ADOPTION ASSISTANCE ELIGIBILITY CHECKLIST

Within 30 days of a child being legally cleared for adoption, the agency shall assess the child's eligibility for Adoption Assistance (AA). This may occur before an adoptive family has been identified and shall not be based on the income of the prospective adoptive parent(s). Eligibility should be reviewed at least annually, and again prior to filing the adoption decree to reflect any changes, such as age, conditions, and/or diagnoses.

Part I. IDENTIFYING INFORMATION OF CHILD

Child's Name:					
Date Child Entered Custody:		**Date of Birth:**		**Date Adoption Became the Permanent Plan:** *For independent/relative adoptions, use either the date the consent form was signed or adoption petition filed.*	

Race:

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White/Caucasian
- ☐ Unknown
- ☐ Abandoned
- ☐ Declined

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown
- ☐ Declined

Note: Race/ethnicity should be documented in record. Agency cannot make the determination.

Sex:

- ☐ Female
- ☐ Male

Part II. CITIZENSHIP OF CHILD *(Select One)*

- ☐ US Citizen/ Naturalized Citizen
- ☐ Qualified Alien (Alien Registration #)
- ☐ Non-US Citizen/Unqualified Alien

Note: Consult with Economic Benefits or Medicaid for assistance in determining status.

Part III. CURRENT LEGAL CUSTODY OF CHILD *(Select One)*

- ☐ County DSS
- ☐ Relative
- ☐ Licensed Child Placing Agency:
- ☐ Other (Specify):

Part IV. LEGAL CLEARANCE FOR ADOPTION *(Complete for each parent)*

Parent 1: ☐ Yes ☐ No	**Parent 2:** ☐ Yes ☐ No
If "yes", indicate below.	*If "yes", indicate below.*
Date:	**Date:**
☐ Termination of Parental Rights ☐ Relinquishment ☐ Death Certificate	☐ Termination of Parental Rights ☐ Relinquishment ☐ Death Certificate
Additional clearances only in independent/relative adoptions: ☐ Consent ☐ Order for Person Whose Consent Not Required	Additional clearances only in independent/relative adoptions: ☐ Consent ☐ Order for Person Whose Consent Not Required

3 PART SPECIAL NEEDS DETERMINATION	Yes	No
SPECIAL NEEDS DETERMINATION — PART I *The following factor must be true and documented for the child to be eligible for adoption assistance (AA).*		
It has been determined that the child cannot or should not be returned to the home of his/her parents;	☐	☐
SPECIAL NEEDS DETERMINATION — PART II *One or more of the following factors/conditions must exist and be documented for the child to be eligible for AA. Check **all** that apply; case documentation must support the selection(s).* *NOTE: If the child is eligible for SSI under item (i), caseworkers should consider additional selection(s).*		
(a) The child is six years of age or older;	☐	☐
(b) The child is two years of age or older **and** a member of a minority race or ethnic group;	☐	☐
(c) The child is a member of a sibling group of three or more children to be placed in the same adoptive home;	☐	☐
(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 factors or conditions listed in (a), (b), (c), (e), (f), or (g).	☐	☐
(e) The child has a medically diagnosed condition or disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment.	☐	☐
(f) The child is diagnosed with having a psychiatric, mental health, behavioral or emotional disorder characterized by inappropriate behavior that deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social, and personal functioning; for which the child requires intermittent or continuous professional support, treatment, or services. Note: CDSA developmental delays do not *qualify.*	☐	☐
(g) The child is diagnosed with Intellectual and/or Developmental Disability (I/DD);	☐	☐
(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 known genetic history. *Note: If the child qualifies **only** under this criterion, the child **must** be placed in the **potential category** where they will receive Medicaid but will receive a zero-amount monthly payment unless a qualifying diagnosis is made.*	☐	☐
(i) The child meets all the medical/disability requirements for Supplemental Security Income (SSI).	☐	☐
SPECIAL NEEDS DETERMINATION — PART III *The following factor must exist and be documented for the child to be eligible for AA*.		
Has it been established that reasonable—but unsuccessful—efforts were made to place the child for adoption without adoption assistance? Exceptions regarding the child's best interests include: When there are substantial emotional bonds with a prospective adoptive parent or when a relative seeks to adopt, making broader recruitment unnecessary while the child remains in custody. Note: newborn placements directly arranged by private agencies do not qualify under the special-needs criteria.	☐	☐

