DISTRIBUTION:

ELIGIBILITY CERTIFICATION ADOPTION ASSISTANCE PROGRAM

| | | | Original Copy | : : | County Welfare Department Agency File | | |
|-------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|---------------------------------------------------------------------------------|--|--|
| | | | CHILD'S | CHILD'S ADOPTIVE NAME | | | |
| | | | CHILD'S | DATE | E OF BIRTH | | |
| | | | STATE A | DOPT | TION CASE NO. ADDPTION AGENCY CASE NO. | | |
| | | | AAP CAS | SE NO |). | | |
| | | | (11145) | | | | |
| | | eligible a child must be under the age of 18 or is a Non-Minor Dependent | | | - | | |
| | | is under the age 18 they must meet the criteria stated in Section I, Section hild will become age 18: | ı II and Se | ectio | on III or Section IV. | | |
| | | is under the age of 21 they must meet the criteria stated in Section I, Section II, Section III, Sectio | tion II and | l Se | ction III. | | |
| i. TH | REE | PART SPECIAL NEEDS DETERMINATION | | | | | |
| | | tion of the information is documented in the child's case records. The above ments: | e-named o | chilo | I meets <u>all</u> of the following three | | |
| 1. | | The child cannot or should not be returned to the home of his or her pare | ents due t | to a | petition to terminate parental rights, a | | |
| | | court order terminating parental rights, a signed relinquishment or the cou adoption order. | rt has give | en f | ull faith and credit to a tribal customary | | |
| | | The court has dismissed the dependency or transitional jurisdiction subsequently Welfare and Institutions Code Section 366.31(f). | uent to the | e ap | proval of the NMD adoption petition per | | |
| 2. | 2. Adoptive placement without financial assistance is unlikely due to one of the following: | | | | | | |
| | | Membership in a sibling group that should remain intact. | | | | | |
| | | Race, ethnicity, color or language. Specify: | | | | | |
| | | Age of three years or older (Date child became three:// |) | | | | |
| | | Parental background of a medical or behavioral nature that can be determ | nined to a | dve | rsely affect the development of | | |
| | | the child. Specify: | | | | | |
| | | The child's mental, physical, emotional, medical or developmental disabilir professional competent to make an assessment and operating within the this certification is in the adoption agency AAP case record. | | | | | |
| | | Disability: | | | | | |
| | | Professional certifying disability and date certified: | | | | | |
| 3. | | effort was made to place the child for adoption with appropriate parents witements must be met: | thout prov | /idin | g AAP benefits. One of the following | | |
| | | The need for adoption subsidy is evidenced by an unsuccessful search financial assistance. | ch for an | ado | optive home to take the child without | | |
| | | Search efforts included: | | | | | |
| | | | | | | | |
| | | The search requirement was waived as remaining in this home is in tadopted by a relative or there is the existence of significant emotional ties care as a foster child | the child's s with the | be pros | st interest because the child is being spective adoptive parents while in their | | |
| | | Date child began living with the relative or prospective adoptive parents: | | | | | |

Page 1 of 3 AAP 4 (9/13)

