**IV-E APPLICATION FOR** **ADOPTION ASSISTANCE - NON DFCS ADOPTION**

**INSTRUCTIONS**

**PURPOSE:**

The IV-E Application for Adoption Assistance form is to be used by the SSCM to request a IV-E determination for the purpose of adoption by the Revenue Maximization Unit (Rev Max) for non-DFCS-involved private adoptions. An application should be completed for each child for whom monthly adoption assistance is being requested. Provide information for all questions to the extent possible.

**INSTRUCTIONS:**

**APPLICANT CHILD INFORMATION:** The child’s name should be listed as it appears on the Social Security Identification card or other reliable source.

The fields for SSN, date of birth, gender, race, and citizenship are self-explanatory.

Provide all information known on child’s mother and father including address, SSN, race, DOB, legal relationship, paternity and court ordered child support.

**MEDICAID INFORMATION SECTION:**

**County:** enter custody county, if applicable **Removal Date:** enter removal date

**Questions 1** and **2** are self-explanatory and are addressed by the Removal Home – Income and Asset Checklist, which should accompany the IV-E Information Section. However, if only this form is used, income should be entered as gross income.

**Question 3** is self-explanatory. A copy of verification of pregnancy and estimated date of delivery must be faxed with this form if available. If not, notate medical provider and telephone number for verification.

**The form should be signed and dated by the SSCM with printed name and the fax number**. **Send form and required documentation to Rev Max. Upload form into SHINES External Documents.**

**IV-E INFORMATION SECTION:**

**Initial court orders faxed: Rev Max records are required to have copies of all pertinent court orders. Have the initial court orders been sent to the appropriate Rev Max Specialist (RMS)?**

**Question 4a.** List the name of the person the child was physically living with at the time of the removal.

**Question 4b**. Indicate if the person named in 4a. is a parent, specified relative within the degree of relationship, or other. If specified relative or other is checked, explain the relationship to the child.

**Question 4c**. List the individual from whom legal custody was removed in the court order removing the child from the home.

**Question 4d**. If this is the same person listed in 4a, indicate “same”. If the answer is no, determine if the child lived with the person listed in 4c within the 6 months prior to the removal from the home. If the child lived with the individual within the 6 months, list the month(s) that the child lived with the person. If yes, list all individuals living in the home at the time the child was removed.

**Question 5** is self-explanatory. If disability/incapacity or unemployed parent is indicated, additional information may be needed by the Rev Max RMS to determine eligibility.

**Question 6** is self-explanatory.

**Question 7** is self-explanatory. The SSCM statement is accepted if in writing, signed and dated by the SSCM.

This section of the form must be signed and dated by the SSCM. Please print name and provide a contact phone number with area code.

**DISTRIBUTION:**

Upload the form in the case record and send a copy to Rev Max, along with required Court Orders, etc.