

**REVIEW FOR MEDICAID AND/OR
 TITLE IV-E FOSTER CARE
 FOR A CHILD IN DHSS CUSTODY**

DPA USE ONLY - DATE RECEIVED
 DPA CASE # _____

I. PERSONAL INFORMATION

Instructions: The Social Worker completes Section I (questions 1 - 11) for a child in the custody of DHSS and in out-of-home placement within six months after Medicaid and/or Title IV-E eligibility is established and every six months thereafter. Submit the completed review application, copies of the current PROBER legal history and PROBER placement history and all court documents of actions (pertinent to the current out-of-home placement sequence) related to activity within the last six months, to the DFYS Title IV-E Regional Designee.

CHILD'S NAME _____ PROBER # _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

BENEFIT MAILING ADDRESS _____
Street/P O Box Town State Zip Code

1. Describe the Child's Situation: (Check as many boxes as apply)

- Court Ordered Foster/Residential Care
 SSI Eligible Child
 Institutionalized Under-21
 Voluntary Placement
 Title IV-E Subsidized Adoption
 Pregnant
 ICPC _____
 Other _____
(State responsible)

2. List the health insurance or medical services currently available to the child. If the child has multiple coverages, least each type of coverage. Provide at least the policy holder name, and insurance company name and address.

Policy Holder Name	Employer	Insurance Co. or Agency Name/Address	Policy Number or Social Security #

3. If the child had medical expenses as a result of an accident or injury during the past six months, please describe the event surrounding the accident or injury, include the names of other persons involved, insurance companies (if any), and the names of witnesses. If more space is needed, attach a separate sheet. _____

4. Court ordered DHSS custody

- ends within the next 60 days, extension is requested to ___/___/___.
 ends within the next 60 days, no custody extension is requested because _____
 does not expire within the next 60 days

5. Were all parental rights terminated after DFYS obtained custody of this child? Yes No
 If yes, go to question 7.

6. Were both parents present in the removal home during any part of the review period? Yes No
 If yes, further information may be requested by DPA.

7. What are the child's available resources for the month of review? \$ _____ Month _____
 Specify the types and amount/value of these resources: _____

What resources changed during this review period? Specify amounts, months, and reason for the change. _____

8. What was the child's gross income for each month of review? List gross amount and month(s) of receipt. _____

What income changed within this review period? Specify amounts, months, and reason for the change. _____

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- 9. What resources or income are anticipated during the next six months?
10. What changes do you anticipate during the next six months, which might affect Medicaid or Title IV-E Foster Care eligibility, such as placement, deprivation, adoption, return home, graduation from high school? Please describe
11. Is the child a full-time student? If the child is 18 years of age, or will become 18 within the next six months, is the child expected to graduate from high school (or vocational or technical school with a high school diploma) before the child's 19th birthday?

Attached is: [] Custody Data [] Placement Data [] Court Documents

Under penalty of perjury, or unsworn falsification in violation of AS 11.56.210, I certify that the information I gave on this form is true, correct, and complete to the best of my knowledge.

DFYS Social Worker Signature _____ Date _____

DFYS Social Worker Printed Name _____ Location _____

II. LEGAL AND PLACEMENT CERTIFICATION

Instructions: The DFYS Title IV-E Regional Designee completes Section II (questions 12 - 17), and forwards to the Division of Public Assistance for continued eligibility determination.

- 12. [] Child continues in DHSS custody. Custody ends on __/__/__.
[] The state of _____ has custody of this child, and has certified that this child is eligible for Title IV-E Foster Care. The certification is attached.
[] Other: _____

- 13. [] IV-E previously denied.

14. The Title IV-E Foster Care legal requirements were not met at application or prior review; but

- [] Contrary to the Welfare legal requirement was met on __/__/__.
[] Initial Reasonable Efforts legal requirement was met on __/__/__.
[] Title IV-E legal requirements have been met since __/__/__; or
[] The Title IV-E legal requirements were met only during the following time period: __/__/__ to __/__/__; or
[] Title IV-E legal requirements have not been met during the review period; or
[] The child entered care as a result of a Voluntary Placement Agreement (VPA); or
[] Other: _____

15. The Title IV-E Foster Care legal requirements were met at application or prior review; and

- [] The Title IV-E legal requirements continued to be met during the period under review; or
[] The Title IV-E Reasonable Efforts legal requirements continued to be met during the entire review period; or
[] The Title IV-E Reasonable Efforts legal requirements were met only during the following time period: __/__/__ to __/__/__
[] Other: _____

16. [] TITLE IV-E ADMINISTRATIVE CLAIM. This is a request for a potential eligibility determination.

17. The child has met Title IV-E Foster Care placement requirements during the period under review [] Yes [] No

If yes: [] Child met Title IV-E placement requirements during the entire review period. Foster care rate: \$ _____.
[] Child met Title IV-E placement requirements only during the following time period(s):

____/____/____ to ____/____/____ ____/____/____ to ____/____/____ ____/____/____ to ____/____/____ ____/____/____ to ____/____/____
____/____/____ to ____/____/____ ____/____/____ to ____/____/____ ____/____/____ to ____/____/____ ____/____/____ to ____/____/____

[] Comments: _____

Under penalty of perjury, or unsworn falsification in violation of AS 11.56.210, I certify that the information I gave on this form is true, correct, and complete to the best of my knowledge.

DFYS Title IV-E Designee Signature _____ Date _____

DFYS Title IV-E Designee Printed Name _____ Location _____