

# Private Adoptions & FSN

Finance & Eligibility Workgroup

Jennifer Perez

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## Tips...

\*Need to verify if an agency is licensed in Florida? A list is maintained on the Adopt Florida website! <http://adoptflorida.org/docs/Licensed-Adoption-Agencies.pdf>

\*The same background check criteria applies as for dependency cases. Results of checks must be provided-noting results in home study is not sufficient.

\*The TPR Order is your Removal Order except for Intervention cases.

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# Intervention in Dependency Cases 65C-16.019

## **\*Preliminary Home study**

- New Requirements (families strengths to meet the child's needs and projected needs addressed)
- DCF to evaluate preliminary home study (based on 12 factors)

## **\*After Intervention Granted**

- Terminate supervision & Discharge placement. Case remains open in FSFN. Adoption Entity to provide monthly reports to CLS
  - (Dismissed by Court/Transfer to Other Agency (Attorney) or Transfer To Licensed Private Agency (Private Agency)).

## **\*Department Case Record**

- Must maintain case record until finalization (includes home study, monthly supervision reports, and other documentation as to the placement of the child).

## **\*Legal Case Record**

- Maintained by Department attorney (preliminary home study, final home study, monthly reports.

## **\*Subsidy**

- Supporting documentation must be provided to the CBC.
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## Before FSFN...

- \*Does the child meet Special Needs? If not, “don’t pass go!”
  - \*Does the court order place child in custody of an attorney? If YES, the child must meet SSI criteria in order to receive Adoption Benefits.
  - \*Does the court order place child in custody of caregivers, not an agency or attorney? PENDING GUIDANCE...
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# No FSFN History?

Participants	Relationship	Services	Victim/Child Location	Prior Intakes and Investigations/Referrals	Decision
<b>Recommendation</b>					
Counselor Screening Recommendation:		Pending	Counselor Screening Date/Time:		
Counselor Name:		Counselor Screening Reason:			
Counselor Response Priority Recommendation:		Date/Time Decision Made:			
<b>Decision</b>					
Name:	Perez, Jennifer W	<input checked="" type="radio"/> Screen In	<input type="radio"/> Screen Out	<input type="radio"/> Pending	Date/Time Decision Made:
Reason:	Screen In - Accepted for Services/Investigation		<a href="#">Create/Link Case</a>		
Explain:					

\*Create Service Referral to generate an Intake which will create the “pre-adoption” case shell.

\*Create child under birth name and birth parents/removal family as participants.

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## Create Private Adoption Placement

Create Case Items		Cases
Administration		[REDACTED]
Adoption		[REDACTED]
Assessment and Planning		[REDACTED]
Education		[REDACTED]
Eligibility		[REDACTED]
Family Assessment		[REDACTED]
File Cabinet		[REDACTED]
Forms		[REDACTED]
Investigation		[REDACTED]
Independent Living		[REDACTED]
Legal		[REDACTED]
Medical/Mental Health		[REDACTED]
Meeting		[REDACTED]
MCR		[REDACTED]
Narrative		[REDACTED]
Placement/Services	Private Adoption	[REDACTED]
Planning		[REDACTED]
Special Conditions Referral		[REDACTED]

  

### Case Participants

[REDACTED], William Gary	(104493444)	02/14/1953
[REDACTED], Robert	(104493431)	01/06/1957
[REDACTED], William Carter	(103460551)	11/08/2013
[REDACTED], WILLIAM J.	(103153957)	10/14/1987
[REDACTED], MARIE	(104506715)	06/18/2015
[REDACTED], [REDACTED]	(103603863)	12/28/1988
[REDACTED], [REDACTED]	(103153955)	11/09/2009
[REDACTED], [REDACTED]	(102844627)	09/15/1991

\*Select Private Adoption

## \*Select Case

## \*Select Child

## \*Create

Create

Close

# Private Adoption Placement

Case ID:	100895312	Child Name:	[REDACTED]	SSN:	[REDACTED]	Date Completed:	
Case Name:	[REDACTED]	Person ID:	104506715	Date of Birth:	06/18/2015	Completed By:	<input type="checkbox"/> Complete

## Private Adoption Entity Information

☒ Private Agency ☐ Private Attorney Name: LIFE FOR KIDS [Search](#)

### Address

Street/Route: Street

Street: 315 N Wymore RD

Unit Designator:

Building:

Route:

