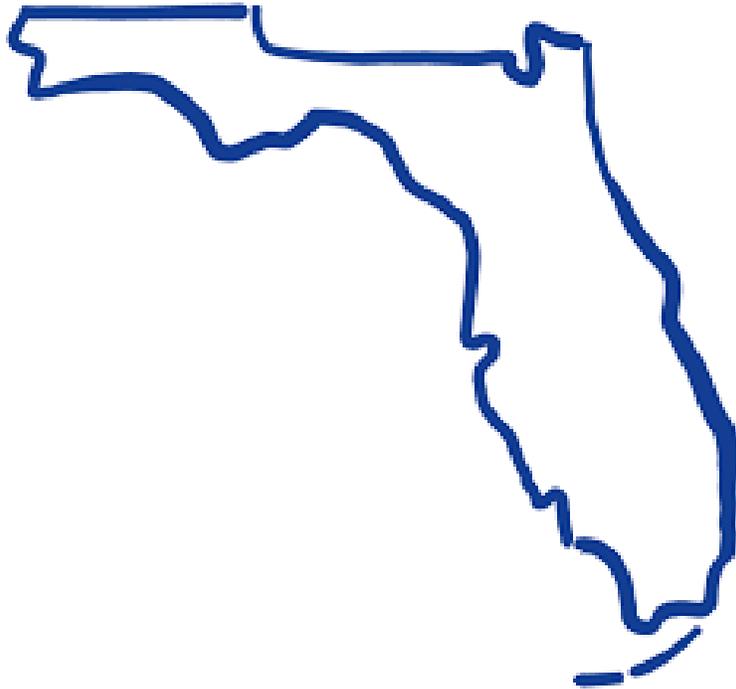




# FSFN ELIGIBILITY DETERMINATION GUIDE



Office of Child & Family Well-Being  
Department of Children & Families

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*Note: Please refer to various FSFN system documentation for further assistance on functionality.*

## Section 1 – Information Gathering and CCWIS Documentation

The information gathering process for eligibility determinations occurs throughout the life of the case and is the responsibility of front-line (Investigations and Case Management), legal services, and revenue maximization staff. The responsibility of information entry into the state’s CCWIS system varies based upon regional and CBC agreements. The data entry outlined in this section is required for FSFN to generate an accurate title IV-E foster care eligibility determination.

### 1.1 Maintain Case and Person Management

1. On the Relationship tab of the Maintain Case page, document the relationships of each assistance group member to the child in which in the IV-E determination is being made.

Subject(s)	Relationship	Subject(s)	
Minor, Child	Sister	Minor, Sibling	Delete
Minor, Sibling	Sister	Minor, Child	Delete
Parent, One	Mother	Minor, Sibling	Delete
Parent, Two	Father	Minor, Sibling	Delete
Parent, One	Mother	Minor, Child	Delete
Parent, Two	Father	Minor, Child	Delete
Minor, Sibling	Daughter	Parent, One	Delete
Minor, Sibling	Daughter	Parent, Two	Delete
Minor, Child	Daughter	Parent, One	Delete
Minor, Child	Daughter	Parent, Two	Delete

2. On the Person Management page for each assistance group member, the following fields must be completed:
  - a. Basic Tab: Citizenship including corresponding fields if person is not an U.S. Citizen and Birth Date

Basic	Additional	AKA Names	Address	Relationship	AFCARS/Other Participant Information	Child/Adult Functioning and Parenting
<b>Name</b> ID: 10435710    Last Name: Parent    Suffix:    First Name: One    Middle Name:						
<b>Basic</b> Citizenship: Qualified Non-Citizen    Non-Citizen ID:    If qualified non-citizen, indicate documentation supporting the status (e.g., I-589): I-589 Country: CUBA    Entry Date: 02/15/2000    Status: LPR With Prior Cuban/Haitian Entrant    Status Date: 05/10/2006 Gender: Female    Birth Date: 06/23/1987    Estimated Age:    SSN Number?:    SSN:    Date Applied For:						

b. Additional Tab for child: Link in the Person Information box the mother and legal father.

