

If yes, go to 5. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.	
5. US Citizen/Qualified Alien	
Is the child a US citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If qualified alien, documentation supporting determination (I-551, etc):	
If yes, go to 6. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.	
6. Age	
The child is under the age of 18 and meets one of the following age requirements at the time the Court ordered the guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child is 10 or older (Prior to 8/1/21 - 14 years or older) and consents to guardianship <input type="checkbox"/> Child (Prior to 8/1/21 - 12 – 14 years old) is part of a sibling group of 2 or more with a child age 10 or older (Prior to 8/1/21 - 14 years old) and consents to guardianship Sibling(s) name/FACS ID <input type="checkbox"/> Child is placed in same home as sibling(s) referenced above <input type="checkbox"/> Sibling(s) include whole, half or adopted sibling(s) who have a common parent	
Documentation supporting determination:	
If yes, go to 7. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.	
7. Removal Authority	
Child was removed by (include copy of document in file):	
<input type="checkbox"/> Court Order	Did the court order contain a judicial determination of contrary to the welfare made within timeframes required by IV-E? <input type="checkbox"/> Yes Date of removal court order: Removal month/year: Go to 8. <input type="checkbox"/> No STOP! Child is not eligible for IV-E Subsidized Guardianship. Go to Section B.
<input type="checkbox"/> VPA	Was the VPA signed by child's parent/legal guardian and HHS representative? <input type="checkbox"/> Yes Go to 8. <input type="checkbox"/> No STOP! Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.
<input type="checkbox"/> Neither	STOP! Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.
8. Specified Relative	
Was the child removed from a specified relative with whom he/she lived within 6 months of removal? <input type="checkbox"/> Yes <input type="checkbox"/> No (Child's removal home is the subject of the CTW or person who signed the VPA.)	
Name of removal home	Relationship to child
If yes, go to 9. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.	
9. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation supporting determination: <input type="checkbox"/> Mother <input type="checkbox"/> Father Deprivation reason:	
If yes, go to 10. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.	
10. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation supporting determination: Include copies of the completed <i>IV-E Financial Worksheet</i> and <i>IV-E Initial Placement Information</i> forms and supporting documentation. If not previously completed, complete and include in file.	

If yes, child is eligible for IV-E Subsidized Guardianship. If no child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.

SECTION B: IV-E ELIGIBILITY DETERMINATION

1. Child meets **Section A: General Requirements** Yes No

If yes, claim IV-E for Subsidized Guardianship. If no, child is not IV-E eligible. Go to Section C.

Ineligible Reason:

SECTION C: FUND SOURCE

1. **Subsidy Payments:** IV-E funding can be claimed

Yes No

2. **Does FSDT reflect the correct funding?**

Yes No

If no, submit a retro claim. Retro claim dates:

SECTION D: MEDICAID ENTRIES

Medicaid case action:

- No change
- Redetermination to a different coverage group – aid type:
- Other -

Comments:

IV-E Worker Name

Date completed

Click or tap to enter a date.