

DETERMINATION OF FEDERAL AFDC-FC ELIGIBILITY

INSTRUCTIONS: Complete this form in all cases when a juvenile court order has been issued. To be eligible for federal AFDC-FC, items 1 through 6 must be answered YES. Complete all items. Complete the Verification column with information from the JA 2/SAWS 2 or FC 2 and SOC 158A.

Child's Name	Case Name	Case Number	Court Number
Name of Relative From Whom the Child Was Removed		Relationship	Petition Date:

FEDERAL AFDC - FC ELIGIBILITY REQUIREMENTS**VERIFICATION**

1. The child meets all general AFDC-FC eligibility requirements as established on the JA2/SAWS 2 or FC 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The child was removed from the home of a parent or relative by:		
<input type="checkbox"/> Voluntary placement agreement Date _____		
<input type="checkbox"/> Detention Order <input type="checkbox"/> Jurisdictional/Dispositional Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date _____ Date _____		
Does Court Order contain requisite language for federal eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Reasonable efforts made to prevent removal of child from home.		
• Continuance in home would be contrary to welfare of child.		
• Placement and care vested in appropriate agency.		
The Court Order		
<input type="checkbox"/> Is in effect		
<input type="checkbox"/> Dismissed because		
<input type="checkbox"/> Child is 18 or over		
<input type="checkbox"/> Relinquishment/parental rights terminated		
3. Does the child meet AFDC linkage requirements (as in effect July 16, 1996) in the month of petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEVS verification
<input type="checkbox"/> Yes, lived with parent/relative from whom removed in the month of petition and would have been eligible for AFDC had application been made.(POEM determination)		<input type="checkbox"/> Other verification
<input type="checkbox"/> Yes, lived with parent/relative from whom removed within any of the previous 6 months prior to the month of petition and would have been eligible for AFDC had application been made in the month of petition. (POEM determination)		
<input type="checkbox"/> No, insufficient information.		
<input type="checkbox"/> No, does not meet linkage requirements.		
4. Does deprivation exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Absence <input type="checkbox"/>		
5. Is the child in an eligible facility? Give code from reverse side.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Will payment be made to an eligible payee? Give code from reverse side.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Not Eligible for federal AFDC-FC	<input type="checkbox"/> Insufficient Information. Not eligible for federal AFDC-FC	<input type="checkbox"/> Eligible for federal AFDC-FC Items 1-6 answered YES	Effective Date of Federal Eligibility
Eligibility Worker Signature			Date Completed

Summary of family circumstances at time of removal:

FC 3 CODES

CODES FOR QUESTION 5: ELIGIBLE FACILITIES

(45-202.5/45-203.4)

- 01 Approved home of relative
- 02 Certified, license-pending
- 03 Licensed family home
- 04 Family home certified by nonprofit FFA licensed by SDSS
- 05 Private, nonprofit group home licensed by SDSS
- 06 Approved facility/family home on an Indian reservation
- 07 Public Child Care institution

CODES FOR QUESTION 6: ELIGIBLE PAYEE

(45-301.11)

- 01 Approved family home
- 02 Licensed, private, nonprofit group home
- 03 Cooperating public or licensed nonprofit private child placement or child care agency with responsibility for placement and care of the child
- 04 Licensed homefinding agency which certified the exclusive-use home in which the child has been placed.

FEDERAL AFDC-FC ELIGIBILITY REQUIREMENTS

Eligibility & Assistance Standards (EAS)

Age	(45-201.11)
Property	(45-201.12)
Residence	(45-201.13)
Citizenship/Alienage	(45-201.14)
Social Security	(45-201.15)
Income/Need	(45-201.2)
Child Support	(45-201.3)
Services	(45-201.4)
Deprivation	(45-201.1)(45-203.1)
With Whom Child Placed	(45-202.2)(45-203.2)
AFDC/FG/U Linkage	(45-202.3)
Authority For Placement	(45-202.4)(45-203.3)
Eligible Facilities	(45-202.5)(45-203.4)
Placement and Care	(45-202.6)(45-203.5)