

## ADOPTION ASSISTANCE ELIGIBILITY CHECKLIST

**Instructions:** Complete a separate form for each child being considered for adoption.

### SECTION I. CASE INFORMATION

Child's Name (Last, First, Middle Initial)	Agency Name & Address	Unit/Worker Number
DOB ___/___/___	Child's CIN	Case Number

### SECTION II. TITLE IV-E ADOPTION ASSISTANCE ELIGIBILITY

**CHILD MUST MEET ALL REQUIREMENTS BELOW FOR TITLE IV-E ADOPTION ASSISTANCE ELIGIBILITY:**

1. **CITIZENSHIP.** Is the child a citizen of the United States or a qualified immigrant?
  - YES
  - NO (Child ineligible for Title IV-E adoption assistance) ☞ **If no...go to Section III, State Adoption Subsidy Eligibility.**
2. **AGE.** Is the child under the age of 18?
  - YES
  - NO (Child ineligible for Title IV-E adoption assistance) ☞ **If no...go to Section III, State Adoption Subsidy Eligibility.**
3. **SPECIAL NEEDS.** Does the child have special needs as defined by Section 473(c) of the Social Security Act, outlined below in a, b, and c, prior to the finalization of the adoption?

☞ *Check below all factors that apply (all boxes [a b, and c] must be checked to meet Title IV-E eligibility requirements):*

- a.  The State has determined that the child cannot or should not be returned to the home of his/her parents.
- b.  The child meets the criteria in 18 NYCRR 421.24(a)(2) or 421.24(a)(3)(iii) as either handicapped or hard to place (for reasons **other than** the child having been freed for six months or more and not placed in a adoptive home, or having been placed for adoption more than six months from termination of a previous adoptive placement).

☞ *Check below the factor that applies (check only one box):*

- Child meets the definition of handicapped.
- Child meets the definition of hard to place.

- c.  The State has determined that a reasonable, but unsuccessful, effort to place the child with appropriate parents without providing adoption assistance has been made, except when it has been determined that it would not be in the best interests of the child to make this effort (e.g., the child has developed significant emotional ties with prospective adoptive parents while in the care of those parents as a foster child *or* the child is placed for adoption with a relative).

☞ *Check below the factor that applies (check only one box):*

- Child has been registered with NYSAS.
- Child has developed significant emotional ties with prospective adoptive parents *or* is placed for adoption with a relative. Date of placement with foster parents or relative \_\_\_\_\_.

YES

NO (Child ineligible for Title IV-E) ☞ **If no...go to Section III, State Adoption Subsidy Eligibility.**

4. **FINANCIAL NEED.** Does the child meet the requirements of financial need?

☞ *Check below the factors that apply - one box (either a, b, c, d, e or f) must be checked and if b is checked, either box 1 or box 2 must also be checked to meet Title IV-E eligibility requirements:*

- a.  At the time of the child's removal from his or her home, the child received, or would have been eligible to receive, AFDC in accordance with program rules in effect on 7/16/96; **or**
- b. If this AFDC rule was not applied in accordance with Federal AFDC de-linking rules, check one the following applicable reasons:
  - The child qualifies by age; **or**
  - The child has been in foster care placement for 60 continuous months; **or**
  - The child is a sibling of an eligible child qualified by age or length of stay (60 continuous months) in foster care and is to be placed in the same adoptive placement as his/her eligible sibling.

At the initiation of adoption proceedings, a de-linked child had to be in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to:

1.  An involuntary removal with a judicial determination that was contrary to the welfare of the child to remain in the home **or**
  2.  A voluntary placement agreement or voluntary surrender. (For de-linked children in placement due to a voluntary placement agreement, a Title IV-E foster care payment does not have to be made.)
- c.  The child is SSI eligible prior to finalization or the child is a **de-linked** child with special needs or the **de-linked** child meets all medical and disability requirements with respect to eligibility for SSI benefits prior to finalization; **or**
- d.  The minor parent is in foster care and receiving Title IV-E foster care payments that cover both the minor parent and the minor parent's child prior to finalization **OR** if the child of a **de-linked** minor parent was residing in a foster family home or child care institution with his/her minor parent and the minor parent was removed from the home pursuant to either an involuntary removal with a judicial determination that it was contrary to the child's welfare to remain in the home or a voluntary placement agreement or voluntary surrender; **or**
- e.  The child was previously adopted and received Title IV-E Adoption Assistance, but the adoption subsequently dissolved or the adoptive parent(s) died and prior to finalization the child is determined to have special needs; **or**
- f.  A fair hearing has determined that Adoption Assistance was wrongfully denied.

☞ Check YES if one of the above boxes (a, b, c, d, e or f) is checked.

YES [Child is eligible for Title IV-E and categorically eligible for Medical Assistance (MA)] ☞ **If yes...go to Section IV, Eligibility Summary.**

☞ Check NO if none of the above boxes are checked.

