

FEDERAL ELIGIBILITY CERTIFICATION FOR ADOPTION ASSISTANCE PROGRAM

*Complete one copy and submit it to the
Adoption Agency listed below.*

TO:

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FGU OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program (AAP) payments. Please provide the following information by checking all applicable boxes. Verification of the following information is documented in the child's case records.

	YES	NO
1. The above named child meets one of the following:		
a. The child is a citizen of the United States or a qualified alien.	<input type="checkbox"/>	<input type="checkbox"/>
b. The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirement.	<input type="checkbox"/>	<input type="checkbox"/>
c. The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian entrants or Amerasians from Vietnam.)	<input type="checkbox"/>	<input type="checkbox"/>
The above named child meets one eligibility path (#2 through #6) or meets the definition of an "Applicable Child" (#7) and one eligibility path (#8, #9, #10 or #11).		
2. The child meets the eligibility requirements for Supplemental Security Income (SSI) benefits as determined and documented by the federal Social Security Administration.	<input type="checkbox"/>	<input type="checkbox"/>
3. At the time the child was removed from the home of the specified relative, the child met the Aid to Family with Dependent Children (AFDC), 1996 eligibility requirements in the home of removal.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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. The child was voluntarily placed with a public agency and received at least one Title IV-E FC payment. ☐ ☐
 4. At least one Title IV-E Foster Care (FC) payment was made on behalf of the child's minor parent. ☐ ☐
 5. The child 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. ☐ ☐
 6. The child is an Indian child and the subject of a tribal customary adoption order. ☐ ☐
 7. The child meets the "APPLICABLE CHILD" criteria: ☐ ☐
 - a. The child's age is _____ in Federal Fiscal Year _____ ; or ☐ ☐
 - b. The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months, or ☐ ☐
 - c. The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling. ☐ ☐
 8. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of one of the following: ☐ ☐
 1. 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; or ☐ ☐
 2. 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".
9. The child has met all medical or disability eligibility requirements for federal SSI benefits. ☐ ☐
 10. The child was residing in a foster family home or child care institution with the child's minor parent. ☐ ☐
 11. 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. ☐ ☐

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER

DATE

TELEPHONE NUMBER