

NOTICE OF FORM CHANGE NO. 05-037

DATE

03/01/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE FC 3 (11/04) - Determination Of Federal AFDC-FC Eligibility

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/04	REPLACES 7-99	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 11/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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 <ul style="list-style-type: none"> • 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"/> 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"/> 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 <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"></div>	
6. Will payment be made to an eligible payee? Give code from reverse side. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"></div>	

<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)