The child's previous adoption has been dissolved through termination of parental rights or the adoptive parents are deceased. The child was eligible for title IV-E adoption assistance in the previous adoption.

SSI Eligibility

The child meets all medical and disability requirements of title XVI Supplemental Security Income (SSI).

Child of a Minor Parent Medical

The child resides with their minor parent in a foster family home or childcare institution. The minor parent was removed involuntarily containing a judicial determination contrary to the welfare or a temporary or permanent entrustment agreement and the foster parent is receiving a title IV-E foster care payment for the minor parent and their child.

Judicial or Voluntary Removal Eligibility

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

Summary: The child meets the title IV-E eligibility criteria. Y N

If yes, continue to Section VI: Additional Daily Supervision.

If not, the child is not eligible for title IV-E. Continue to Section V: State Adoption Assistance.

SECTION V: STATE ADOPTION ASSISTANCE

The child must meet each of the conditions below:

The child will be under the age of 18 years when the petition to adopt is filed.

The child meets the citizenship criteria in Section II.

The child is in the custody of LDSS or LCPA, 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 permanent entrustment agreement relinquishing the child to the LDSS or LCPA, sanctioned by a court within 180 days.

A temporary entrustment agreement and evidence of at least one foster care payment.

There is a TPR order for all legal parents following the removal order or voluntary permanent entrustment agreement or a death certificate for all legal parents, and no provisions for the child were made.

The child has one of the conditions listed below making them hard to place:

Physical, mental, or emotional condition existing prior to adoption.

Member of a minority group based on racial, multi-racial, or ethnic heritage,

Membership in a sibling group being placed in the same adoptive family home during the same federal fiscal year (10/1 – 9/30).

Age six or older and has been in foster care for 18 months or longer.

Child meets the medical or disability requirements for SSI.

Child has developed significant emotional ties with their foster parents while in their care for at least 12 months. The foster parents are committed to adopting the child, and State adoption assistance maintenance payments are necessary.

Hereditary tendencies, congenital problems, or birth injury leading to a substantial risk of future disability. If this is the only factor selected in this section, the agreement will be \$0.

Applications Submitted After Final Order

For applications submitted after the final order of adoption, the child must meet each of the criteria below in addition to the criteria above:

The condition/disability was present at the time of adoption.

The date the child was first diagnosed with the condition/disability was after the final order of adoption.

The diagnosis was made within 12 months of the Adoption Assistance Application.

The child was in the custody of a LCPA or LDSS at the time of the adoption placement.

Summary: The child must meet each one of the above conditions to be eligible for State-funded adoption assistance.

The child met each of the above conditions. Y N

If yes, the child's adoption assistance funding type is State Adoption Assistance. Continue to Section VI: Additional Daily Supervision.

If not, the child is not eligible for State Adoption Assistance. Continue to Section VIII: Non-Recurring Expenses.

SECTION VI: ADDITIONAL DAILY SUPERVISION

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

The child receives an enhanced maintenance payment in foster care based on the VEMAT.

The child was not receiving an enhanced maintenance payment, but there is sufficient reason to believe the child requires additional support and supervision consistent with VEMAT guidance. A

VEMAT has been conducted.

Date of last VEMAT (within six months): _____ Child's VEMAT Score: _____

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

The child met one of the above conditions. Y N

If yes, the child is eligible to receive an additional daily support and supervision payment.

If not, the child is not eligible for additional daily support and supervision payments.

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 all three criteria below.

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.

The adoptive parents are capable of providing the permanent family relationships needed by the child in all respects except financial.

Summary: The child must meet all three criteria above to be eligible for a special service payment.

The child met all three criteria listed above. Y N

If yes, the child is eligible to receive a special service payment.

If not, 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 meet the criteria in Section III: Special Needs Determination.

The child met the requirements of Section III: Special Needs Determination. Y N

If yes, the child is eligible to receive reimbursement for non-recurring expenses.

If not, the child is not eligible to receive reimbursement for non-recurring expenses.

Continue to Section IX: Medicaid Eligibility.

SECTION IX: MEDICAID ELIGIBILITY

Make a selection, then continue to Section X: Eligibility Summary and Signatures.

The Adoption Assistance Agreement will include Medicaid for the child because the child is eligible for title IV-E adoption assistance.

The Adoption Assistance Agreement will include Medicaid because the child is eligible for State adoption assistance and has a special medical or rehabilitative need.

The Adoption Assistance Agreement will not include Medicaid for the child because the child is not title IV-E or State eligible; or is State eligible but does not have a special medical or rehabilitative need.

SECTION X: ELIGIBILITY SUMMARY AND SIGNATURES

The following are certified:

PART I:

This child is eligible for the following title IV-E assistance:

Title IV-E Adoption Assistance and Medicaid

OR

This child is eligible for the following state assistance:
 State Funded Adoption Assistance and Medicaid
 State Funded Adoption Assistance, Medicaid is not included

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 for 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:

Family Services Specialist:

Date:

Family Services Supervisor:

Date: