

## IV-E Changes

**SECTION 1: SWCM or IV-E Worker**

SWCM name / County #:	IV-E worker:	Today's date:
Child's name:	FACS ID:	SID:

Child's current case permanency goal:  
 If attaching a court order, what was the case permanency goal in effect at the time of the hearing?

**SECTION 2: SWCM** – Place an 'X' in the box by the applicable changes and complete the information for those changes only.

<input type="checkbox"/> <b>No change / court order attached</b>	<b>Order Date:</b>	<input type="checkbox"/> Entered on FCTL
<input type="checkbox"/> <b>Change in placement (includes return home)</b> Is there a court order for this change <input type="checkbox"/> Yes (upload copy) <input type="checkbox"/> No New placement name (including cottage): Address: Prior placement name: Address:	Effective date of change: Order Date: Placement Type: If QRTP, Assessment date: (upload) Placement Type:	
<input type="checkbox"/> <b>Relative placement license approved</b>	Effective date of license:	
<input type="checkbox"/> <b>Guardianship transferred for permanent placement</b>	Date guardianship transferred:	
<input type="checkbox"/> <b>Subsidized guardianship placement</b>	Effective date of subsidized guardianship:	
<input type="checkbox"/> <b>Child in adoption pre-subsidy placement</b>	Effective date:	
<input type="checkbox"/> <b>Court-ordered supervision has ended</b>	Date:	
<input type="checkbox"/> <b>Aged out</b>	Date:	Child's New Address:
<input type="checkbox"/> <b>Parental rights have been terminated</b>	Date:	
<input type="checkbox"/> <b>School aged child is no longer attending school full time/obtaining GED or other training</b>	Effective date:	

**Comments:**

**SECTION 3: SW4**

<input type="checkbox"/> <b>RE2</b>	Date due:	
<input type="checkbox"/> Yes	Date obtained:	Date FCTL / database entered:
<input type="checkbox"/> No	If not obtained by due date, stop claiming for the month following the due date until RE2 obtained.	

**Comments:**

<input type="checkbox"/> <b>QRTP Placement</b> is a QRTP certified facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Comments:**

<input type="checkbox"/> <b>QRTP Placement – 30 Day Initial Assessment by Qualified Individual</b>	Date due:
Determination made within 30 calendar days of placement	
<input type="checkbox"/> Yes	Date:
<input type="checkbox"/> Approved QRTP placement	
<input type="checkbox"/> 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.	
<input type="checkbox"/> No – do not claim IV-E for this placement	

**Comments:**

<input type="checkbox"/> <b>QRTP Placement – 60 Day Court Approval</b>	Date due:
Determination made within 60 calendar days of placement	
<input type="checkbox"/> Yes	Date:
<input type="checkbox"/> Court Approved QRTP placement	
<input type="checkbox"/> Court Disapproved QRTP placement - If otherwise eligible, can claim IV-E for up to 30 calendar days from the court determination date to allow for transition out of this placement. If child remains in this placement, stop claiming on determination date.	
<input type="checkbox"/> No – stop IV-E claiming on day 61	

**Comments:**

<input type="checkbox"/> <b>QRTP Placement – Placement Review</b>
Continued QRTP placement is warranted and requirements are documented in case plan.
<input type="checkbox"/> Yes
<input type="checkbox"/> No If otherwise eligible, can claim IV-E for up to 30 calendar days from determination date to allow for transition out of this placement.
<input type="checkbox"/> <b>Extended QRTP Placements:</b> Case plan also includes HHS Director’s approval if child is:
<input type="checkbox"/> Age 13 or older and in QRTP placement for more than 12 consecutive months or 18 nonconsecutive months.
<input type="checkbox"/> Under age 13 and in QRTP more than 6 consecutive or nonconsecutive months.
Date of Director’s signature:

**Comments:**

<b>SW4 Signature:</b>	<b>Date:</b>
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**SECTION 4: IV-E Worker** — Place an 'X' by the applicable changes and complete the information for those changes only.

<input type="checkbox"/> <b>REI (initial eligibility criteria)</b> <input type="checkbox"/> Yes    Date obtained: <input type="checkbox"/> No <input type="checkbox"/> Waived due to aggravated circumstances	<b>IVED entered?</b> <input type="checkbox"/> Yes    Date entered: <input type="checkbox"/> No Date of permanency hearing:
<input type="checkbox"/> <b>VPA – child left care from VPA placement with no RP&amp;C</b> Date: <input type="checkbox"/> Ended episode on IVED	
<input type="checkbox"/> <b>VPA – court order giving HHS/JCS RP&amp;C obtained</b> <input type="checkbox"/> Yes    Date obtained: <input type="checkbox"/> No    IV-E eligibility ends until such order is received	
<input type="checkbox"/> <b>VPA – best interest finding within 180 days</b> <input type="checkbox"/> Yes    Date obtained:    Date FCTL entered: <input type="checkbox"/> No    IV-E eligibility ends for remainder of episode	
<input type="checkbox"/> <b>RP&amp;C obtained (court ordered removal)</b> Date:	
<input type="checkbox"/> <b>Court-ordered supervision ended</b> Date: <input type="checkbox"/> Ended episode on IVED	
<input type="checkbox"/> <b>Child no longer meets age/school attendance requirements</b>	
<input type="checkbox"/> <b>Change in placement</b> IV-E claimable placement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>CCI (includes Shelter Care) placement exceeds 14 days</b> Child remains in specialized shelter care setting <input type="checkbox"/> Yes – can continue to claim IV-E if otherwise eligible <input type="checkbox"/> No - cannot claim more than 14 days for this placement	
<input type="checkbox"/> <b>SSI Benefits</b> <input type="checkbox"/> Receives SSI <input type="checkbox"/> Applied for SSI <input type="checkbox"/> SSI application denied <input type="checkbox"/> SSI benefits approved <input type="checkbox"/> SSI benefits cancelled	
SSI application month: SSI application month: Date received notification of SSI approval : Effective date:	
<input type="checkbox"/> <b>Pre-subsidy claiming change (change ADOD IV-E flag)</b> Date pre-subsidy agreement signed: Reason: <input type="checkbox"/> Non-recurring expenses-not IV-E    Month:	

**SECTION 5: IV-E Worker**

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

Yes  
 No – reason:  
 If a change, effective date of change:

**SECTION 6: Medicaid Entries** No Change

<input type="checkbox"/> Change in coverage group	Effective date:	
<input type="checkbox"/> Opened Medicaid case	Effective date:	
<input type="checkbox"/> Closed Medicaid case	Effective date:	Reason:
CE Referral sent <input type="checkbox"/> Yes - date <input type="checkbox"/> No	Reason:	

**Comments** (include months of retroactive claiming, claiming in error, end of episode, etc.):

IV-E Worker signature:	Date completed:	Type of Change Form:
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