

ADOPTION ASSISTANCE ELIGIBILITY CHECKLIST

PART I IDENTIFYING INFORMATION				
Child's Name	Date of Birth	Sex	Date Child Came into Care	Date Adoption Became the Permanency Plan
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <i>Note: Verification for race/ ethnicity should be reflected in documentation such as court orders, birth certificate, DNA, physician's notes.</i>				
PART II CITIZENSHIP OF CHILD (Select One)				
<input type="checkbox"/> US Citizen/Naturalized Citizen <input type="checkbox"/> Qualified Alien (<i>Alien Registration #</i>) _____				
PART III CURRENT LEGAL CUSTODY OF CHILD (Select One)				
<input type="checkbox"/> County DSS <input type="checkbox"/> Relative <input type="checkbox"/> Other, (<i>specify</i>) _____ <input type="checkbox"/> Licensed Child Placing Agency (<i>Name of Agency</i>) _____				
PART IV LEGAL CLEARANCE FOR ADOPTION (Select One for each parent)				
Parent 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent 2 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", How?		If "yes", How?		Date:
<input type="checkbox"/> Termination of Parental Rights		<input type="checkbox"/> Termination of Parental Rights		
<input type="checkbox"/> Relinquishment		<input type="checkbox"/> Relinquishment		
<input type="checkbox"/> Death		<input type="checkbox"/> Death		
<input type="checkbox"/> Consent (for independent/relative adoptions)		<input type="checkbox"/> Consent (for independent/relative adoptions)		
IV-E Adoption Assistance Eligibility				
Special Needs Determination – Part I			Yes	No
It has been determined that the child cannot or should not be returned to the home of his/her parents;			<input type="checkbox"/>	<input type="checkbox"/>
Special Needs Determination – Part II			Yes	No
One or more of the following factors or conditions must exist and be documented in order for the child to be eligible for IV-E adoption assistance.				
a. The child is six years of age or older;			<input type="checkbox"/>	<input type="checkbox"/>
b. The child is two years of age or older and a member of a minority race or ethnic group;			<input type="checkbox"/>	<input type="checkbox"/>
c. The child is a member of a sibling group of three or more children to be placed in the same adoptive home;			<input type="checkbox"/>	<input type="checkbox"/>

d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other factors or conditions, except for (h) at risk for a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
e. The child has a medically diagnosed chronic condition or disability which substantially limits one or more major life activity AND requires professional treatment, assistance in self-care, or the purchase of special equipment.	<input type="checkbox"/>	<input type="checkbox"/>
f. The child is diagnosed by a qualified professional to have a psychiatric / mental health diagnosis which requires intermittent or continuous professional support, treatment, or services for the child. Note: CDSA developmental delays do not qualify.	<input type="checkbox"/>	<input type="checkbox"/>
g. The child is diagnosed to be Intellectually and Developmentally Disabled by a qualified professional;	<input type="checkbox"/>	<input type="checkbox"/>
h. The child is at risk for a diagnosis described above in items e through g, due to prenatal exposure to toxins, a history of abuse or serious neglect, or unknown genetic history. Note: <i>If the child qualifies only under this criterion, the child must be placed in the potential category where they will receive Medicaid but <u>will receive a zero-amount monthly payment unless a qualifying diagnosis is made.</u></i>	<input type="checkbox"/>	<input type="checkbox"/>
i. The child meets all the medical and disability requirements for Supplemental Security Income (SSI).	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs Determination – Part III	Yes	No
Has it been determined that reasonable, but unsuccessful, efforts to place the child for adoption with appropriate adoptive parent(s) without providing adoption assistance (if/ when the child is eligible) has been made, except when it would not be in the best interest of the child to make this effort? <i>For example, when the child has a significant bond with the identified family, recruitment and placing on NCKids registry is not necessary. Non-exempt status documentation should be in foster care file.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other Eligibility Requirements		
The agency must also determine a child with special needs meets one of the following eligibility requirements:	Yes	No
Was the child, at the time of the initiation of the adoption proceedings, in the care of a public or private child placing agency because of either a judicial determination that it was contrary to the welfare of the child to remain in the home or a voluntary placement agreement (VPA) or a voluntary relinquishment?	<input type="checkbox"/>	<input type="checkbox"/>
Was the child previously in the custody of a NC DSS agency for the purpose of foster care? <i>DSS-5120 and a non-secure order from that county is needed for verification. Child marked yes for this only, will be IV-B (unless other boxes in this section checked yes).</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child meet all the medical and disability requirements of SSI with respect to eligibility for SSI benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Was the child residing in a foster home or childcare institution with his/her minor parent and the minor parent was removed from the home because of either: (1) an involuntary removal by a judicial determination that it was contrary to the child's welfare to remain in the home; or (2) a voluntary placement agreement or a voluntary relinquishment?	<input type="checkbox"/>	<input type="checkbox"/>
Was the child previously adopted and determined eligible for title IV-E adoption assistance and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died? OR the child exited foster care through Guardianship, received Guardianship Assistance Payments (GAP) and is now being adopted?	<input type="checkbox"/>	<input type="checkbox"/>

