

## Initial Eligibility Determination

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**KEES Client ID:** \_\_\_\_\_ **KEES Case #** \_\_\_\_\_ **FACTS #** \_\_\_\_\_

### Initial Basic Eligibility Determination

#### Section 1: Legal Information

A. Date court proceedings were initiated: \_\_\_\_\_

Source of Documentation: \_\_\_\_\_ Eligibility Month/Year: \_\_\_\_\_

B. Was the child placed in the custody of DCF?

☐ **Yes** Date of Custody Order: \_\_\_\_\_

☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_

C. Does the initial court order state that continuation in the home would be contrary to the welfare of the child or that removal is in the child's best interest?

☐ **Yes**

☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_ Date of CTW finding: \_\_\_\_\_

D. Was the CTW finding on the specified relative the child lived with at the time of removal? ☐ **Yes** ☐ **No**

E. Was there a judicial finding of "Reasonable Efforts" in the initial court order removing the child from the home?

☐ **Yes** ☐ **No**

Source of Documentation: \_\_\_\_\_ Date of RE finding: \_\_\_\_\_

#### Section 2: Removal Information:

A. Name of individual(s) child was removed from: \_\_\_\_\_

B. Is this a specified relative? ☐ **Yes** ☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

C. Was the child living with the specified relative during or 6 months prior to the eligibility month?

☐ **Yes** ☐ **No** If **NO**, the child is not IV-E basic eligible

Source of Documentation: \_\_\_\_\_

## Initial Eligibility Determination

D. Was the child removed from the specified relative by 5 pm the next business day following the custody order?

☐ Yes ☐ No Source of Documentation: \_\_\_\_\_

D.1 If **NO**, are the efforts to locate the child documented per PPM 5911? ☐ Yes ☐ No

D.1 If **NO**, the child is not IV-E basic eligible.

Date removed from specified relative: \_\_\_\_\_

Source of Documentation: \_\_\_\_\_

E. Was the removal from the specified relative physical or constructive? \_\_\_\_\_

### Section 3: AFDC Relatedness Information

Persons in the AFDC Group	Relationship to the Child	Gross Monthly Earned Income	Unearned Income	Resources
<b>0</b>	<b>Self</b>			
<b>Household Members not in AFDC Group</b>				

### Section 4: Income and Resources

A. Are the total countable resources of the AFDC Group member less than \$10,000?

☐ **Yes**  
☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_

## Initial Eligibility Determination

Child's Name: 0

### B. Income from AFDC Group:

AFDC Group Size: _____	<input type="checkbox"/> <b>Shared</b>	185% AFDC Need Income Limit: _____
County: _____	<input type="checkbox"/> <b>Non Shared</b>	100% AFDC Need Income Limit: _____

  

<u>185% Need Standard Income Test</u>		<u>100% Need Standard Income Test</u>			
Gross Earnings:	\$	<u>0.00</u>	Gross Earned Income:	\$	<u>0.00</u>
Current Child Support Income:	\$+	<u>0.00</u>	Subtract \$90 per worker (disregard)	\$-	<u>0.00</u>
Other Unearned Income :	\$+	<u>0.00</u>	Subtotal (remaining income):	\$	<u>0.00</u>
Deemed Stepparent Income:	\$+	<u>0.00</u>	Subtract \$30 per worker (disregard)	\$-	<u>0.00</u>
Total Income:	\$	<u>0.00</u>	Subtotal (amended income):	\$	<u>0.00</u>

  

<p>C. Is the total gross income less than 185% of the need standard for the AFDC group size?</p> <p><input type="checkbox"/> <b>Yes</b> Continue to the 100% Need Standard Income Test.</p> <p><input type="checkbox"/> <b>No</b> If <b>NO</b>, the child is not IV-E basic eligible</p>	<p>Add deemed stepparent income: \$+ <u>0.00</u></p> <p>Add total countable unearned income: \$+ <u>0.00</u></p> <p>Add child support income: \$+ <u>0.00</u></p> <p>Subtract \$50 chld support (disregard): \$- <u>0.00</u></p> <p>Subtotal: \$ <u>0.00</u></p> <p>Child Care Expense (disregard): \$- <u>0.00</u></p> <p style="padding-left: 20px;">\$200 per child under age 2</p> <p style="padding-left: 20px;">\$175 per child 2 or older</p> <p>Subtotal: \$ <u>0.00</u></p> <p><b>Total Adjusted Income:</b> \$ <u>0.00</u></p>
--	--

### D. Is the total adjusted income less than 100% of the need standard for the AFDC group size?

- ☐ **Yes**
- ☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: ☐ 5410A ☐ BARI ☐ BASI

☐ COMN ☐ Childcare ☐ TPQY ☐ Equifax/Work Number

☐ COLL ☐ LCDA ☐ Other: \_\_\_\_\_

## Section 5: Deprivation, Age and Citizenship

A. Was the child deprived of support of at least one parent (biological/adoptive) due to either death, disability, continued absence from the home or unemployment/underemployment of the principal wage earner?

- ☐ **Yes** Deprivation Factor: \_\_\_\_\_
- ☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_

Child's Name: 0

B. Was the child under age 18 on date of custody order?

☐ **Yes**      ☐ **No**      If **NO**, the child is not IV-E Basic eligible.

Source of Documentation: \_\_\_\_\_

C. Is the child a U.S. Citizen or legally admitted for permanent residence in the U.S.?

☐ **Yes**  
☐ **No**      If **NO**, the child is not IV-E Basic eligible.

Source of Documentation: \_\_\_\_\_

**Section 6: Basic Eligibility and Funding Source**

A. Is the child IV-E Basic Eligible?

☐ **Yes**  
☐ **No**      If **NO**, the child is eligible for State funds only.

B. Does the child receive SSI benefits?

☐ **Yes**  
☐ **No**      Source of Documentation: \_\_\_\_\_

*Consideration on a case by case basis regarding SSI benefits versus IV-E reimbursement.*

\_\_\_\_\_  
Eligibility Specialist Name

\_\_\_\_\_  
Office

\_\_\_\_\_  
Eligibility Specialist Signature

\_\_\_\_\_  
Date of initial determination