NO (Child ineligible for Title IV-E) ☞ **If no...go to Section III, State Adoption Subsidy Eligibility.**

### SECTION III. STATE ADOPTION SUBSIDY ELIGIBILITY

☞ Check below the factors that apply (one box must be checked for each question):

1. **AGE.** Is the child under the age of 21 where guardianship and custody was transferred before the child turned age 18 with the exception where a TPR is filed before the child turns age 18 (as set forth in section 384-b of the SSL, the child has to consent to the transfer)? **OR** was the child in foster care as an abused or neglected child but whose parents are deceased?  
 YES  
 NO (Child ineligible for State Adoption Subsidy) ☞ **If no...go to Section IV #2, Eligibility Summary.**
2. **HANDICAPPED OR HARD TO PLACE (Conditions/Factors).** Does the child meet the criteria in 18 NYCRR 421.24(a)(2) or (3) as either handicapped or hard to place?

☞ Check below the factor that applies (check only one box):

- The child meets the definition of handicapped.
- The child meets the definition of hard-to-place.
- The child has a pre-existing condition or disability unknown to the adoptive parents before finalization that otherwise satisfies the definition of a handicapped child and certified by a physician.

☞ Check YES if the YES box is checked in question 1 above **and** any one of the boxes in question 2 above is checked.

YES (Child is eligible for State Adoption Assistance.) **Note:** A determination must be made of the child's eligibility for MA under the Consolidated Omnibus Budget Reconciliation Act (COBRA) provisions. If the child is ineligible for MA under the COBRA provisions, the child must be considered for the State Medical Subsidy. State Medical Subsidy is only available for a child who is hard to place who is being adopted by parents who are age 62 or older or within five years of mandatory retirement age. ☞ **Go to Section IV 1, Eligibility Summary.**

☞ Check NO if the NO box is checked in question 1 above and/or none of the boxes in question 2 above are checked.

NO (Child ineligible for State Adoption Subsidy) ☞ **If no...go to Section IV #2, Eligibility Summary.**

**SECTION IV. ELIGIBILITY SUMMARY & SIGNATURES/SUPERVISOR'S REVIEW**

**1. ADOPTION SUBSIDY AND NON-RECURRING ADOPTION EXPENSES AGREEMENT (LDSS-4623A rev. 5/09).**  
 Was the Adoption Subsidy and Non-recurring Adoption Expenses Agreement signed by all parties before the final decree of adoption (except in the case of a post finalization application)? To be eligible for Title IV-E Adoption Assistance and to comply with State Adoption Subsidy requirements, the Adoption Subsidy and Non-recurring Adoption Expenses Agreement (LDSS-4623A rev. 5/09) must be completed and signed prior to the finalization of the adoption.

☞ *One of the boxes below must be completed prior to entering the WMS Systems information for each child being considered for adoption assistance.*

- YES Date of Adoption Subsidy and Non-recurring Adoption Expenses Agreement signed: \_\_\_\_\_ Date of Finalization: \_\_\_\_\_
- NO (Child is ineligible for either Title IV-E Adoption Assistance or State Adoption Subsidy)
- EXCEPTION Post finalization adoption subsidy application.

☞ **Complete the Eligibility and Systems Information below.**

**2. ELIGIBILITY AND SYSTEMS INFORMATION: AFTER FINALIZATION, THE CHILD IS:**

- ELIGIBLE FOR TITLE IV-E ADOPTION ASSISTANCE AND MA: code child **02, 06** or **07** (eligibility code); **01** (direct service code); **52** or **55** (POS); and open non-services MA case using case type **20** or **22**.
- ELIGIBLE FOR STATE ADOPTION SUBSIDY and MA (COBRA): code child **08** (eligibility code for State Adoption Subsidy and MA); **01** (direct service code); **52** or **55** (POS); and open non-services MA case using case type **20**.
- ELIGIBLE FOR STATE ADOPTION SUBSIDY and STATE MEDICAL SUBSIDY: code child **14** (eligibility code for State Adoption Subsidy without MA); **01** (direct service code); **52** or **55** and **77** (POS).
- ELIGIBLE FOR STATE ADOPTION SUBSIDY (MAINTENANCE ONLY): code child **14** (eligibility code for State Adoption Subsidy); **01** (direct service code); **52** or **55** (POS).
- INELIGIBLE FOR TITLE IV-E ADOPTION ASSISTANCE AND STATE ADOPTION SUBSIDY:

Worker's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**SECTION V. DOCUMENTATION OF ELIGIBILITY**

Indicate the documentation used for each item of eligibility. Indicate where that documentation is located in the case record *or* that it is attached to this form.

Item	Documentation	Location in Case Record	Attached
1. Citizenship			<input type="checkbox"/>
2. Age			<input type="checkbox"/>
3. Special Needs			<input type="checkbox"/>
4. Financial Need			<input type="checkbox"/>
5. State Adoption Subsidy			<input type="checkbox"/>
6. COBRA MA			<input type="checkbox"/>
7. State Medical Subsidy			<input type="checkbox"/>
8. Adoption Subsidy Agreement			<input type="checkbox"/>