

TITLE IV-E INITIAL ELIGIBILITY/REIMBURSABILITY DETERMINATION SUMMARY CS-IV-E/FFP-5

PURPOSE:

The purpose of this form is to provide a summary of a child's Title IV-E eligibility/reimbursability determination information. The form is completed by the IV-E Eligibility Specialist (IV-E ES).

INSTRUCTIONS FOR COMPLETION:

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

DCN: Enter the child's DCN.

Initial Eligibility/Redetermination: Check the appropriate box.

Initial Legal Status: Check "Yes" or "No" and enter the requested information.

AFDC Relatedness: Check "Yes" or "No" and the appropriate reason.

Summary: Check the appropriate eligibility box. If the child is not eligible, check the reason.

NOTE: Clarify in the blank space section of the Summary what action (if any) is required by the worker.

REIMBURSABILITY:

Legal Responsibility: Check "Yes" or "No" and if applicable, enter date of court order.

Reasonable Efforts to Finalize Permanency: Check "Yes" or "No" and if applicable, enter date of court order.

Receipt of SSI: Check "Yes" or "No."

Child's Age: Check "Yes" or "No."

Reimbursable Facility: Check "Yes" or "No."

SUMMARY:

Check the appropriate box. If the child does not meet reimbursable criteria, check the appropriate reason(s).

Months reimbursable: Enter the month(s)/year(s) the child is Title IV-E reimbursable.

NOTE: Clarify in the blank space section of the Summary what action (if any) is required of the CD or the DYS Worker.

Signature: The IV-E ES signs and dates the form.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the Title IV-E/FFP section of the child's records until the record is destroyed per state regulations.