FL City: Winter Park

County: Orange

Non-Florida County:

City: Winter Park

State: FL

ZIP: 32789-2822

Country: United States

### Adoption Details

Adoption Outcome :

Adoptive Parent(s) :

County of Adoption Finalization:

Adoption Finalization Date:

#### Relationship of Adoptive Parent to Child:

☐ Foster Parent

☐ Other Relative

☒ Other Non-Relative

☐ Step Parent

### Birth Mother:

#### Birth Mother

Termination of Parental Rights Date: 02/03/2016

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Multi-Racial-one or more races not known  
☐ Native Hawaiian/Other Pacific Islander ☒ White ☐ Declined ☐ Unable to Determine ☐ Unknown

\*Search/Link agency or attorney (must be created as a FSFN Provider.

\*Complete red AFCAR data.

\*Do Not Check the 'Complete' box.

\*Save.



# Private Adoption Foster IV-E Eligibility

Eligibility				
Child Name: [REDACTED]	Person ID: 104506715	Eligibility ID: 1237938	Episode End Date: 00/00/0000	
Case Name: [REDACTED]	Case ID: 100895312	IV-E Rmvl Dt: 04/13/2017	Private Adoption	
Do not refer to Child Support Enforcement: <input type="checkbox"/>		Reason: <input type="text"/>		
<div>Basic Initial Determination Redeterminations</div>				
Demographic Information				
DOB: 06/18/2015 Age: 1 SSN: <input type="text"/>				
Removal from Home Information				
Removal from Home was: <input checked="" type="radio"/> Court Ordered <input type="radio"/> Voluntary Placement Agreement				
Child Removed from home of: <input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both <input type="radio"/> Other				
Primary Caregiver: [REDACTED]		Relationship to Child: Mother		
Secondary Caregiver: <input type="text"/>		Relationship to Child: <input type="text"/>		
Removal Home Address				
Street: [REDACTED]		Apt: <input type="text"/>		
FL City: <input type="text"/>	City: New Smyrna Beach	State: FL	Zip: 32168	
County: Volusia	Home Phone: <input type="text"/>	Work Phone: <input type="text"/>		
Assets & Employment and Deeming				

\*Private Adoption Title IV-E Eligibility is generated upon saving the Private Adoption placement.



# Private Adoption Foster IV-E Eligibility

Basic

Initial Determination

Redeterminations

## Eligibility Information

### Eligibility Determination:

☐ Eligible and Reimbursable ☒ Ineligible

Effective From: 04/13/2017

☐ Eligible, Not Reimbursable ☐ Pending

Entry Date: 04/13/2017

☒ Determination Complete

☐ Determination Voided

Date Completed: 04/18/2017

☐ Determination N/A

Reason:

### Question 3A:

Does the removal order contain a judicial finding that supports the concept that remaining in the home is contrary to the welfare of the child or that the removal is in the child's best interest? If No, Ineligible. If VPA, go to question 5.

☒ Yes ☐ No

Termination of Parental Rights  
Final Judgment

### Question 3B:

\*Process IV-E Eligibility and complete approval process.

# Adoption Information Page

Child's Name: **XXXXXXXXXXXX**

Status: On Hold

Date Adoption Activities Begin: **04/17/2017**

General

Birth Family

Background

Removal/Placement

Matches

Available Status

## General Appearance

Gender: Female      DOB: 06/18/2015  
Race: White      Ethnicity: Eastern European

## Family/Medical History on File

☐ Birth Mother    ☐ Birth and Delivery Records    ☐ Birth Father  
☐ N/A Child Being TPR'd from Adoptive Parent(s)

## Adoption Information

☐ Life Book Available    ☒ Birth Certificate in File    ☐ Social Security Card in File  
☐ Adoption Reunion Registry Brochure - Birth Parents  
☐ Adoption Reunion Registry Brochure - Adoptive Parents

**Child has been Previously Adopted:** ☐ Yes ☒ No ☐ Unable to Determine

At Legal Risk:

**Child Placed By:**

**Child Placed From:**

Adoption Placement Type:

## Relationship of Adoptive Parent to Child:

☐ Foster Parent    ☐ Other Relative  
☒ Other Non-Relative    ☐ Step Parent

**Were efforts made to place the child without provision of subsidy or medical assistance?** ☒ Yes ☐ No

**List efforts made:**

Life for Kids (Private Adoption Agency) provided list of families (12) considered for placement of child. Family selected was determined best able

