## 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						
I. Adoption Subsidy Agreement						
Did both the adoptive parent and the agency sign the adoption subsidy, presubsidy, or future needs agreement <b>on or before</b> the date of finalization of the adoption?  Yes No						
Date parent(s) signed agreement		Date agency signed agreement				
If yes, go to 2a. If no, STOP. Child is not eligi	ble for IV-E	adoption subsid	y. Go to SECTION C.			
2a. Special Needs - Difficult to Place						
Does documentation in agency records, dated prior criteria? Yes No	to finalization,	show that the chi	ld meets special needs "o	difficult to place"		
Difficult to place criteria met:		Documentation s	supporting determination	:		
Medical condition or disability (list condition or	disability):					
_						
Other factors (list):						
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 subsidy, or that an exception was granted in the child			were made to place the No	child without a		
Efforts to place without a subsidy criteria met:		Documentation s	supporting determination	:		
☐ Efforts to place were made (list efforts):						
Exception granted in child's best interests (list):						
If yes, go to 2c. If no, STOP. Child is not eligi	ble for IV-E	adoption subsid	y. Go to SECTION C.			
2c. Special Needs - Cannot/Should Not Return	n to Parent	S				
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:		Documentation s	supporting determination	:		
TPR order on both parents			11 0			
Another reason child could not return to parent	t home (list):					
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?						
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.						

470-4163 (Rev. 01/23) Page I

4. Age						
Is the child under age 18 at the time of finalization?						
If yes, child is eligible for nonrecurring expenses. Go to SECTION B to determine IV-E eligibility for ongoing adoption subsidy. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.						
SECTION B: ONE OF FOUR CATEGORIES (must meet one of the four)						
I. Previous I	V-E Adoption Subsidy					
Was the child e adoption?	ligible for IV-E adoption subsidy in a prior  Yes No	Documentation supporting determination:				
If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 2.						
2. SSI Eligible	e					
Is the child eligible for SSI <b>on or before</b> the date of adoption finalization? Yes No		Documentation supporting determination:				
If yes, child is	eligible for IV-E adoption subsidy. Go to SEC	TION C. If no, go to 3.				
3. Child of a	Minor Parent					
Is the child the child of a minor parent in foster care AND living with the minor parent prior to finalization?  Yes No		Documentation supporting determination:				
If yes, was the child's minor parent receiving IV-E foster care that covered both the child and the minor parent prior to finalization?  Yes No		Documentation supporting determination:				
If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 4.						
4. AFDC Elig	ible					
4a. Removal	Authority					
Child was removed by (include copy of document in file):						
Court order	, ,					
	☐ Yes Date of removal court order:	Removal month/year:	Go to 4b.			

**STOP!** Child is eligible for nonrecurring expenses only. **Go to SECTION C.** 

Non-Applicable Child

☐ Yes

No

☐ No

care episode?

HHS representative?

1. Was the VPA signed by child's parent/legal guardian and

2. Was the child claimed to IV-E at some time during foster

**STOP!** Child is eligible for nonrecurring expenses only. **Go to SECTION C.** 

Include copy of PAYH screen documenting

**STOP!** Child is eligible for nonrecurring

expenses only. Go to SECTION C.

Go to question 2.

payment. Go to 4c.

□ No

☐ Yes

□ No

Applicable\* Child

\* See Section 4b.

Was the VPA signed by child's parent/legal

**STOP!** Child is eligible for

nonrecurring expenses only. **Go to SECTION C.** 

guardian and HHS representative?

Go to 4b.

☐ VPA

Neither

470-4163 (Rev. 01/23) Page 2

**STOP!** Child is eligible for nonrecurring expenses only. **Go to SECTION C.** 

4b. Applicable Child Determination (Child is an "applicable" child if any one of questions 2 through 5 are yes.)							
Ι.	I. Was the adoption agreement signed on or after October 1, 2009?						
	_	Go to next question. Go to 4d.					
2.		Will the child meet the applicable age requirement <b>before</b> 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 t	o 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)	I4 and older				
		FFY 2012 (10/1/11 – 9/30/12)	12 and older	7			
		FFY 2013 (10/1/12 – 9/30/13)	10 and older				
		FFY 2014 (10/1/13 – 9/30/14)	8 and older	7			
		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	7			
		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	7			
3.	Does this c	hild have a sibling who meets the applicable child	d age requirement and was adopted by the same fam	- nily?			
	Yes	Sibling's (adoptive) name:	FACS ID:				
		s eligible for IV-E adoption subsidy. <b>Go to SEC</b>	TION C.				
	_	Go to next question.					
4.		Ild been in out of home care for at least 60 cons					
	_	Child is eligible for IV-E adoption subsidy. <b>Go t</b> Go to next question.	o Section C.				
5.	Does this c same family	_	care for at least 60 consecutive months and who wa	is adopted by the			
	☐ Yes	Sibling's (adoptive) name:	FACS ID:				
		s eligible for IV-E adoption subsidy. <b>Go to SEC</b>	ΓΙΟΝ C.				
4		Go to 4c.					
	Specified		aha li and wishin ( mansha of anna and)	1 Van 🖂 Na			
		emoved from a specified relative with whom he/	_	] 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 t	to 4d. If no, STOP. Child is eligible for no	nrecurring 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 v	If yes, go to 4e. If no. STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.						

470-4163 (Rev. 01/23) Page 3

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 <i>IV-E Financial Worksheet</i> and <i>IV-E Initial Placement Information</i> forms a not previously completed, complete and include in file.	and supporting documentation. If					
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?						
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 G	eneral 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:						
<b>Nonrecurring expenses:</b> If child is not eligible for nonrecurring expenses / attorney fees [search subsidy case] complete a retro claim out of IV-E. Retro claiming needed:	under both presubsidy and  Yes No N/A					
Retro claim dates:						
Comments:						
IV-E Worker signature	Date completed					

470-4163 (Rev. 01/23) Page 4