**IV-E Application for Adoption Assistance**

**Non DFCS Adoption**

**Date sent to Rev Max:**

Applicant Child’s Name:       SSN:

DOB:       Gender:  M  F Race:       US Citizenship:  Y  N **Note: If not a U.S. Citizen, attach a copy of the INS documentation**

Child’s Birth/Legal Mother:       SSN:       Race:       DOB:

Address:       City, State, Zip:

Child’s Birth/Legal Father:       SSN:       Race:       DOB:

Address:       City, State, Zip:        Legal father  Putative Father

At the time of Removal, Parents were: MarriedNever Married SeparatedDivorced Had paternity been established? YesNo

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| **MEDICAID INFORMATION: County:** **Removal Date:**  1. **At the time of Removal, did this child receive any income directly?**  **Yes**  **No**  Did the child receive Supplemental Social Security Income (SSI) at the time of removal?  Yes  No  If yes, indicate type, amount and frequency:       $        $  Does the child currently receive Supplemental Social Security Income (SSI)?  Yes  No  If yes, indicate type, amount and frequency:       $        $  2. **At the time of Removal, did this child have any resources?**  **Yes**  **No**  If yes, indicate type and amount:       $        $  3. **At the time of Removal, was this child pregnant?**  **Yes**  **No Verified and documented?**  **Yes**  **No Estimated Delivery Date:**  **SSCM Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Printed name of SSCM:** **Phone: (****)** **E-mail:** |

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| **IV-E INFORMATION: INITIAL Court order(s) SENT to REV MAX**  **Yes**  **No**  4a. List the name of the person with whom the child was living at removal:   1. Is this a  parent  specified relative\*  other? If specified relative or other, list relationship: 2. In the court order, from whom is custody removed? 3. Is the person named in 4c the same person as in 4a?  **Yes**  **No**  If no, did the child live with the person in 4c within the 6 months prior to removal from the home?  **Yes  No** If yes, list the months:   **\***(For question 4b, specified relative is defined as a relative within the degree of relationship by 1996 AFDC policy)  List standard filing unit members in the removal home:  Name DOB Relationship to child Gender Race SSN                                       5. **Parental Deprivation** (for AFDC Relatedness) Check all that apply and parent(s) involved:  Absence  Death  Incarceration  Disability/Incapacity  Unemployed Parent  Mother  Father  Mother  Father  Mother  Father  Mother  Father  Mother  Father  6. **Is the child placed in an approved foster care or child caring institution?**  **Yes**  **No**  Name and address of current placement:  Relationship:          7. **Legal Information:** Date of Juvenile Court complaint/petition, VPA, or VS signature date:  Physical/Constructive removal date:       Date of court hearing:  a. Check order type:  court order or  VPA or  VS b. If VPA or VS, date of VPA/VS:  c. Does initial court order (removal order) contain “contrary to welfare/best interest” language**?**  **Yes**  **No**    **SSCM Signature: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  **Printed name of SSCM:** Phone Number: (     ) |