**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: **[ ]** Married**[ ]** Never Married **[ ]** Separated**[ ]** Divorced Had paternity been established? **[ ]** Yes**[ ]** No

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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: (     )        |