Basic	Additional	AKA Names	Address	Relationship	AFCARS/Other Participant Information	Child/Adult Functioning and Parenting
<b>Person Information</b>						
<b>Child's Mother:</b>	Parent, One	<a href="#">Search</a> <a href="#">Edit</a> <a href="#">Remove</a>	<b>Child's Father:</b>	Parent, Two	<a href="#">Search</a> <a href="#">Edit</a> <a href="#">Remove</a>	
Child's Legal Guardian (1):		<a href="#">Search</a>	Child's Legal Guardian (2):		<a href="#">Search</a>	

c. Address Tab: Primary Residence at the time of removal

Basic	Additional	AKA Names	Address	Relationship	AFCARS/Other Participant Information	Child/Adult Functioning and Parenting
<b>Primary Residence 10/01/2017 - Present</b> <a href="#">Edit</a> <a href="#">Delete</a>						
7410 Test Drive Hernando, Azalea Park, FL 34607-2417 United States						

**1.2 Assets and Employment** The earned income, unearned income, and assets must be documented in the Assets and Employment page for each assistance group member including any person included under Applied Income. The documentation must, at minimum, reflect information as of the AFDC eligibility month. For intact-family removals, all known earned income must be entered for both parents, up to 17 calendar quarters, for an accurate determination of Deprivation.

**1.2.1 Earned Income** Earned income is entered on the Employment tab of the Assets and Employment page.

1. Select the Insert button at the bottom of the page to create each instance of earned income.
  - a. Employer: Enter employer. If not known, indicated industry or best information known.
  - b. Type: Select appropriate type of employment.
  - c. Gross Income: Enter gross income amount (before taxes and deductions) based on Per selection.
  - d. Per: Select frequency of income documented in Gross Income field.
  - e. Effective From: Date first payment received of Gross Income amount indicated.
  - f. Effective To: Date last payment received of Gross Income amount indicated.
  - g. Number of Hours per Week: Required field when Per selection is Hourly and for an accurate Deprivation determination of Underemployment.
  - h. Reduced Income Without Good Cause and As Of: Select checkbox if employment was reduced without good cause and the date reduced salary was received.
    - i. Good Cause reasons include severe illness of client, child or another household member, lack of adequate childcare, transportation problems, advanced age, or attendance at a secondary or technical school necessary to complete the court or to obtain certificate or diploma.
  - i. Self-Employed and Operating Costs: Select checkbox and enter monthly operating costs if income type is self-employment.
  - j. Gratuities and Gratuity Amount: Select checkbox and enter monthly amount, if applies.

- k. Commission and Commission Amount: Select checkbox and enter monthly amount, if applies.
- l. Bonus and Bonus Amount: Select checkbox and enter monthly amount, if applies.
- m. Source of Verification and Verification Date: Select appropriate verifications source and Date. If self-reported, select Other and indicate in text field.
- n. Employment Address: Enter information as best known. Utilize OOO Unknown if exact location is not known.
- o. Additional fields may be documented if known.

2. Select Save once all appropriate fields are entered.

The screenshot shows a web browser window titled "Employment -- Webpage Dialog" with the "Florida Safe Families Network" logo. The interface includes a navigation bar with "Print", "Audit", "Spell Check", and "Help" buttons. The main content area is divided into three sections:

- Employment History:** Contains fields for Employer, Type (dropdown), Gross Income (\$0.00), Per (dropdown), Effective From (00/00/0000), Effective To (00/00/0000), Number of Hours per Week, Reduced Income Without Good Cause (checkbox), As Of (00/00/0000), Self Employed (checkbox), Operating Costs (\$0.00), Gratuities (checkbox), Gratuity Amount (\$0.00), W2 on record (checkbox), Commission (checkbox), Commission Amount (\$0.00), Bonus (checkbox), and Bonus Amount (\$0.00). It also has a Source of Verification dropdown and a Verification Date field (00/00/0000).
- Employment Address:** Contains fields for C/O, Street, PO Box, Route, FL City (dropdown), County (dropdown), Non-Florida County, City, State (FL dropdown), Zip, Country (United States dropdown), Phone, Ext., and Reason Terminated. It also has a Street/PO Box/Route dropdown and a Unit Designator dropdown.
- Insurance/Benefits Received:** Includes a checkbox to "Check Insurance benefits only if participant is actually receiving the benefit." and several checkboxes for Retirement Plan, Vacation, Sick Leave, Paid Leave, Mentor Support System, Educational Support, and Mental Health.