**Were the prospective parent(s) willing to adopt without subsidy?** ☐ Yes ☒ No

## Expressed Intent to Adopt

Prospective Parent(s) Expressed Intent to Adopt	Date of Expressed Intent	Provider ID	Provider Name	Expressed Intent Withdrawn	Reason	Description	Action
<input checked="" type="radio"/> Yes <input type="radio"/> N/A	<b>04/17/2017</b>	100076827	LIFE FOR KIDS	<b>00/00/0000</b>	<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

## Background

**Primary Basis for Special Needs:**

\*Create Adoption Information module for Child.

\*Complete required fields including AFCAR data, Expressed Intent (date of Adoption Petition signed by Adoptive family), Efforts to Place, Primary Basis for Special Needs (under Background tab).



# Additional Modules-Legal Record

## TPR Dates

TPR Date	Applies to	Results
02/03/2016		Granted - All Parents

## Legal Record

Date/Time	Legal Action	Result	Legal Case Status
02/03/2016	Termination of Parental Rights - Consent	Granted - All Parents	Permanently Committed

\*CLS must create a Legal Record with the date of TPR to avoid AFCAR compliance issues.

\*Known issue regarding the Adoption AFCAR report generating errors for Private Adoption cases-ClearQuest CRN00063935.

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# Additional Modules-Medical/Mental Health

Medical Profile	Medications	Mental Health Profile	Medical History	Disability Information
<b>Medical/Mental Health Conditions</b>				
Has the child been clinically diagnosed as having a disability(ies): <input type="text" value="Yes"/>				
<b>Diagnosed Condition Category *</b>	<b>Diagnosed Condition Type *</b>	<b>Begin Date *</b>	<b>End Date</b>	<b>Action</b>
<input type="text" value="Medical/Physical"/>	<input type="text" value="Fetal drug addiction"/>	<input type="text" value="06/18/2015"/>	<input type="text" value="00/00/0000"/>	<a href="#">Delete</a>

\*The Medical/Mental Health module is created to document Hard to Place Factors for qualifying conditions.

\*Required in order for accurate selection of Primary Basis of Special Needs (Adoption Information) and to reflect in Adoption Eligibility.

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# Adoption Subsidy Agreement

Adoption Subsidy Agreement Information			
Agreement Type:	Adoption Assistance Agreement	Agreement Signed by both the adoptive parent(s) and a Department representative:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Fiscal Agency:	CBC of Central Florida	Date Signed:	04/18/2017
Service Category:	Adoption	Effective Date/ Date of Agreement:	00/00/0000
Service Type:	Adoption Placement	Basic Subsidy Rate:	\$0.00
<b>Adoption Subsidy Type:</b>	Maintenance: IV-E with Medicaid	Enhanced Subsidy Amount:	\$0.00
Provider Name:	LIFE FOR KIDS	<b>Agreement Amount:</b>	\$0.00

\*Create Adoption Subsidy Agreement to generate Adoption Eligibility module.

# Private Adoption IV-E Eligibility

## Section A

### 1. Age

Is this child under 18 years of age? ☒ Yes ☐ No

Was the child emancipated prior to the date of finalization? ☐ Yes ☒ No

### 2. Citizenship/ Immigration Status

Is the child a US citizen or qualified non-citizen as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996? Yes - U.S. Citizen

If qualified non-citizen, indicate documentation supporting this status (e.g., 1-551):

### 3. Adoption Assistance Agreement

Upon completion of this IV-e Adoption Eligibility, has the initial adoption assistance agreement been completed, signed and dated by both the adoptive parent(s) and a Department representative on or before the date of finalization of the adoption? [Adoption Subsidy Agreement Information](#) ☒ Yes ☐ No

\*Complete  
Adoption  
Eligibility.

