

Iowa Department of Human Services
IV-E Adoption Subsidy Determination

Child's name	DOB	FACS ID	SID
Date adoption finalized			

SECTION A: GENERAL REQUIREMENTS

1. Adoption Subsidy Agreement

Did both the adoptive parent and the agency sign the adoption subsidy, presubsidy, or future needs agreement on or before the date of finalization of the adoption? Yes No

Date parent(s) signed agreement

Date agency signed agreement

If yes, go to 2a. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

2a. Special Needs – Difficult to Place

Does documentation in agency records, dated prior to finalization, show that the child meets special needs “difficult to place” criteria? Yes No

Difficult to place criteria met:

Medical condition or disability (list condition or disability):

Other factors (list):

Documentation supporting determination:

If yes, go to 2b. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

2b. Special Needs – Efforts to Place Without a Subsidy

Does documentation in agency records, dated prior to finalization, show that efforts were made to place the child without a subsidy, or that an exception was granted in the child’s best interests? Yes No

Efforts to place without a subsidy criteria met:

Efforts to place were made (list efforts):

Exception granted in child’s best interests (list):

Documentation supporting determination:

If yes, go to 2c. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

2c. Special Needs – Cannot/Should Not Return to Parents

Was termination of parental rights completed for both parents prior to finalization, or was there another reason the child could not return to the home of his/her parent? Yes No

Cannot/should not return to parent criteria met:

TPR order on both parents

Another reason child could not return to parent home (list):

Documentation supporting determination:

If yes, go to 3. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

3. US Citizen/Qualified Alien

Is the child a US citizen or qualified alien? Yes No

If qualified alien, documentation supporting determination (I-551, etc):

If yes, go to 4. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

4. Age
Is the child under age 18 at the time of finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, child is eligible for nonrecurring expenses. Go to SECTION B to determine IV-E eligibility for ongoing adoption subsidy. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.

SECTION B: ONE OF FOUR CATEGORIES (must meet one of the four)

1. Previous IV-E Adoption Subsidy

Was the child eligible for IV-E adoption subsidy in a prior adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
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If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 2.

2. SSI Eligible

Is the child eligible for SSI <u>on or before</u> the date of adoption finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
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If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 3.

3. Child of a Minor Parent

Is the child the child of a minor parent in foster care AND living with the minor parent prior to finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
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If yes, was the child's minor parent receiving IV-E foster care that covered both the child and the minor parent prior to finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
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If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 4.

4. AFDC Eligible

4a. Removal Authority

Child was removed by (include copy of document in file):

<input type="checkbox"/> Court order	Did the court order contain a judicial determination of contrary to the welfare made within timeframes required by IV-E? <input type="checkbox"/> Yes Date of removal court order: _____ Removal month/year: _____ Go to 4b. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C.		
<input type="checkbox"/> VPA	<table border="1"> <tr> <td> Applicable* Child Was the VPA signed by child's parent/legal guardian and DHS representative? <input type="checkbox"/> Yes Go to 4b. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C. * See Section 4c. </td> <td> Non-Applicable Child 1. Was the VPA signed by child's parent/legal guardian and DHS representative? <input type="checkbox"/> Yes Go to question 2. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C. 2. Was the child claimed to IV-E at some time during foster care episode? <input type="checkbox"/> Yes Include copy of PAYH screen documenting payment. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C. </td> </tr> </table>	Applicable* Child Was the VPA signed by child's parent/legal guardian and DHS representative? <input type="checkbox"/> Yes Go to 4b. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C. * See Section 4c.	Non-Applicable Child 1. Was the VPA signed by child's parent/legal guardian and DHS representative? <input type="checkbox"/> Yes Go to question 2. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C. 2. Was the child claimed to IV-E at some time during foster care episode? <input type="checkbox"/> Yes Include copy of PAYH screen documenting payment. <input type="checkbox"/> No STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C.
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<input type="checkbox"/> Neither	STOP! Child is eligible for nonrecurring expenses only. Go to SECTION C.		

4b. Specified Relative

Was the child removed from a specified relative with whom he/she lived within 6 months of removal? Yes No
(Child's removal home is the subject of the CTW or person who signed the VPA.)

Name of removal home

Relationship to child

If yes, go to 4c. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.

4c. Applicable Child Determination (Child is an "applicable" child if any one of questions 2 through 5 are yes.)

1. Was the adoption agreement signed on or after October 1, 2009?

- Yes Go to next question.
- No Go to 4d.

2. Will the child meet the applicable age requirement **before** the end of the federal fiscal year in which the agreement is signed (see chart)? FFY in which agreement is signed: _____ Age child will attain during FFY: _____

- Yes Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**
- No Go to next question.

Federal Fiscal Year (FFY)	Age of Child in FFY (Meets age limit of child if reaches minimum age any time during FFY)
FFY 2010 (10/1/09 – 9/30/10)	16 and older
FFY 2011 (10/1/10 – 9/30/11)	14 and older
FFY 2012 (10/1/11 – 9/30/12)	12 and older
FFY 2013 (10/1/12 – 9/30/13)	10 and older
FFY 2014 (10/1/13 – 9/30/14)	8 and older
FFY 2015 (10/1/14 – 9/30/15)	6 and older
FFY 2016 (10/1/15 – 9/30/16)	4 and older
FFY 2017 (10/1/16 – 9/30/17)	2 and older
FFY 2018 (10/1/17 – 9/30/18)	All ages

3. Does this child have a sibling who meets the applicable child age requirement and was adopted by the same family?

- Yes Sibling's (adoptive) name: _____ FACS ID: _____
Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**
- No Go to next question.

4. Has this child been in out of home care for at least 60 consecutive months?

- Yes Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**
- No Go to next question.

5. Does this child have a sibling who has been in out of home care for at least 60 consecutive months and who was adopted by the same family?

- Yes Sibling's (adoptive) name: _____ FACS ID: _____
Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**
- No Go to 4d.

4d. Deprivation at the Time of Removal

Was the child deprived of parental support in the removal home due to absence, disability/incapacity, death, or unemployment of one or both parents? Yes No

Documentation supporting determination:

- Mother Father Deprivation reason: _____

If yes, go to 4e. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.

4e. Removal Household Income and Resources

Does the available evidence support that the income of the removal household/eligible group at the time of removal was less than the Standard of Need, and that the group's assets were less than AFDC limits? Yes No

Documentation supporting determination:

Include copies of the completed *IV-E Financial Worksheet* and *IV-E Initial Placement Information* forms and supporting documentation. If not previously completed, complete and include in file.

If yes, child is eligible for IV-E adoption subsidy. If no, child is eligible for nonrecurring expenses only. Go to SECTION C.

SECTION C: IV-E ELIGIBILITY DETERMINATION

Child meets all IV-E adoption subsidy criteria? Yes No

If yes, start date of adoption subsidy or presubsidy:

ADOD entry completed: Yes No

If no, is child eligible for nonrecurring expenses? Yes No (SECTION A – All four General Requirements met.)

Continue to SECTION D.

SECTION D: FUND SOURCE (PAYH) / RETRO CLAIMING

Presubsidy fund source:

Is this fund source correct? Yes No

If no reason:

Retro claim dates:

Adoption subsidy fund source:

Is this fund source correct? Yes No

If no reason:

Retro claim dates:

Nonrecurring expenses: If child is not eligible for nonrecurring expenses, attorney fees [search under both presubsidy and subsidy case] complete a retro claim out of IV-E. Retro claiming needed: Yes No N/A

Retro claim dates:

Comments:

IV-E Worker signature

Date completed