At the bottom right of the form, there are "Save" and "Close" buttons.

**1.2.2 Unearned Income** Unearned income is entered on the Assets/Liabilities and Unearned Income tab of the Assets and Employment page.

1. Select the Insert button at the bottom of the page to create each instance of earned income.
2. In the Select dropdown field, select the Unearned Income option.
3. In the Type dropdown option, select the type of unearned income to document. Based on the type selected, fields in the appropriate section (Assets/Liabilities/Financial Benefits or Other Insurance) will enable to enter information..

- a. Source of Verification and Verification Date: Select appropriate verifications source and Date. If self-reported, select Other and indicate in text field.
- b. Monthly Amount: Enter monthly amount for unearned income type being entered.
- c. Eff. Start Date: Date first payment received of monthly amount indicated.
- d. Eff. End Date: Date last payment received of monthly amount indicated.
- e. Additional fields may be documented if known.

**1.2.3 Assets** Assets are entered on the Assets/Liabilities and Unearned Income tab of the Assets and Employment page.

1. Select the Insert button at the bottom of the page to create each instance of earned income.
2. In the Select dropdown field, select the Asset option.
3. In the Type dropdown option, select the type of asset to document. Based on the type selected, fields in the appropriate section (Assets/Liabilities/Financial Benefits, Vehicle, or Other Insurance) will enable to enter information.
  - a. Primary Homestead: Select checkbox if the asset is the primary homestead of the participant. Checkbox enabled only for allowable asset types.

- b. Source of Verification and Verification Date: Select appropriate verifications source and Date. If self-reported, select Other and indicate in text field.
- c. Assets/Liabilities/Financial Benefits:
  - i. Amount: Enter amount asset value being entered, if applies.
  - ii. Estimate Value and Est. Value Unknown: Enter value for type being entered or select checkbox if value is unknown, if applies.
  - iii. Amt. Owed and Amt. Owed Unknown: Enter amount owed for type being entered or select checkbox if amount owed is unknown, if applies.
  - iv. Eff. Start Date: Date value indicated applies.
  - v. Eff. End Date: Date value indicated applies.
  - vi. Additional fields may be documented if known.
- d. Vehicle:
  - i. Make: Enter amount asset value being entered, if applies.
  - ii. Estimate Value and Estimate Value Unknown: Enter value for vehicle being entered or select checkbox if value is unknown.
  - iii. Amt. Owed and Amt. Owed Unknown: Enter amount owed for vehicle being entered or select checkbox if amount owed is unknown.
  - iv. Ownership Start Date: Date equity value indicated applies.
  - v. Ownership End Date: Date equity value indicated applies.
  - vi. Additional fields may be documented if known.
- e. Other Insurance:
  - i. Eff. Start Date: Date value indicated applies.
  - ii. Eff. End Date: Date value indicated applies.
  - iii. Type: Select insurance type from dropdown.
  - iv. Policy Limits/Value and Policy Limits/Value Unknown: Enter policy value for type being entered or select checkbox if value is unknown, if applies.
  - v. Additional fields may be documented if known.

**1.3 Education Record** For every minor child including in the assistance group, the FSFN Education Record must reflect the current educational setting to ensure accurate AFDC calculations.

1. To create an Education Record, select Case Work, then Education Record from the Education dropdown.
2. On the Education History tab, select Insert and enter, at minimum, the following fields:
  - a. School Name
  - b. School Type
  - c. School District/County
  - d. Current Grade Level
  - e. School Start Date

- f. Number of Hours Currently Enrolled
  - i. Not required if in Kindergarten – Twelfth, Special Education or Non-graded.
  - ii. Round up half credit hours.