## Applicable Child

## Section B (Applicable Child)

### 4. Applicable Child Determination

Will the child meet one of the Applicable Child criteria below before the end of the federal fiscal year in which the adoption assistance agreement is signed? ☐ Yes ☒ No

**4a. Age:** Has the child attained or will he/she attain the applicable age any time before the end of the federal fiscal year during which the adoption assistance agreement is entered into? ☐ Yes ☒ No

Federal Fiscal Year	The applicable age is:	Federal Fiscal Year	The applicable age is:
<input type="checkbox"/> 10/01/2009 - 09/30/2010	16	<input type="checkbox"/> 10/01/2010 - 09/30/2011	14
<input type="checkbox"/> 10/01/2011 - 09/30/2012	12	<input type="checkbox"/> 10/01/2012 - 09/30/2013	10
<input type="checkbox"/> 10/01/2013 - 09/30/2014	8	<input type="checkbox"/> 10/01/2014 - 09/30/2015	6
<input type="checkbox"/> 10/01/2015 - 09/30/2016	4	<input type="checkbox"/> 10/01/2016 - 09/30/2017	2
<input type="checkbox"/> 10/01/2017 - 09/30/2018 or thereafter	any age		

**4b. Time in foster care:** Has the child been in foster care under the responsibility of the state or a Tribal title IV-E agency for 60 consecutive months prior to finalization of the adoption? ☐ Yes ☒ No

Documentation supporting the determination: ☐ Removal Court Order ☐ Voluntary Placement Agreement

### 4c. Sibling Criteria Met?

Is this child being placed for adoption with a sibling? [Adoption Information](#) ☐ Yes ☒ No

Is the sibling an applicable child meeting either the age or time in foster care requirement? ☐ Yes ☐ No



# Private Adoption IV-E Eligibility

## Special Needs Determination

### 7. Special Needs Determination for a Not Applicable Child

Does documentation in agency records, dated prior to finalization, show that the Applicable Child meets all three special needs criteria?

☒ Yes ☐ No

**7a. Child cannot/ should not return to the home of his or her parents:** Has it been determined that this child cannot or should not be returned to the home of his or her parents?

☒ Yes ☐ No [Legal Record](#)

How is this criteria met?

Consent to Adoption Child Under 6 Months of Age executed by mother and biological father on 6/19/15 releasing child to Adoption Entity-Life for Kids. A Default was ordered regarding legal father on 2/3/16.Final Judgment Terminating Parental Rights Pending Adoption granted on 2/3/16.

Documentation supporting the determination:

Consent to Adoption Child Under 6 Months of Age executed by mother and biological father, Default Order regarding legal father and Final Judgment Terminating Parental Rights Pending Adoption.

**7b. Child is hard to place:** Does documentation in agency records, dated prior to finalization, show that there is a factor or condition that makes it difficult to place the child for adoption without provision of subsidy or medical assistance?

☒ Yes ☐ No

☐ African-American

☐ Sibling Group

☐ Emotional Disability

[Medical/Mental Health](#)

[Adoption Information](#)

☐ Age 8 or older

☐ Developmental Delay

☐ Medically Fragile

☐ Intellectual Disability

☐ Physical Disability

☐ Visual/ Hearing Impaired

☒ At Risk of Medically Diagnosed Condition

### 7C. Efforts to place without a subsidy:

Does documentation in agency records, dated prior to finalization, show that efforts were made to place the child without provision of subsidy or medical assistance?

☒ Yes ☐ No ☐ Exception

List efforts made:

Life for Kids (Private Adoption Agency) provided list of families (12) considered for placement of child. Family selected was determined best able to meet child's needs.

Were the prospective parent(s) willing to adopt without subsidy?

☐ Yes ☒ No

Exception: Child has a significant emotional attachment to:

☐ his/her foster parent(s)

☐ relative caretaker(s)

## Eligibility Path for a Not Applicable Child with Special Needs

### 8. Eligibility Path for a Not Applicable Child with Special Needs

Is the Not Applicable Child with special needs eligible for title IV-E subsidy?

☐ Yes ☒ No

**8.1. Child is a SSI recipient:** Does documentation in agency records, dated prior to finalization, show that the child was receiving SSI prior to the finalization of adoption?

☐ Yes ☒ No

**8.2. Child was eligible in a prior adoption:**

☐ Yes ☒ No

Does documentation in agency records, dated prior to finalization, show that the child was adopted previously?

