TITLE IV-E/FFP REIMBURSBILITY DETERMINATION CS-IV-E/FFP-4

PURPOSE:

The purpose of this form is to provide a worksheet for the IV-E Eligibility Specialists (IV-E ES) to determine Title IV-E reimbursability. When a child is eligible for Title IV-E, Title IV-E reimbursability is determined on a monthly basis.

NUMBER OF COPIES AND DISTRIBUTION:

The original is retained in the Children's Services Financial Assistance record.

INSTRUCTIONS FOR COMPLETION:

NOTE: This form is designed with a "decision tree" format. Instructions on the form itself will advise the ES when to continue with form completion or when to stop. The ES shall always sign and date the form.

ONE TIME CRITERIA:

Child's Name: Enter the child's name as it appears in FACES.

DCN: Enter the child's DCN.

<u>Eligibility Month</u>: Enter the month/year court proceedings initiated to remove the child.

REASONABLE EFFORTS:

<u>Court Order</u>: Check "Yes" or "No." When "Yes" is entered, enter the requested information.

FIRST POSSIBLE REIMBURSABLE MONTH:

<u>Date of Court Order</u>: Enter the month/day/year of the Court Order that contains the "Reasonable Efforts" statement.

CONCURRENT RECEIPT OF SSI AND TITLE IV-E:

<u>SSI BENEFITS</u>: Enter Yes" or "No." When "Yes" is entered, enter the requested information.

<u>SSI Date</u>: Enter the month/day/year, when applicable, that the child is no longer in receipt of SSI.

<u>First Possible Reimbursable Month</u>: Enter the month/year of the first possible reimbursable month.

AGE:

Enter the requested child's age/birthdate information and the child's age during the review period.

Age 18 of Over: Check "No" or "Yes." If "No," enter the requested information.

REIMBURSABLE PLACMENT:

<u>Placement</u>: For a Children's Division or Juvenile Court child, check "No" or "Yes." If "No," enter the requested information.

MONTHS OF TITLE IV-E REIMBURSABILTY:

<u>Title IV-E Reimbursable</u>: Enter the month/year from/through of the child's Title IV-E reimbursability.

<u>Not Title IV-E Reimbursable</u>: Enter the month/year from/through when the child was <u>not</u> Title IV-E reimbursable.

<u>Signature</u>: The IV-E ES signs and dates the form.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the Children's Services Financial Assistance record. The child's financial record is destroyed three and one-half (3 $\frac{1}{2}$) years after the date of the most recent closing.