**1.4 Legal Actions and Legal Documents** To complete a Title IV-E Eligibility Determination, in most instances, both a Legal Action must be entered in the child’s Legal Record and a Legal Document uploaded to the Legal File Cabinet. These actions are completed by CLS staff in most instances.

1. The following Legal Actions and one Legal Document type are available to populate the Date AFDC Applies on the Initial tab of the Title IV-E Eligibility Determination.
  - a. Shelter Petition if Result = Filed
  - b. Shelter Hearing – Initial if Result = Continued or Granted
  - c. Shelter Hearing – Subsequent if Result = Continued or Granted
  - d. Pickup Order – Take into Custody if Result = Continued or Granted

- e. Post Disposition – Change of Custody if Result = Continued or = Granted
- f. Motion – Other if Result = Filed or Continued or Granted
- g. Modification of Placement if Result = Continued or Approved
- h. Termination of Parental Rights Petition – Private if Result = Filed or Granted (Note: this Legal Action can be entered by Rev Max FSFN security profile.)
- i. Legal Document – Sua Sponte Order (Note: this Legal Document can be uploaded by Rev Max FSFN security profile.)

**General Information**

Participant Name: \_\_\_\_\_ Pe

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**Legal Record**

Date/Time	Legal Action	Result
12/05/2019	Modification of Placement	Approved
12/05/2019	Motion - Other	Granted
12/05/2019	Post-Disposition Change of Custody	Granted
12/05/2019	Shelter Hearing - Subsequent Removal	Granted
12/05/2019	Pickup Order - Take into Custody	Granted
12/05/2019	Shelter Hearing - Initial Removal	Granted
12/05/2019	Shelter Petition	Filed

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**Legal Documents**

Legal Document Name

[Sua Sponte Order](#)



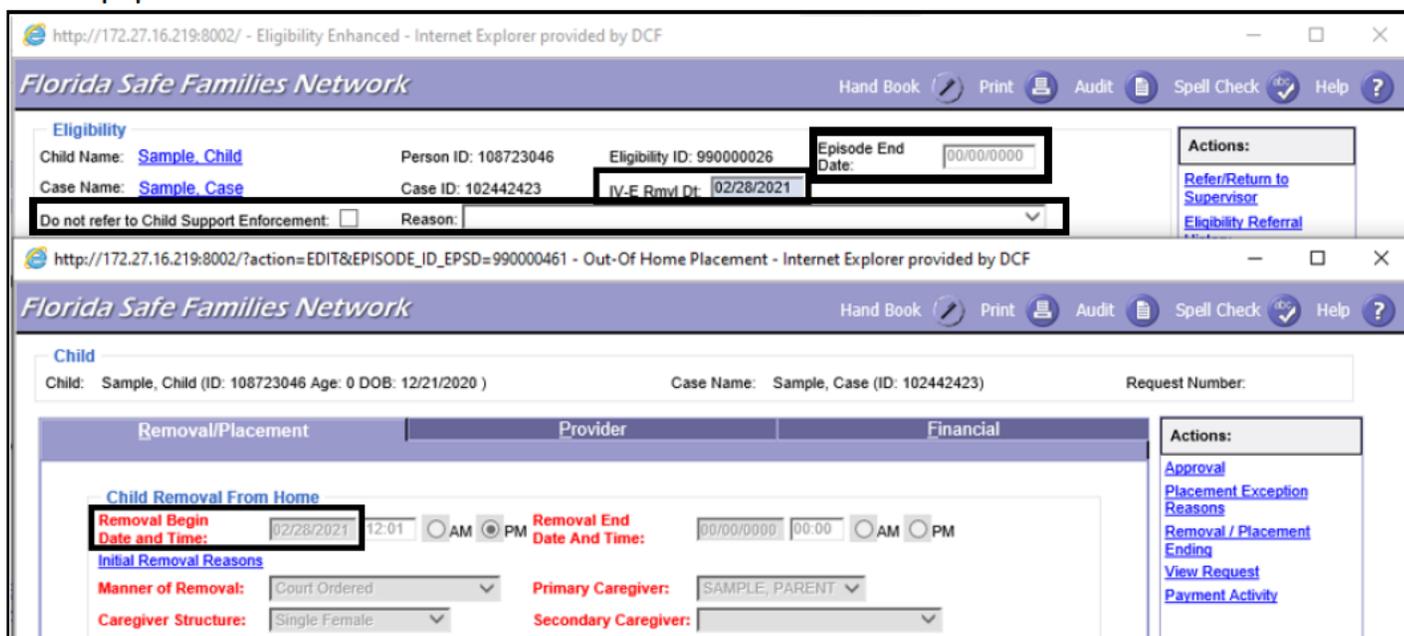
## Section 2 – IV-E Foster Care Eligibility – Initial

