**Removal Home Income and Asset Checklist - NON DFCS ADOPTION**

**Child’s Name:** **DOB:** **Medicaid #:**

**Parent(1)’s Name:** **Parent(2)’s Name:**

**This information is for: Month:** **(Note: This is for the month the child was removed from the home)**

**INSTRUCTIONS:** List the amounts of income and resources of the removal family by family member. Include any details known, such as employer, in the space provided. If there is no income or resources of a particular type, write n/a in the space provided. Attach additional sheets if more space is needed. If the removal of the child from the biological/legal parent occurred in the past and the SSCM has little or no access to removal home income/asset information, SSCM may interview other family members to complete the form. **If no income or resources are reported, household management must be addressed in the section provided below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Source** | **Gross Amt/Mo** | **Recipients** | **Description – Based on Removal Home During Month of Removal** |
| Employment |  |  | Full or part-time work where a paycheck is received. Operation of a family day care in the family’s home is considered self-employment. **Employer name, address, and phone number:** |
| Miscellaneous |  |  | Events of work where the work and pay do not occur on a regular basis. Example: Part-time work a few hours a week (amount of time varies) |
| Interest and Dividends |  |  | Interest paid on a savings or checking account, paid monthly. Dividends are payments made by a company to owners of the company’s stock. |
| Child Support or Alimony |  |  | Any payments made by the parent(s) who is obligated to financially support a child or spouse. Court ordered child support? Yes No Attach copy of the order. If child support was ordered in another court of competent jurisdiction, specify the type of order and attach a copy.  OCSE order  Divorce order Issued in       County, State of |
| Adoption Assistance |  |  | Subsidies paid to parents adopting a child(ren) with special needs.  Paid to whom? |
| Unemployment Benefit |  |  | Payment made weekly by the State to an unemployed worker who has been laid off or fired by their previous employer. |
| Worker’s Compensation |  |  | Payment made by insurance companies on behalf of a company to a worker who has been injured/killed on the job and cannot work for a period of time. |
| Social Security Benefits |  |  | Federal funds paid monthly to persons age 62 or over or disabled, and their dependents. Social Security may be paid on behalf of a deceased family member. |
| Supplemental Security Income |  |  | SSI is a monthly payment to persons who are aged, blind, or disabled. NOTE: If SSI is received by the child, child is IV-E eligible at time of filing of adoption petition. |
| Veteran’s Benefits |  |  | Monthly payments made to a person who served in the U.S. military. If veteran is disabled or deceased, a family member may receive the payment. |
| Military Allotments |  |  | A portion of a serviceman’s/woman’s pay set-aside for a family member, paid periodically. |
| TANF Benefits |  |  | Monthly benefits paid out by States to needy families (welfare) |
| Contributions |  |  | Any money received from friends and family. |
| **Resources** | **Dollar Value** | **Owner** |  |
| Cash |  |  | Cash on hand. |
| Checking or Savings |  |  | Amounts held in checking and/or savings accounts. Include trust funds for children. |
| Money Loaned |  |  | Money owed to the household members from others. |
| Certificates of Deposit (CD’S) |  |  | Money deposited in a long-term savings plan with a specific maturity date for when the funds may be withdrawn. |
| Stocks and Bonds |  |  | Ownership of stock of a company, or bonds, company or public debt instruments that increase to a specified value |
| Other (define) |  |  |  |
| Real Estate |  |  | List real estate holdings other than home residence.  Address: |
| Vehicles |  |  | List any motor vehicle (ex: car, truck, motorcycle, boat or recreational vehicle)  **Make:** **Model:** **Year:**  **Make:       Model:       Year:** |

**How DID the household managE without income and/or resources?**

Did anyone working pay for childcare or for the care of a disabled adult living in the home?  **Yes**  **No**

If yes, to whom is money paid?       Amount paid per mo: $

**SSCM Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Printed name of SSCM**:       Phone number: (     )