

Iowa Department of Health and Human Services  
**IV-E Adoption Subsidy Determination**

Child's name	DOB	FACS ID	SID
Date adoption finalized			

**SECTION A: GENERAL REQUIREMENTS**

**1. Adoption Subsidy Agreement**

Did both the adoptive parent and the agency sign the adoption subsidy, presubsidy, or future needs agreement **on or before** the date of finalization of the adoption?       Yes     No

Date parent(s) signed agreement	Date agency signed agreement
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**If yes, go to 2a. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2a. Special Needs – Difficult to Place**

Does documentation in agency records, dated prior to finalization, show that the child meets special needs “difficult to place” criteria?       Yes     No

Difficult to place criteria met: <input type="checkbox"/> Medical condition or disability (list condition or disability):  <input type="checkbox"/> Other factors (list):	Documentation supporting determination:
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**If yes, go to 2b. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2b. Special Needs – Efforts to Place Without a Subsidy**

Does documentation in agency records, dated prior to finalization, show that efforts were made to place the child without a subsidy, or that an exception was granted in the child’s best interests?       Yes     No

Efforts to place without a subsidy criteria met: <input type="checkbox"/> Efforts to place were made (list efforts):  <input type="checkbox"/> Exception granted in child’s best interests (list):	Documentation supporting determination:
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**If yes, go to 2c. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2c. Special Needs – Cannot/Should Not Return to Parents**

Was termination of parental rights completed for both parents prior to finalization, or was there another reason the child could not return to the home of his/her parent?       Yes     No

Cannot/should not return to parent criteria met: <input type="checkbox"/> TPR order on both parents <input type="checkbox"/> Another reason child could not return to parent home (list):	Documentation supporting determination:
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**If yes, go to 3. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**3. US Citizen/Qualified Alien**

Is the child a US citizen or qualified alien?       Yes     No

If qualified alien, documentation supporting determination (I-551, etc.):

**If yes, go to 4. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**



**4b. Applicable Child Determination (Child is an “applicable” child if any one of questions 2 through 5 are yes.)**

1. Was the adoption agreement signed on or after October 1, 2009?  
 Yes Go to next question.  
 No Go to 4d.
2. Will the child meet the applicable age requirement **before** the end of the federal fiscal year in which the agreement is signed (see chart)? FFY in which agreement is signed: \_\_\_\_\_ Age child will attain during FFY: \_\_\_\_\_  
 Yes Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**  
 No Go to next question.

Federal Fiscal Year (FFY)	Age of Child in FFY (Meets age limit of child if reaches minimum age any time during FFY)
FFY 2010 (10/1/09 – 9/30/10)	16 and older
FFY 2011 (10/1/10 – 9/30/11)	14 and older
FFY 2012 (10/1/11 – 9/30/12)	12 and older
FFY 2013 (10/1/12 – 9/30/13)	10 and older
FFY 2014 (10/1/13 – 9/30/14)	8 and older
FFY 2015 (10/1/14 – 9/30/15)	6 and older
FFY 2016 (10/1/15 – 9/30/16)	4 and older
FFY 2017 (10/1/16 – 9/30/17)	2 and older
FFY 2018-2023 (10/1/17 – 9/30/23)	2 and older
FFY 2024 (10/1/23 – 6/30/24)	2 and older
FFY 2024 (7/1/24 – 9/30/24)	All ages
FFY 2025 (10/1/24 – 9/30/25)	All ages

3. Does this child have a sibling who meets the applicable child age requirement and was adopted by the same family?  
 Yes Sibling’s (adoptive) name: \_\_\_\_\_ FACS ID: \_\_\_\_\_  
 Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**  
 No Go to next question.
4. Has this child been in out of home care for at least 60 consecutive months?  
 Yes Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**  
 No Go to next question.
5. Does this child have a sibling who has been in out of home care for at least 60 consecutive months and who was adopted by the same family?  
 Yes Sibling’s (adoptive) name: \_\_\_\_\_ FACS ID: \_\_\_\_\_  
 Child is eligible for IV-E adoption subsidy. **Go to SECTION C.**  
 No Go to 4c.

**4c. Specified Relative**

Was the child removed from a specified relative with whom he/she lived within 6 months of removal?  Yes  No  
 (Child’s removal home is the subject of the CTW or person who signed the VPA.)

Name of removal home \_\_\_\_\_

**If yes, go to 4d. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.**

**4d. Deprivation at the Time of Removal**

Was the child deprived of parental support in the removal home due to absence, disability/incapacity, death, or unemployment of one or both parents?  Yes  No

Documentation supporting determination:

Mother  Father Deprivation reason: \_\_\_\_\_

**If yes, go to 4e. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.**

**4e. Removal Household Income and Resources**

Does the available evidence support that the income of the removal household/eligible group at the time of removal was less than the AFDC income limits, and that the group's assets were less than AFDC limits?  Yes  No

Documentation supporting determination:

Include copies of the completed *IV-E Financial Worksheet* and *IV-E Initial Placement Information* forms and supporting documentation. If not previously completed, complete and include in file.

**If yes, child is eligible for IV-E adoption subsidy. If no, child is eligible for nonrecurring expenses only. Go to SECTION C.**

**SECTION C: IV-E ELIGIBILITY DETERMINATION**

Child meets all IV-E adoption subsidy criteria?  Yes  No

If yes, start date of adoption subsidy or presubsidy: \_\_\_\_\_ ADOD entry completed:  Yes  No

If no, is child eligible for nonrecurring expenses?  Yes  No (SECTION A – All four General Requirements met.)

**Continue to SECTION D.**

**SECTION D: FUND SOURCE (PAYH) / RETRO CLAIMING**

**Presubsidy fund source:** \_\_\_\_\_ Is this fund source correct?  Yes  No

If no reason:

Retro claim dates:

**Adoption subsidy fund source:** \_\_\_\_\_ Is this fund source correct?  Yes  No

If no reason:

Retro claim dates:

**Nonrecurring expenses:** If child is not eligible for nonrecurring expenses / attorney fees [search under both presubsidy and subsidy case] complete a retro claim out of IV-E. Retro claiming needed:  Yes  No  N/A

Retro claim dates:

Comments:

IV-E Worker signature

Date completed