A title IV-E foster care eligibility determination is required for each removal episode of a child. The Title IV-E Eligibility Determination page is system-generated under the Eligibility icon in FSFN with the approval of an Out-of-Home placement which begins a removal episode. Please refer to CFOP 170-15, Chapter 4 for Title IV-E Foster Care policy. The Title IV-E Eligibility Determination Due report in FSFN BOE must be utilized to identify when an ‘Initial’ determination is due.



### 2.1 General Information

1. Prior to the completion of an initial determination, data entry must be completed as outlined in Section 1 of this guide.
2. In the ‘Eligibility’ box, the IV-E Removal Date system populates from the ‘Removal Begin Date’ on the out-of-home placement. If this date is incorrect, this date must be corrected through the out-of-home placement. Do not modify the date on the eligibility page.
3. The ‘Episode End Date’ system populates from the Out-of-Home placement ‘Placement End Date’ field when a placement is ended with the ‘Ending Purpose’ of ‘Discharge from Removal Epsd’. An ‘Initial’ Determination can be completed despite the ‘Episode End Date’ being populated.



4. The ‘Do not refer to Child Support Enforcement’ checkbox and ‘Reason’ drop-down should be selected if the child or parent meets one of the reasons to not pursue child support as outlined in CFOP 170-13.

5. The first step to be taken when completing the Title IV-E Eligibility Determination page is to populate the 'Date AFDC Applies' field on the 'Initial Determination' tab. Skip to section 2.3.1 to complete this step then return to section 2.2.

## 2.2 Basic Tab

**Basic** | Initial Determination | Redeterminations

**Demographic Information**  
 DOB: 04/21/2005 Age: 16 SSN:

**Removal from Home Information**  
 Removal from Home was:  Court Ordered  Voluntary Placement Agreement  
 Child Removed from home of:  Mother  Father  Both  Other  
 Primary Caregiver: Sample, Parent Relationship to Child: Mother

**Removal Home Address**  
 Street: 100 Sample Case Dr Apt:  
 FL City: Tampa City: Tampa State: FL Zip: 12345  
 County: Hillsborough Home Phone: Work Phone:

**AFDC Information**

Assistance Group	Participant Name	Role	Unable to Obtain Income/Asset Verification	Action
<input checked="" type="checkbox"/>	<a href="#">Child Sample</a>	Child	<input type="checkbox"/>	

### 2.2.1 Demographic Information

1. The DOB, Age, and SSN fields populate based on data entered on the child’s Person Management page. Ensure accuracy and update as needed.

### 2.2.2 Removal from Home Information

1. The information populates from the out-of-home placement which generated the removal episode. If any information is incorrect, it must be corrected through the out-of-home placement.
2. The ‘Child Removed from home of:’ selection is determined by the relationship(s) documented on the ‘Relationship’ tab of the Maintain Case page of the child to the person(s) selected as Primary Caregiver and Secondary Caregiver, if selected.
3. If the Relationship is determined to be ‘Other’, the ‘Relationship to Child’ dropdown will be enabled and a selection is required.

### 2.2.3 Removal Home Address

1. This address should represent the location where the person resided that was identified as the removal caregiver. This is determined by the Contrary to the Welfare finding.

2. The fields system-populate from the address entered on the ‘Primary Caregiver’ Person Management page documented as ‘Primary Residence’. If any information is incorrect, it must be corrected on the Person Management page.