| Verif | | f the following information is documented in the child's case records. The above-named child meets one of the enship requirements: | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| | The child is a citizen of the United States or a qualified alien. | | | | | | | | | | | | |
| | The chi | The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirements. | | | | | | | | | | | |
| | The chi Cuban/ | the child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian or Amerasians from Vietnam.) | | | | | | | | | | | |
| TITL | TITLE IV-E (federal) ELIGIBILITY INFORMATION | | | | | | | | | | | | |
| To b | | E-E eligible Section A or B must be completed. Verification of the following information is documented in the child's case | Э | | | | | | | | | | |
| A. | A. The above-named child meets one of the following three definitions of an "applicable child." | | | | | | | | | | | | |
| | ☐ The | child's age is in Federal Fiscal Year | | | | | | | | | | | |
| | | child has been in foster care under the care of a Title IV-E agency for 60 consecutive months. | | | | | | | | | | | |
| | ☐ The | child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling. | | | | | | | | | | | |
| | AND | | | | | | | | | | | | |
| | One of | the following four Title IV-E eligibility requirements: | | | | | | | | | | | |
| | □ 1. | The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following: | | | | | | | | | | | |
| | | a. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child; | | | | | | | | | | | |
| | | b. A voluntary placement agreement or voluntary relinquishment. Note: A Title IV-E FC maintenance payment or judicial determination is not required for an "Applicable Child". | | | | | | | | | | | |
| | □ 2. | The child has met all medical or disability eligibility requirements for federal Supplemental Security Income (SSI) benefits. | | | | | | | | | | | |
| | □ 3. | The child was residing in a foster family home or child care institution with the child's minor parent. | | | | | | | | | | | |
| | ☐ 4. | The child received AAP with respect to a prior adoption that dissolved due to the termination of the adoptive parental rights or the death of an adoptive parent. | | | | | | | | | | | |
| В. | The above-named child meets one of the following Title IV-E requirements: | | | | | | | | | | | | |
| Prior to the finalization of an Agency adoption as defined in Section 8506 of the Family Code, or an Independent adoption, as defined in Section 8524 of the Family Code is filed, the child meets the eligibility requirements for Supplemental Security Income (SSI) benefits as determined and documented by the Federal Social Security Administration (SSA.) | | | | | | | | | | | | | |
| | □ 2. | At the time the child was removed from the home of the specified relative, the child met the AFDC eligibility requirements in the home of removal. | | | | | | | | | | | |
| | | a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare. | | | | | | | | | | | |
| | | b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state. The following must be obtained within six months of the time the child lived with a specified relative: | | | | | | | | | | | |
| | | 1. A petition to the court to remove the child from the home of the specified relative. | | | | | | | | | | | |
| | | 2. Judicial determination that remaining in the home would be contrary to the child's welfare. | | | | | | | | | | | |
| | | ☐ c. Child is voluntarily placed and has received at least one Title IV-E FC payment. | | | | | | | | | | | |
| | □ 3. | At least one Title IV-E FC payment was made on behalf of the child's minor parent. | | | | | | | | | | | |
| | ☐ 4. | The child meets the special needs criteria and received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent. | | | | | | | | | | | |
| | □ 5. | The child is an Indian child and the subject of a tribal customary adoption order. | | | | | | | | | | | |

III.

AAP 4 (9/13) Page 2 of 3

| IV. | STATE ELIC | GIBILITY INFORMATION | | | | | | | | | | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------------------|--------------------------------------------|-------|--|--|--|--|--|--|--|
| | Verification of the following information is documented in the child's case records. The above-named child does not meet the Title IV-E eligibility requirements but does meet the following State funding eligibility requirements: | | | | | | | | | | | | |
| | ☐ The child is the subject of an Agency adoption as defined in Section 8506 of the Family Code, and | | | | | | | | | | | | |
| | At the time of adoptive placement, the child met one of the following requirements: | | | | | | | | | | | | |
| | a. Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency; | | | | | | | | | | | | |
| | b. Relinquished for adoption to a licensed California private or public adoption agency, or the Department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency; | | | | | | | | | | | | |
| | County providing certification:Date of certification: | | | | | or | | | | | | | |
| | ☐ c. Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | ☐ I certify that this child | is eligil | ble for the Adoption Assistant | e Progra | m | | | | | | | |
| | | ☐ I certify that this child | is not e | eligible for the Adoption Assis | tance Pro | ogram | | | | | | | |
| SIGNATURE OF AUTHORIZED OFFICIAL OF THE RESPONSIBLE PUBLIC AGENCY | | | | | | | | | | | | | |
| ADO | OPTION AGENCY NA | AME | | | DATE | | | | | | | | |
| | | | | | | | | | | | | | |
| ADO | OPTION AGENCY AD | DDHESS | | | | | | | | | | | |
| SIC | TION AGENCY TELEPHONE NUMBER | | | | | | | | | | | | |
| | | | | ' | | DATE | | | | | | | |
| | COUNTY ELIGIBILITY WORKER USE ONLY | | | | | | | | | | | | |
| | Eligible fo | r Title IV-E (FFP) and III | e for State only funding , II, and IV checked | | Not eligible for FFP or State only funding | | | | | | | | |

AAP 4 (9/13) Page 3 of 3