

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				
PART II CITIZENSHIP OF CHILD (Select One)				
<input type="checkbox"/> US Citizen/Naturalized Citizen				
<input type="checkbox"/> Unqualified Alien/Undocumented Alien				
<input type="checkbox"/> Qualified Alien (Alien Registration #) _____)				
PART III LEGAL CUSTODY OF CHILD (Select One)				
<input type="checkbox"/> County DSS <input type="checkbox"/> Relative <input type="checkbox"/> Other, (specify) _____				
<input type="checkbox"/> Licensed Child Placing Agency (Name Of Agency) _____				
PART IV LEGAL CLEARANCE FOR ADOPTION (Select One for each parent)				
MOTHER <input type="checkbox"/> Yes <input type="checkbox"/> No		FATHER <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", How? _____		Date _____		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		
PART V Determination of "Applicable Child"				
	Yes	No		
Is the child two years of age or older or will be two years of age within the current federal fiscal year (October 1 – September 30)?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the child a sibling to a child eligible due to age or length of time in foster care and is placed in the same adoption arrangement?	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If you have answered "yes" to either of the questions above, the child is an "applicable child" and you will complete pages 2-3 to verify eligibility. If you have answered "no" to both of the questions above the child is a non-applicable child" and you will complete pages 4-5 to verify eligibility.</p>				

IV-E Adoption Assistance Eligibility of the "Applicable Child"		
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 One or more of the following factors or conditions must exist and be documented in order for the "applicable child" to be eligible for IV-E adoption assistance.	Yes	No
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, with the exception of (i) at risk for a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
e. The child has a medically diagnosed disability which substantially limits one or more major life activity, 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 condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;	<input type="checkbox"/>	<input type="checkbox"/>
g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment;	<input type="checkbox"/>	<input type="checkbox"/>
h. The child is diagnosed to be mentally retarded by a qualified professional;	<input type="checkbox"/>	<input type="checkbox"/>
i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history. Note: if the child qualifies only under this criteria, the child must be placed in the potential category where they will receive Medicaid but will receive a zero amount monthly payment until a diagnosis is made.	<input type="checkbox"/>	<input type="checkbox"/>
j. The child meets all of 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 been made, except when it would not be in the best interest of the child to make this effort?	<input type="checkbox"/>	<input type="checkbox"/>

Other Eligibility Requirements for the "Applicable Child"		
The agency must also determine an "applicable 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 as a result 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 or a voluntary relinquishment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child meet all of 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 child care institution with his/her minor parent and the minor parent was removed from the home as a result 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 adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is Available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died?	<input type="checkbox"/>	<input type="checkbox"/>

Summary	Yes	No
Was the child determined to be an "applicable child"?	<input type="checkbox"/>	<input type="checkbox"/>
Did the child meet each of the three 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"/>

Each of the four questions above must be answered yes for the "applicable child" to be IV-E adoption assistance eligible. Note that the background check requirements, to include a fingerprint based criminal record check and a child abuse and neglect registry check, for adoptive parents also apply and that if the child is found to be ineligible for IV-E adoption assistance, they may still be eligible for IV-B assistance.

IV-E Adoption Assistance Eligibility of the "Non-Applicable Child"		
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 One or more of the following factors or conditions must exist and be documented in order for the "non-applicable child" to be eligible for IV adoption assistance.	Yes	No
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, with the exception of (i) at risk for a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
e. The child has a medically diagnosed disability which substantially limits one or more major life activity, 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 condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;	<input type="checkbox"/>	<input type="checkbox"/>
g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment;	<input type="checkbox"/>	<input type="checkbox"/>
h. The child is diagnosed to be mentally retarded by a qualified professional;	<input type="checkbox"/>	<input type="checkbox"/>
i. The child is at risk for a diagnosis described above in items e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history. Note: if the child qualifies only under this criteria, the child must be placed in the potential category where they will receive Medicaid but will receive a zero amount monthly payment until a diagnosis is made.	<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 been made, except when it would not be in the best interest of the child to make this effort?	<input type="checkbox"/>	<input type="checkbox"/>

Other Eligibility Requirements for the "Non-Applicable Child"		
The agency must also determine a "non-applicable child" with special needs meets one of the following eligibility requirements:	Yes	No
Did the child, at the time of removal, meet eligibility requirements for AFDC? (1) Removal from a specified relative, (2) If removed by judicial determination, Contrary to the Welfare finding, (3) If removed by VPA, IV-E foster care payment must have been made, (4) AFDC Deprivation and Need Note: Reasonable Efforts are not a requirement for IV-E adoption assistance.	<input type="checkbox"/>	<input type="checkbox"/>
Does the child meet all of the eligibility requirements of SSI with respect to eligibility for SSI benefits prior to the finalization of the adoption?	<input type="checkbox"/>	<input type="checkbox"/>
Was the child, prior to finalization of the adoption, residing in a foster home or child care institution with the minor parent and was a Title IV-E payment made that covered the needs of the minor parent and the child of the minor parent?	<input type="checkbox"/>	<input type="checkbox"/>
Was the child adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died?	<input type="checkbox"/>	<input type="checkbox"/>

Summary	Yes	No
Was the child determined to be a "non-applicable child"?	<input type="checkbox"/>	<input type="checkbox"/>
Did the child meet each of the three special needs criteria?	<input type="checkbox"/>	<input type="checkbox"/>
Was one of the "other" eligibility requirements met?	<input type="checkbox"/>	<input type="checkbox"/>

Each of the three questions above must be answered yes for the "non-applicable child" to be IV-E adoption assistance eligible. Note that the background check requirements, to include a fingerprint based criminal record check and a child abuse and neglect registry check, for adoptive parents also apply and that if the child is found to be ineligible for IV-E adoption assistance, they may still be eligible for IV-B assistance.

PART VI ADOPTION ASSISTANCE BENEFITS

On the basis of information provided above and in supporting documents as required, the following eligibility decision has been made:

a. Not eligible to receive Adoption Assistance benefits (*Specify Reasons*): _____

b. Eligible

1. Status

Present Potential (If potential, state reason) _____

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 DSS custody, meets the three part special needs, and not eligible for IV-E)

Vendor payments for medical and/or therapeutic services

If the child will receive vendor benefits, attach statement of 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.)

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 child without adoption assistance.	
_____ Initial of Adoptive Father	_____ Initial of Adoptive Mother
Signature of Adoptive Parent(s)	
_____ Adoptive Father	_____ Adoptive Mother