### 2.2.4 AFDC Information

The information entered in this section determines the calculations FSFN will perform to determine if the financial requirements to the AFDC determination are met.

#### 2.2.4.1 Assistance Group

1. Select the checkbox next to each participant that should be included in the Assistance Group (AG). The child the determination is being completed for will be automatically selected.
2. The AG can include the removal home parent(s), stepparents (when a mutual AFDC-Deprived Child lives in the home), or parent of a half-siblings and any other children of this parent (when a mutual AFDC-Deprived Child lives in the home), and/or siblings residing in the home.
3. Despite a participant meeting one of the criteria to be excluded from the Standard Filing Unit (SFU), they should be included in the AG and FSFN logic will identify the exclusion and process accordingly.
4. Refer CFOP 170-15, Chapter 4, Attachment 6 ‘Assistance Group Chart’ for further guidance.

#### 2.2.4.2 Role

Role	Display Logic	Additional Rules
Child	Defaults for the child for whom eligibility is being determined.	
Dependent	Available for all case participants.	Only use for Siblings/Children
Household Member	Available for all case participants.	Only use for Grandparents (when Minor Parent) or Parent of Mutual Sibling(s)
Parent	Available if the participant is identified as Mother or Father on the Relationship tab of the Maintain Case page.	
Sponsor	Available only for a Case Participant not selected in the Assistance Group when another Case Participant has a Role of: <ul style="list-style-type: none"> <li>• Parent,</li> <li>• Minor Parent, or</li> <li>• Stepparent</li> </ul> and this parent is defined as an Alien. An Alien is a Non-Qualified, Non-Citizen, or Qualified Non-Citizen if Entry Date on Person Management is less than 5 years prior to the AFDC Month. Sponsor will only be available if the time frame is less than 3 years from the Entry Date.	
Sponsor’s Spouse	Only available if another participant has Sponsor selected and the check box is not selected.	

<b>Stepparent</b>	Available if the participant is identified as Stepmother or Stepfather on the Relationship tab of the Maintain Case page.	Role should always be selected even if not included in AG.
<b>Minor Parent</b>	Available if the participant is identified as Mother or Father (on the Relationship tab of the Case) and is under the age of 18 as of the AFDC Month/Day/Year.	

The diagram illustrates five scenarios for AFDC Information tables, each with a label on the left and an arrow pointing to a table on the right:

- Grandparent**: Points to a table with two rows. The first row has a checked checkbox, the name "Minor Parent", and the role "Minor Parent". The second row has an unchecked checkbox, the name "Parent of Minor Parent, aka Grandparent", and the role "Household Member".
- Stepparent Included in AG**: Points to a table with one row. The checkbox is checked, the name is "Stepparent Stepparent", and the role is "Stepparent".
- Stepparent Not Included in AG**: Points to a table with one row. The checkbox is unchecked, the name is "Stepparent Stepparent", and the role is "Stepparent".
- Alien Parent**: Points to a table with one row. The checkbox is checked, the name is "Alien Parent", and the role is "Parent".
- Sponsor/Sponsor Spouse**: Points to a table with three rows. The first row has a checked checkbox, the name "Alien Parent", and the role "Parent". The second row has an unchecked checkbox, the name "Sponsor of Alien Parent", and the role "Sponsor". The third row has an unchecked checkbox, the name "Spouse Sponsor", and the role "Sponsor's Spouse".

**2.2.4.3 Unable To Obtain Income/Asset Verification**

1. Select the checkbox for the participant(s) in the AG in which it is confirmed there is income or an asset for the removal month in which information obtained is not sufficient to document the wages, amount, or value in FSFN on the Assets & Employment page.
2. Selecting this checkbox will automatically result in an 'Ineligible' IV-E eligibility determination.
3. Refer to CFOP 170-15, Chapter 4-13 for policy on the efforts that must be documented prior to utilizing this functionality.