OTHER ELIGIBILITY REQUIREMENTS *The child must meet 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?	☐	☐
Does the child meet all the medical and disability requirements of SSI with respect to eligibility for SSI benefits?	☐	☐
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?	☐	☐
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 Title IV-E Kinship Guardianship Assistance Program (KinGAP) and is now being adopted?	☐	☐
Was the child, at the time of the initiation of the adoption proceedings, in the care of a public child placing agency but did not meet a judicial determination at entry that it was contrary to the welfare of the child to remain in the home due to being Safely Surrendered (G.S. § 7B-525). **If yes to this question, the child will be eligible for IV-B funding.**	☐	☐
Was the child previously in custody of a NC DSS agency for the purpose of foster care? Verification of foster care entry documents may include the Determination of Foster Care Assistance Benefits and/or Medical Assistance Only form (DSS-5120) and a judicial determination that it was contrary to the welfare of the child to remain in the home. **If yes to this question, the child will be eligible for IV-B funding**.	☐	☐
FINAL DETERMINATION OF ELIGIBILITY	**Yes**	**No**
PART V. SUMMARY **All three questions below must be answered yes to qualify for Adoption Assistance Benefits**		
Is the child a U.S. Citizen (including naturalized) or Qualified Alien?	☐	☐
Did the child meet each of the three-part special needs criteria?	☐	☐
Was one of **Other Eligibility** requirements met?	☐	☐

PART VI. ADOPTION ASSISTANCE BENEFITS

Status: Monthly Payment Funding Source

☐ IV-E Funding

☐ IV-B Funding (child was in NC DSS custody and is a Safe Surrender, or previously in NC DSS foster care)

Benefits *(Check all that apply):*

- **Monthly Cash Payment:**
  - ☐ Payment to begin the month following the decree (meets special needs Part II, any except h.)

☐ Potential
- Select this box only if item h. is checked in Special Needs Part II
- $0 cash payments until if /when the child receives an eligible diagnosis

☐ **Non-recurring Adoption Expenses (Complete DSS-5145 and DSS-5146)**
- Select this box if the three-part special needs criteria are satisfied.

☐ **Vendor payments for medical and/or therapeutic services**
- Select this box only if at least one factor or condition (e–g) in Special Needs Part II applies. Attach documentation for each factor/condition for which benefits will be paid. These must also be documented on the NC Adoption Assistance Agreement (DSS-5013).

☐ **Medicaid**

☐ **Social Services** (Post Permanency Services that may be helpful in keeping the family system intact).

☐ **Current Regional PPSS Provider identified for family:**

☐ **Not Eligible based on at least one of the following criteria (check all that apply):**
- ☐ Child is not a US Citizen/Qualified Alien
- ☐ Child did not meet 3 Part Special Needs
- ☐ Child did not meet at least one of the Other Eligibility Requirements

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 NC county DSS agency.

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 child in foster care. Adoptive Parent(s) may contact a tax preparer or the Internal Revenue Service (IRS) at 800-829-1040 or via the IRS website or the Families Rising website.

PART IX. ADOPTIVE PARENT(S) CLEARANCE DATES

Fingerprints for the purpose of ADOPTION criminal record check — DATE(S):

RIL (including 050/060 printouts) — DATE(S):

PART X. Signatures

This document must be signed and dated by indicated parties prior to the entry of decree.

Date Completed:		Date Adoption Assistance (AA) Benefits were discussed with Adoptive Parent(s):	
Signature of Agency Representative:			

☐ *Check this box ONLY if adoptive parent(s) state they are unwilling to adopt the child without adoption assistance.*

Initials of Adoptive Parent 1:		Signature of Adoptive Parent 1:	
Initials of Adoptive Parent 2:		Signature of Adoptive Parent 2:	