

Child's Name _____

Section I. Adoption Assistance Eligibility Documentation

A. Statistical Information. **Attach a copy of the court order terminating parental rights and, if applicable, a file stamped copy of the Petition to Adopt.**

Child's Pre-adoptive Name (Last, First, MI)		Adoptive Name (Last, First, MI)		Date of Birth
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race/Ethnicity	Date Parental Rights Terminated	Date Petition to Adopt filed	Date Adoption Consummated

B. **Adoptive Placement Circumstances.** Check and complete all that apply.

- 1.a. Adoptive placement is pending. Planned date of placement is _____.
- 1.b. Adoptive placement is complete and there is a signed adoptive placement agreement (Attach a copy of the placement agreement).
- 2. The adoption home study meets Licensing standards for approval, including the criminal history check. Date of approved home study: _____.
- 3. Enter State of adoptive parent's residence _____.
- 4. Enter child's service level at time of adoptive placement _____.

C. **Managing Conservatorship.** At the time of adoptive placement, DFPS, another state agency, tribe, or a private, non-profit child-placing agency that is licensed in Texas was the court appointed managing conservator (or had legal responsibility for care and placement) of the child? Yes No

If yes, give name of agency/entity:	Address including State	County Code
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D. **Special Needs.** The child is less than 18 years old and will meet at least one of the following criteria at the time of adoptive placement: (Check all that apply)

- 1. the child is at least six years old;
- 2. the child is at least two years old and a member of a minority group that traditionally creates a barrier to adoption;
- 3. the child is being adopted with a sibling(s) or to join a sibling(s) (enter names of sibling(s))
- 4. the child has a verifiable physical, mental, or emotional handicapping condition, as established by an appropriately qualified professional through a diagnosis that addresses:
 - (a) what the diagnosis/condition is; and
 - (b) that the condition is handicapping.

Note: Documentation of the professionally diagnosed handicapping condition must be attached.

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E. Reasonable Efforts. The following efforts were made to place the child without adoption assistance:
(Check all that apply)

1. The child was registered on an adoption exchange.
Name of exchange _____
2. No other families who can meet the child's needs were available.
Specify reasons _____
3. Other efforts were undertaken.
Describe _____
4. No efforts were made because the foster parents, relatives, or others who the child is placed with are the prospective adoptive parents, have an emotional bond with the child, and it is in the best interest of the child to be adopted by this family.

F. Citizenship & Alien Status. Note: If you have questions or need additional information regarding any of these issues, please refer to Section 6584 and 6585 of the CPS Handbook or contact the regional attorney that handles immigration issues.

1. Check the appropriate status below:

- a. The child is a US citizen (attach a copy of the birth certificate or other proof of birth).
 - b. The child is a permanent resident [attach a copy of the Permanent Resident Card/Alien Registration Receipt Card (commonly known as a "green card" or INS Form I-551)]. A Permanent Resident is one type of Qualified Alien.
 - c. The child is another type of Qualified Alien, besides a Permanent Resident (e.g. refugee status) (attach all relevant immigration documents).
 - d. The child's immigration status is unknown, or the child is foreign born and has no immigration documents.
2. If you checked F.1.b. or F.1.c. above, please answer this question. Is the child being adopted by a U. S. citizen, permanent resident, or other Qualified Alien?
- Yes (if adoptive parents are not natural born U. S. citizens, attach relevant immigration documents)
- No (Note: a policy waiver is required for adoption in these circumstances. Attach a copy of the policy waiver)
3. If you answered No to F.2. above, please answer the below questions:
When did the child enter U.S., if known? _____.
How did you acquire this knowledge? _____ (Note: It is particularly important to know if the child entered the U. S. before or after August 22, 1996)

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G. Title IV-E eligibility. **Answer each of the following:**

1. a. At the time of removal and initial placement in DFPS foster care, the child was determined eligible by DFPS for (check appropriate blank and attach the previously completed foster care eligibility application, a file-stamped copy of the court petition resulting in the child's removal from the home, and the first court order removing the child from the home):