### 2.2.4.4 Obligated Monies & Care Expenses

1. In the Action column, there are two possible hyperlinks that will display based on certain criteria: ‘Obligated Monies’ and ‘Care Expenses’.
2. The ‘Obligated Monies’ hyperlink will display for any participant with a ‘Role’ of Parent, Stepparent, Household Member, Sponsor, and Sponsor’s Spouse.
  - a. The ‘Obligated Monies’ page is used to document any monthly amount paid by the participant on behalf of a child not in the AG. (Example: participant pays child support for another child that does not reside in the home).
  - b. The ‘Number of Dependent Children for the Participant’ must be entered and is critical for correct calculations.
  - c. The data entered on this page is used in the Applied Income calculations.
3. The ‘Care Expenses’ hyperlink will display for any participant with a ‘Role’ of Parent, Minor Parent, or Stepparent.
  - a. The ‘Care Expenses’ page is used to document the amount paid by a participant for child care expenses.
  - b. In the ‘Amount’ field enter the actual cost the participants pays.
    - i. Do not enter any amount if the child care expenses are subsidized by Community Coordinated Child Care (4C).
    - ii. Child care must be necessary for the participant to maintain employment. Do not enter if this is not met.
    - iii. The child in need of care must be under age 13, or physically or mentally incapable of caring for himself, or be under court supervision and in the assistance group.
  - c. The amount that will be disregarded in the participant’s financial calculations is \$200 per child under age two or \$175 per child age 2 or older. A child turning two during the AFDC month will receive the \$200 disregard.

## 2.3 Initial Determination Tab

The screenshot displays the 'Florida Safe Families Network' web application interface. At the top, there is a navigation bar with icons for 'Hand Book', 'Print', 'Audit', 'Spell Check', and 'Help'. Below this, the 'Eligibility' section shows case details: Child Name: Sample Jr., Child; Person ID: 10565244; Eligibility ID: 1341461; Episode End Date: 00/00/0000; Case Name: Sample, Case; Case ID: 160761; IV-E Rmvl Dt: 09/13/2021. There are tabs for 'Basic', 'Initial Determination', and 'Redeterminations'. The 'Initial Determination' tab is active, showing 'Eligibility Information' with radio buttons for 'Pending', 'Eligible and Reimbursable', 'Eligible, Not Reimbursable', and 'Ineligible' (selected). It includes fields for 'Entry Date' (10/21/2021), 'Effective From' (09/13/2021), 'Date AFDC Applies' (00/00/0000), 'Determination Voided', 'Date Voided' (00/00/0000), 'Determination Complete', and 'Date Completed' (00/00/0000). A 'Reason' field is also present. On the right, an 'Actions' panel contains links: 'Refer/Return to Supervisor', 'Eligibility Referral History', 'Link Income/Assets Verification', 'Link Legal Document', and 'Eligibility Worksheet'. A 'Text' panel at the bottom right contains links for 'IV-E Foster Care Eligibility Verification'. On the left, there are links for 'Questions 1-4', 'Questions 6a-6b', 'Questions 7-10', and 'Eligibility Notes'.

### 2.3.1 Eligibility Information

1. The 'Eligibility Determination' radio buttons will system derive based on the responses to each of the questions in each expando, the licensure status and type, and the Compliance History (background screening compliance) of the provider the child is placed with as of the 'Effective From' date. The status will start as 'Ineligible' until the 'Date AFDC Applies' is populated. Upon saving the page, the status changes to 'Pending' until all the questions are answered.
2. The 'Effective From' date should not be changed from the date which system populates UNLESS, for a court ordered removal, the child is removed in one month and the judicial finding of "contrary to the welfare" occurs in the following month. In this instance, the 'Effective From' should be the first day of the month in which the judicial finding was made.
3. The 'Date AFDC Applies' is the first field that should be completed when initiating an 'Initial Determination'.
  - a. For court ordered removals, Select the 'Legal Select' hyperlink to open the page to select the legal action that represents the date court proceedings were initiated. Most times, this should be the date the petition/motion was filed with the court. If the petition/motion was not filed or filed after the removal hearing/order, the date of the hearing/order should be used. Refer to section 1.4 for more information on Legal Actions and Legal Documents that can be used to populate this date.
  - b. For voluntary removals, this date is system derived from the 'Voluntary Placement Agreement Date' field on the out-of-home placement page. If this date is incorrect, it must be corrected on the out-of-home placement page.
4. Do not utilize the 'Determination N/A' functionality.

