Iowa Department of Health and Human Services IV-E Subsidized Guardianship Determination

Child's name	DOB		FACS ID	SID
Court Order Date Granting Guardianship	I			I
Section A: General Requirements				
I. Subsidized Guardianship Agreement				
Did both the guardian and the agency sign the subsidy agreement on or before the date the Court ordered the guardianship? Yes No Court Order Date				
Date parent(s) signed agreement				
If yes, go to 2a. If no, STOP. Child is not eli	gible for IV-E	Subsidized Gu	ardianship. G	o to SECTION B.
2a. Family Foster Care Placement with Prosp	ective Guard	lian	-	
Does documentation in agency records show that the child was placed with the prospective guardian that meets either of the criteria below prior to the date the Court ordered the guardianship? Yes No				
Guardian's name and relationship to child: Relative (related by blood, marriage or adop	otion):	Documentation	supporting dete	rmination:
Other person with significant, committed, relationship with child:	positive			
If yes, go to 2b. If no, STOP. Child is not el	igible for IV-E	Subsidized Gu	ardianship. G	o to SECTION B.
2b. Family Foster Care Placement with Prosp	pective Guarc	lian		
Does documentation in agency records show that the child has been in continuous foster family care with the prospective guardian for 6 months prior to the initiation of the guardianship subsidy? Yes No				
Foster Care placement date with Prospective Guard	ian:	Documentation	supporting dete	rmination:
If yes, go to 2c. If no, STOP. Child is not eli	gible for IV-E	Subsidized Gu	ardianship. G	o to SECTION B.
2c. Family Foster Care Placement with Prosp	ective Guard	lian		
Was the child eligible for IV-E maintenance payments while residing for at least 6 consecutive months in the home of the prospective guardian?				
Documentation supporting determination:				
If yes, go to 3. If no, STOP. Child is not eli	igible for IV-E	Subsidized Gu	ardianship. G	o to SECTION B.
3. Permanency Goal	-		-	
Does documentation in agency records show the ch APPLA?	•	cy goal was Guard ation supporting	•	
If yes, go to 4. If no, STOP. Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.				
4. Best Interest				
Does documentation in agency records show placem interest?	-	uardian was in the tation supporting		

C US Citizen/OugliGed Alien		
5. 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 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?		
 Child is 10 or older (Prior to 8/1/21 - 14 years or older) and consents to guardianship 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 		
Child is placed in same home as sibling(s) referenced above		
Sibling(s) include whole, half or adopted sibling(s) who have a common parent Documentation supporting determination:		
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):		
Court Did the court order contain a judicial determination of contrary to the welfare made within timeframes required by Order IV-E?		
Yes Date of removal court order: Removal month/year: Go to 8. No STOP! Child is not eligible for IV-E Subsidized Guardianship. Go to Section B.		
 VPA Was the VPA signed by child's parent/legal guardian and HHS representative? Yes Go to 8. No STOP! Child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B. 		
Neither STOP! Child is 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? Yes 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?		
Documentation supporting determination:		
Mother 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?		
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 Subsidized Guardianship. If no child is not eligible for IV-E Subsidized Guardianship. Go to SECTION B.

S	ECTION B: IV-E ELIGIBILITY DETERMINATION	
١.	Child meets Section A: General Requirements If yes, claim IV-E for Subsidized Guardianship. If no, child is not IV-E eligible. Go to Section C. Ineligible Reason:	☐ No
S	ECTION C: FUND SOURCE	
١.	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:	
S	ECTION D: MEDICAID ENTRIES	
Μ	edicaid case action:	

Med	licaid	case	action	1

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

Other -

Comments:

IV-E Worker Name	Date completed
	Click or tap to enter a date.