☐ Yes ☒ No

**Note:** This excludes international adoptions

# Private Adoption IV-E Eligibility

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?	<input type="radio"/> Yes <input type="radio"/> No
Had a payment been made on his/her behalf?	<input type="radio"/> Yes <input type="radio"/> No
8.3. Child of a minor parent: Does documentation in agency records, dated prior to finalization, show that the child's minor parent was in foster care and Title IV-E foster care maintenance payment were made that covered both the minor parent and the child?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8.4. Child meets AFDC criteria: Does the documentation in agency records, dated prior to finalization, show that the Not Applicable Child with special needs meets requirements under 8.4a, 8.4b or 8.4c?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was the child voluntarily relinquished to the Department or Private Agency?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.4c Voluntary Relinquishment (Surrenders)	<input type="radio"/> Department <input checked="" type="radio"/> Private Agency
	<a href="#">Private Adoption</a> <a href="#">Legal Record</a>
Date of Voluntary Relinquishment: 06/09/2015	
8.4c(1) Was there a petition filed within six months of the voluntary relinquishment agreement for adoption to judicially remove the child from the home?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8.4c(2) Was the petition followed up with a judicial determination (court order) to the effect that remaining in the home was contrary to the child's welfare?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.4c(3) At the time of relinquishment for adoption, was there deprivation of parental support or care?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Deprivation Type: Absence of Both Parents	
8.4c(4) At the time of the child's most recent removal, were the resources available to the family below \$10,000?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.4c(5) At the time of the child's most recent removal, was the family income less than the CNS for the family size?	<input checked="" type="radio"/> Yes <input type="radio"/> No
8.4c(6) At the time of the child's most recent removal, was the child's income less than 185% of the standard foster care board rate?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Section D (Eligibility Screening Decision)

Is the child potentially eligible for Title IV-E adoption subsidy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If no, why is the child ineligible?	
8. Is the Not Applicable Child with special needs eligible for title IV-E subsidy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is the child eligible for Non-recurring expenses of Adoption?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:	
Private Adoption IV-E INELIGIBLE: Child is Not Applicable and does not meet any of Eligibility Path criteria. Child does meet all three factors for Special Needs.	

\*HD ticket for 8.4c(1) not populating correctly.



# Adoption Subsidy Agreement-Signed

## Participant and Adoptive Parent(s) Information

Case Participant: [AVA MARIE. HOOKS](#)

Person Id: 104506715

Create Date/Time: 04/18/2017 12:26 PM

Mother: [REDACTED]

Father: [REDACTED]

## Actions

[Adoption Assistance Agreement](#)

[Adoption Subsidy Termination](#)

[Notice](#)

[Adoption Subsidy Disclaimer](#)

## Adoption Subsidy Agreement Information

Agreement Type: Adoption Assistance Agreement

Fiscal Agency: CBC of Central Florida

Service Category: Adoption

Service Type: Adoption Placement

**Adoption Subsidy Type:** Maintenance: IV-E with Medicaid

[IV-E Adoption Eligibility](#)

Provider Name: [REDACTED]

[Search](#)

Reason Agreement Terminated:

Date: 00/00/0000

Agreement Signed by both the adoptive parent(s) and a Department representative:

☒ Yes ☐ No

Date Signed:

04/18/2017

Effective Date/ Date of Agreement:

00/00/0000

Basic Subsidy Rate:

\$417.00

Enhanced Subsidy Amount:

\$0.00

**Agreement Amount:**

\$417.00

Legal Cost:

\$0.00

Other Non-recurring Expenses:

\$0.00

- \*Approval of Adoption Eligibility.
- \*Completion of Adoption Subsidy Agreement.
- \*Create Service for Payment (Adoptive family is created as FSN Provider).



# Adoption Finalization

## Requirements to Create Post Adoption Case:

- \*Child deactivated for the reason of “Adoption Finalized”
  - \*Private Adoption Placement updated and ‘Complete’ box checked
  - \*Adoption Information Expressed Intent group box reflects that the Provider ID associated within the most recent, active row is the same Provider ID associated with the child’s most recent removal that was discharged for reason of Adoption Finalization OR the Provider ID associated with the child’s most recent, completed Private Adoption page where the Outcome is documented as Adoption Finalization.
  - \*Must have a non-voided “Adoption Subsidy Agreement Information” page.
  - \*Must have a Non-Voided and Non-Waivered Title IV-E Foster Care Eligibility record that has the “Determination Complete” check box checked.
  - \*Must have a Non-Voided and Non-Terminated “IV-E Adoption Eligibility Record” with a status of “Eligible” that has been “approved”. If the Non-Voided and Non-Terminated IV-E Adoption Eligibility has a status of “Ineligible”, the child will only display if he or she has an approved Adoption TANF.
  - \*No Open Investigations
  - \*No placement corrections, pending
-