

IV-E Initial Placement Information

SWCM name:		SWCM county #:	Today's date:
Child's name:	DOB:	FACS ID:	SID:

SECTION 1: Information Needed About the Removal (SWCM complete questions 1 – 10)

1. Removal order/VPA date:	2. Placement date:	3. Placed with relatives or suitable person? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Placement name and address:			
5. Who did the court find responsible for the events leading to the child's removal or who signed the VPA? Relationship:						
6. Did the child live with the person listed in #5 above in the month of removal? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did the child last live with this person? Dates:						
7. Is the child in a licensed foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach completed Medicaid application.						
8. Removal household information (this is the home of the person identified in #5 above)						
Name (list everyone in home)	DOB	SSN	Relationship to Child	Income <input type="checkbox"/> Y <input type="checkbox"/> N	Source Where employed or type of income	Gross Amount Hours/week and rate or monthly amount
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
Resources: List any resources owned by any member of the household (e.g., vehicles, bank accounts, etc.)						
Who owns it?	Type of Resource	What is it worth?	Who owns it?	Type of Resource	What is it worth?	

9. Absent parent information (name/child):

10. Is the child a full time student, obtaining a GED or other training? Yes No

Comments:

SWCM signature:	Date completed:	Date sent to IV-E Worker:
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SECTION 2 (IV-E Worker)

1. Child enters care via:

Removal Type	Removal Month	CTW / BI Finding	RE1 Finding
<input type="checkbox"/> Emergency Removal/ Court Order Court order date:		In removal order? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No – child not IV-E eligible	Within 60 days of removal? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:
<input type="checkbox"/> Voluntary Placement Agreement <ul style="list-style-type: none"> ▪ VPA effective date: ▪ Date signed by parent/ guardian and DHS: 		Within 180 days of placement? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:	Not applicable
<input type="checkbox"/> No court order or VPA for removal			

SECTION 2, continued

2. Age/School Attendance – child is under 18 or is 18 and expected to graduate before age 19. Yes No

3. Citizen/Alien Status – child is a U.S. citizen or qualified alien. Yes No

4. Specified Relative

a. Subject of CTW / BI finding or person who signed the VPA is a specified relative to the child. Yes No
 Name: _____ Relationship: _____

b. Child lived with this person in the removal month or within the six months before the removal month. Yes No

5. Deprivation – exists in removal household in month of removal. If yes, indicate reason: Yes No

Death – deceased parent(s):

Absence – absent parent(s):

Incapacity – incapacitated parent(s):

Unemployment or under employment (complete *IV-E Financial Worksheet* to document UP determination)

Mother's name: _____

Father's name: _____

Complete IV-E Financial Worksheet ONLY if 1-5 are answered yes.

6. Removal Household Income is under the Standard of Need in the removal month. Yes No

7. Removal Household Resources are under \$10,000. Yes No

INITIAL IV-E ELIGIBILITY

Yes No All initial/one time (1-7) IV-E eligibility criteria met.

If no, reason:

Important! If no, child will never be IV-E eligible or claimable for this episode. Go to IV-E Claiming.

SECTION 3: IV-E Claiming (IV-E Worker complete 1-4 only if IV-E eligible, otherwise indicate claiming)

1. Child's Income is less than 185% of the child's maintenance payment. Yes No

2. Child's Resources are less than \$10,000. Yes No

3. Responsibility for Placement and Care (RP&C) given to DHS/JCS. Yes No
 If yes, indicate date obtained: _____

4. Claimable Placement – child is in a IV-E claimable placement. Yes No

IV-E CLAIMING

Yes No IV-E funding can be claimed for this child.
 If no, reason: _____

Yes No SSI child (Administrative/training funding only)

Comments (include months of retro claiming...): _____

SECTION 4: System Entries (IV-E Worker)

1. FACS IVED screen completed. Yes No
 Date: _____

2. Tracking Database entries completed. Yes No
 Date: _____

3. ABC entries completed. Yes No
 Medicaid approved – aid type: _____ Date: _____
 Relative/suitable person case established – aid type: _____

SECTION 5: Signature (IV-E Worker)

IV-E Worker signature: _____

Date: _____