Summary	Yes	No
Did the child meet each of the three-part special needs criteria?	<input type="checkbox"/>	<input type="checkbox"/>
Was one of the "other" eligibility requirements met?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child a U.S. Citizen or Qualified Alien?	<input type="checkbox"/>	<input type="checkbox"/>

FUNDING DETERMINATION: Each of the three questions above must be answered yes for the child to be IV-E adoption assistance eligible. If the child is found to be ineligible for IV-E adoption assistance, they may still be eligible for IV-B assistance if they were previously in a North Carolina DSS custody for foster care.

Fingerprint based criminal record check DATE(S): _____

RIL: DATE: _____

PART VI ADOPTION ASSISTANCE BENEFITS

Based on information provided above and in supporting documents as required, the following eligibility decision has been made:

- a. **Not eligible to receive Adoption Assistance benefits for any of the following reasons:**
 - Child was never in NC DSS agency or Private Agency Custody, OR
 - Child is not in agency custody and not eligible to receive SSI: OR
 - Child did not enter care under judicial determination with Contrary to Welfare language, valid relinquishment or VPA; OR
 - Child is not a US Citizen/ Qualified Alien

 - b. **Eligible**
 - 1. **Status**
 - Present
 - Potential (only if item h. is checked in Special Needs Part II)
\$0 cash payments until if /when the child receives an eligible diagnosis

 - 2. **Benefits (Check all that apply)**
 - Non-recurring Adoption Expenses (Complete DSS-5145 and DSS-5146)**
(only need meet the three-part special needs criteria)
 - Monthly Payment—Funding source for cash payment**
 - IV-E**
 - IV-B** (requirements are that the child is or has been in NC DSS custody for foster care, meets the three-part special needs, and not eligible for IV-E).
 - Vendor payments for medical and/or therapeutic services**
If checking yes, attach documentation of the diagnosis or the condition for which benefits will be paid.
 - Medicaid (See MA Manual, Section MA-3454 for non-IV-E children)**
 - Social Services** (Post Adoption Services that may be helpful in keeping the family system intact).
- Current Regional PASS Provider identified for family:** _____

PART VII NOTICE OF RIGHT TO APPEAL	
Adoptive parent(s) may appeal the Agency's decision to deny any or all components of adoption assistance. Information as to procedures to follow in filing an appeal may be requested from this Agency or any North Carolina county department of social services.	
PART VIII NOTICE OF ADOPTION TAX CREDIT	
Adoptive Parent(s) may qualify for the Adoption Tax Credit if eligible expenses were paid related to the adoption of youth in foster care. Adoptive Parent(s) may contact a tax preparer or the Internal Revenue Service (IRS) at 800-829-1040 or via website at http://www.irs.gov/taxtopics/tc607.html .	
Date Completed:	Signature of Agency Representative:
Date Adoption Assistance Benefits were discussed with Adoptive Parent(s). _____	
Adoptive Parents state they are not willing to adopt a child without adoption assistance if/ when the child is eligible to receive.	
_____ Initials of Adoptive Parent 1	_____ Initials of Adoptive Parent 2
_____ Signature of Adoptive Parent(s)	
_____ Adoptive Parent 1	_____ Adoptive Parent 2