

IV-E Changes

SECTION 1: SWCM or IV-E Worker

SWCM name / County #:	IV-E worker:	<input type="checkbox"/> Change <input type="checkbox"/> IV-E Worker Review MM/YY:	Today's date:
Child's name:	FACS ID:	SID:	

Child's current case permanency goal:
 If attaching a court order, what was the case permanency goal in effect at the time of the hearing?

SECTION 2: SWCM – Place an 'x' in the box by the applicable changes and complete the information for those changes only.

<input type="checkbox"/> No change/court order attached	<input type="checkbox"/> Entered on FCTL																					
<input type="checkbox"/> Change in placement (includes return home) New placement name (including cottage): Address: Prior placement name: Address:	Effective date of change: Relationship: Relationship:																					
<input type="checkbox"/> Relative placement license approved	Effective date of license:																					
<input type="checkbox"/> Guardianship transferred for permanent placement	Date guardianship transferred:																					
<input type="checkbox"/> Subsidized guardianship placement	Effective date of subsidized guardianship:																					
<input type="checkbox"/> Child in adoption presubsidy placement	Effective date:																					
<input type="checkbox"/> Court-ordered supervision has ended	Date:																					
<input type="checkbox"/> Parental rights have been terminated	Date:																					
<input type="checkbox"/> Change in child's circumstances <input type="checkbox"/> School aged child is no longer attending school full time/obtaining GED or other training <input type="checkbox"/> Child's income or resources have changed	Date of change:																					
<input type="checkbox"/> Change in initial removal household <input type="checkbox"/> Someone moved into the home. Complete the information listed below.	Date of change:																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">SSN</th> <th style="width: 15%;">Relationship to Child</th> <th style="width: 10%;">Income</th> <th style="width: 20%;">Source <small>Where employed or type of income</small></th> <th style="width: 20%;">Gross Amount <small>Hours/week and rate or monthly amount</small></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	DOB	SSN	Relationship to Child	Income	Source <small>Where employed or type of income</small>	Gross Amount <small>Hours/week and rate or monthly amount</small>					<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
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				<input type="checkbox"/> Y <input type="checkbox"/> N																		
				<input type="checkbox"/> Y <input type="checkbox"/> N																		
If both parents are in the home, is either parent unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:																						
<input type="checkbox"/> Parent recovered from incapacity Name:																						
<input type="checkbox"/> Someone moved out of the home Name: Relationship to child:																						
<input type="checkbox"/> Income started or changed Name: Source:																						
<input type="checkbox"/> Income stopped Name: Source:																						

Comments:

SECTION 3: SW4

<input type="checkbox"/> RE2	Date due:
<input type="checkbox"/> Yes	Date obtained: Date FCTL / database entered:
<input type="checkbox"/> No	If not obtained by due date, stop claiming for the month following the due date until RE2 obtained.

Comments:

SW4 signature:	Date:
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SECTION 4: IV-E Worker — Place an 'x' by the applicable changes and complete the information for those changes only.

<input type="checkbox"/> RE1 (initial eligibility criteria) <input type="checkbox"/> Yes – Date obtained: <input type="checkbox"/> No	IVED entered? <input type="checkbox"/> Yes – Date entered: <input type="checkbox"/> No
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<input type="checkbox"/> Reasonable efforts waived due to aggravated circumstances (initial eligibility criteria) Date:	Date of permanency hearing:
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<input type="checkbox"/> VPA – child left care from VPA placement with no RP&C	Date:	<input type="checkbox"/> Ended episode on IVED
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<input type="checkbox"/> VPA – court order giving DHS/JCS RP&C received prior to expiration of VPA (90 days) <input type="checkbox"/> Yes <input type="checkbox"/> No – IV-E eligibility ends until such order is received

<input type="checkbox"/> VPA – best interest finding within 180 days <input type="checkbox"/> Yes – Date obtained: <input type="checkbox"/> No – IV-E eligibility ends for remainder of episode	Date FCTL entered:
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<input type="checkbox"/> Court-ordered supervision ended	Date:	<input type="checkbox"/> Ended episode on IVED
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<input type="checkbox"/> Child no longer meets age/school attendance requirements Comments:

<input type="checkbox"/> Change in deprivation <input type="checkbox"/> Deprivation no longer exists in the removal household <input type="checkbox"/> Deprivation met initially and now exists again in the removal household <input type="checkbox"/> Parental rights have been terminated so deprivation will continue to exist on an ongoing basis Comments:

<input type="checkbox"/> Change in child's income Child's countable income: vs. (maintenance payment x 1.85) Child's income meets IV-E criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Change in child's resources Child's countable resources: vs. limit Child's resources meet IV-E criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Change in placement IV-E claimable placement: <input type="checkbox"/> Yes <input type="checkbox"/> No Reminder! If a THV, review order for ongoing RP&C.

<input type="checkbox"/> Annual review <input type="checkbox"/> Yes <input type="checkbox"/> No Child meets age/school attendance requirements <input type="checkbox"/> Yes <input type="checkbox"/> No Child continues to be deprived Reason: <input type="checkbox"/> Yes <input type="checkbox"/> No Child's income within limits vs. (maintenance payment x 1.85) <input type="checkbox"/> Yes <input type="checkbox"/> No Child's resources within limits vs. limit

SECTION 5: IV-E Worker

IV-E funding can be claimed: <input type="checkbox"/> SSI child (administrative and training funding only) <input type="checkbox"/> Yes <input type="checkbox"/> No – reason: If IV-E claiming status changed, effective date:

ABC entries <input type="checkbox"/> Child eligible under a different coverage group Aid type: Effective date of change: <input type="checkbox"/> Opened ABC case Aid type: Effective date: <input type="checkbox"/> Closed ABC case Reason: Effective date: Cancellation/redetermination forms sent: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
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Comments (include months of retroactive claiming, claiming in error, end of episode, etc.):
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IV-E Worker signature:	Date completed:
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