

**IV-E Initial Placement Information**

SWCM name:	SWCM county:	Removal county #:	Today's date:
Child's name:	DOB:	FACS ID:	SID:

**SECTION I: Information Needed About the Removal (SWCM complete questions 1 – 10)**

1. Removal order/VPA date:	2. Placement date:	3. If there is a difference between #1 and #2, please explain reason:
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4. Placement Type: Attach completed Medicaid app if child in licensed foster care placement	4a. If QRTP, Assessment date: (Upload copy)	5. Placement name and address:
6. Who did the court find responsible for the events leading to the child's removal or who signed the VPA? Name(s): Relationship(s):		

7. Did the child live with the person listed in #6 above in the month of removal?  Yes  No  
If no, when did the child last live with this person? Dates:

8. Removal household information (this is the home of the person identified in #6 above)

Name (list everyone in home)	DOB	SSN	Relationship to Child	Income	Source Where employed or type of income	Gross Amount Hours/week and rate or monthly amount
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		

Resources: List any resources owned by any member of the household (e.g., vehicles, bank accounts, etc.)

Who owns resource?	Type of resource:	What is it worth?

9. Absent parent information (name/child):

10. Is the child a full time student, obtaining a GED or other training?  Yes  No

**Comments:**

SWCM signature:	Date completed:	Date sent to IV-E Worker:
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**SECTION 2 (IV-E Worker)**

**I. Child enters care via:**

Removal Type	Removal Month	CTW / BI Finding	REI Finding
<input type="checkbox"/> <b>Emergency Removal/ Court Order</b> Court order date:		In removal order? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No – child not IV-E eligible	Within 60 days of removal? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:
<input type="checkbox"/> <b>Voluntary Placement Agreement</b> ■ VPA effective date: ■ Date signed by parent/ guardian and HHS:		Within 180 days of placement? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:	Not applicable
<input type="checkbox"/> <b>No court order or VPA for removal</b>			

**2. Age/School Attendance** – child is under 18 or is 18 and expected to graduate before age 19.  Yes  No

**3. Citizen / Alien Status** – child is a U.S. citizen or qualified alien.  Yes  No

**4. Specified Relative**

- a. Subject of CTW / BI finding or person who signed the VPA is a specified relative to the child.  Yes  No  
 Name: Relationship:  
 Name: Relationship:
- b. Child lived with this person in the removal month or within the six months before the removal month.  Yes  No

**5. Deprivation** – exists in removal household in month of removal. If yes, indicate reason:  Yes  No

- Death – deceased parent(s):  
 Absence – absent parent(s):  
 Incapacity – incapacitated parent(s):  
 Unemployment or under employment (complete *IV-E Financial Worksheet* to document UP determination)  
 Mother’s name: Father’s name:

*Complete IV-E Financial Worksheet ONLY if 1-5 are answered yes.*

**6. Removal Household Income** is under the 185% and Standard of Need tests in the removal month.  Yes  No

**7. Removal Household Resources** are under \$10,000.  Yes  No

**INITIAL IV-E ELIGIBILITY**

- Yes - Go to Section 3.  
 No – Go to IVE Claiming.

If No, reason:

**SECTION 3: IV-E Claiming (IV-E Worker complete 1-2 only if IV-E eligible, otherwise indicate claiming)**

**1. Responsibility for Placement and Care (RP&C)** given to HHS/JCS.  Yes  No  
If yes, indicate date obtained:

**2. Claimable Placement** – child is in a IV-E claimable placement.  Yes  No

**SECTION 4: SW4 (complete only if QRTP Placement)**

**1. Initial Assessment** made within 30 calendar days of placement Date due:  Yes  No

Yes Date:

Approved QRTP placement

Disapproved QRTP placement - If otherwise eligible, can claim IV-E for up to 30 calendar days from determination date to allow for transition out of this placement. If child remains in this placement, stop claiming day 31.

No – do not claim IV-E for this placement

**2. Is placement a QRTP certified facility?**  Yes  No

**Comments:**

**SW4 signature:**

**Date:**

**IV-E CLAIMING**

**1. Child receives SSI**

Yes

No

**2. IV-E funding can be claimed:** (if SSI child, this refers to IVE admin and training funding only)

Yes

No If No, reason:

**3. Is this a change from the current fund source on FSDT?**  Yes  No If yes, determine if retro is needed

**SECTION 5: System Entries (IV-E Worker)**

**1. FACS IVED / CATR screens completed.**  Yes  No

**2. Medicaid Approved**

Yes Effective Date:

No Reason:

Comments (include months of retro claiming...):

**IV-E Worker signature:**

**Date:**