 Title IV-E foster care payments [REDACTED]
- b. If no AFDC eligibility determination was made when the child first entered foster care (e.g. the child was placed with a relative), complete and attach the AFDC Eligibility Documentation (Form 2251B).
2. Does the child have a determination of eligibility for SSI benefits? If yes, attach the award letter and any other relevant information from Social Security Administration.
 Yes
 No
3. Is the child in a foster care placement with his or her minor parent who is Title IV-E foster care eligible? Yes No (if yes, enter name of minor parent) _____.
4. **Is this a subsequent adoption of a child who has been receiving adoption assistance under a signed agreement with a Title IV-E agency (whether DFPS or another state) or with DFPS for State-Paid adoption assistance?** Yes No **If yes, check if the following apply?**
 DFPS has determined that the child cannot or should not return to the first adoptive parents, which can be based upon a death certificate or a court order terminating parental rights of the adoptive parents (attach documentation).
 The child currently meets the definition of a special needs child (see Section I.D.) at the time the adoption petition is filed (attach appropriate documentation).
 The child was receiving IV-E adoption assistance (attach letter from other the other state indicating the child was receiving IV-E adoption assistance).
[REDACTED]

Section II. Source of State Adoption Assistance Medicaid Eligibility. **The following question must be answered only when the child is eligible for state paid adoption assistance. This information is required to extend Medicaid coverage to children who are not eligible for Title IV-E adoption assistance. This section is unrelated to the requirement that the child meet the definition of special needs as set forth in Section I. D.**

At the time of adoptive placement, the child had a need for medical or rehabilitative care due to a diagnosed medical condition or disability, including a documented risk of developing a need for treatment and care due to such things as prenatal exposure to drugs / alcohol / AIDS / HIV, genetic conditions, mental retardation, learning disabilities or abuse/neglect? Yes No

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Section IV. Required Attachments. The following is a review of the documents that are required to make an eligibility determination and must be submitted to complete the request for adoption assistance. For your convenience the Section that requires the attachment precedes the documents that are listed.

- I.A., III.1 Court order(s) terminating parental rights or death certificate of parent;
- I.A. File-stamped copy of the Petition to Adopt, when filed;
- I.B. Adoptive placement agreement, when signed;
- I.B.2 Criminal history check of adoptive parents;
- I.D. Documentation of the child's handicapping condition, if applicable;
- I.F.1. Certified copy of the child's birth certificate or other proof of birth;
- I.F.1. Documentation of U.S. citizenship or immigrant status;
- I.F.2. If you checked yes to question I.F.2. AND the adoptive parents are NOT natural born U. S. citizens, attach relevant immigration documents;
- I.F.2. If you checked no to question I.F.2., attach a copy of the policy waiver;
- I.G.1. Completed foster care eligibility application;** or if no AFDC eligibility determination was made when the child first entered foster care (e.g. the child was placed with a relative), complete and attach the AFDC Eligibility Documentation (Form 2251B);
- I.G.1. File-stamped copy of the court petition resulting in the child's removal from the home;
- I.G.1. First court order removing the child from the home;
- I.G.2. Award letter for SSI eligibility and any other relevant information from the Social Security Administration;
- I.G.4. Court order terminating first adoptive parents' parental rights or death certificate of first adoptive parents;
- I.G.4. Documentation that child is special needs child at the time the new adoption petition is filed (See Section I.D.);
- I.G.4. Letter from the other state indicating child was receiving IV-E adoption assistance, if applicable.
- III.2 Copy of the authorized service level from IMPACT.

IV. Information on person completing form.

Agency Name	Agency Address		
Name of Staff Completing Form	Title	Telephone No.	Mail Code
Name of Supervisor	Title	Telephone No.	Mail Code

X

Signature-Staff Completing Form

Date

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Certification of Adoption Assistance Eligibility

Determination of Adoption Assistance Eligibility To be completed by the adoption assistance eligibility specialist.

Based on the information provided, the child is or will be eligible for the following:

- Eligibility is pending adoptive placement/filing of petition to adopt, when the child will qualify for the following benefits:
 - Title IV-E Adoption Assistance

 - Enhanced Adoption Assistance (*Must be approved by State Office prior to negotiations.*)
 - Medicaid coverage will/will not be the responsibility of Texas. (If not Texas, identify state to provide coverage _____)
 - Non-recurring Adoption Expenses

Signature

date

- All eligibility requirements are met, and the child is eligible for the following:
 - Title IV-E Adoption Assistance

 - Enhanced Adoption Assistance (*Must be approved by State Office prior to negotiations.*)
 - Medicaid coverage will/will not be the responsibility of Texas. (If not Texas, identify state to provide coverage _____)
 - Non-recurring Adoption Expenses
 - Child does not qualify for assistance. List all reasons. _____

Eligibility is not met. List each requirement that was not met:

Name of person determining eligibility _____

Signature

date

Notice of Action on Request for Adoption Assistance sent on _____.
Adoption Assistance Denial notice sent on _____.