### 2.3.2 Questions

1. Question 1 – System derived from a comparison of the 'Date AFDC Applies' to the child's date of birth documented on the Person Management page. If the 'Date AFDC Applies' is not documented, this question will not populate.
2. Question 2A – Hidden as no longer applicable.
3. Question 2B – System derived from the citizenship fields on the child's Person Management page.
4. Question 3A (court ordered only) – User selected based on review of the removal order. If 'Yes', 'Select Legal Document' hyperlink appears for user to link the order. The order must be uploaded as a Legal Document. Before linking 'Legal Document', select 'View' to ensure the correct order was uploaded.
5. Question 3B (court ordered only) – User selected based on review of the removal order. If 'No', Question 4 becomes enabled.
6. Question 3C (court ordered only) – User selected based on review of the removal order.
7. Question 4 (court ordered only) – Enabled only when Question 3B is 'No'. User selected field. If 'Yes', the date field becomes enabled for the user to document the date of the subsequent order within 60 calendar days of the removal. If a subsequent order has not been obtained and

60 calendar days has not lapsed since removal, select the 'Less than 60 days' option. 'No' should only be selected if a subsequent order was not obtained and 60 calendar days has lapsed.

8. Question 5A (voluntary only) – System derived from the out-of-home placement page from the 'Voluntary Placement Agreement Date' field.
9. Question 5B (voluntary only) – User selected. If 'Yes', the date field becomes enabled for the user to document the date of the order within 180 calendar days of the removal and the 'Select Legal Document' hyperlink appears. User must link to the Legal Document that contains the order with the judicial finding. If the finding has not been obtained and 180 calendar days has not lapsed since removal, select the 'Pending Judicial Finding' option. 'No' should only be selected if the judicial finding was not obtained and 180 calendar days has lapsed.
10. Question 6A – User selected based on review of the removal order/petition to determine the subject of the 'contrary to welfare' finding. If Yes is selected, the 'Relationship to Child', 'Removed From Relative's Name', and 'Date Last Lived with Parent/Specified Relative' fields become enabled and required.
11. Question 6B – User selected based on review of the removal home. The 'Deprivation Type' selection of "Underemployment Parent" and "Unemployment Parent" will system generate when criteria is met based on data from the Assets and Employment module. These two types should not be user selected. If it is believed deprivation is met based off either of these reasons, data must be updated on the Assets and Employment module.
12. Assistance Group – System derived based on participants selected on the Basic tab.
13. Standard Filing Unit (SFU) – System derived based on participants selected on the Basic tab with additional logic. Please refer to AFDC Income and Assets Calculations Flowchart.
14. Step 1 – System derived resulting amount after the first step of the income calculations based off entries in the Assets and Employment module. Please refer to AFDC Income and Assets Calculations Flowchart.
15. Step 2 – System derived resulting amount after the second step of the income calculations based off entries in the Assets and Employment module. Please refer to AFDC Income and Assets Calculations Flowchart.
16. Assets – System derived resulting amount after the asset calculations based off entries in the Assets and Employment module. Please refer to FSFN Tip Sheets and AFDC Income and Assets Calculations Flowchart describing the require data entry and calculations.
17. Placements in Current Removal Episode – System derived data that derives from both the out-of-home placement page, the provider License page, and based on the Maintain Service Type page. The table reflects all of the out-of-home placements within the removal episode. The eligibility status is based on the placement that was in effect as of the 'Effective From' date.
18. Question 9 – System derived based on the Assets and Employment module if the child has an Unearned Income entry of 'Supplemental Security Income (SSI)' that is effective as of the 'Effective From' date.
19. AFDC Criteria – System derived based on Q1, Q2B, Q6A, Q6B, Q7, Q8, and the removal Address on Basic tab reflecting Florida residence.

20. Eligibility Notes – User entered that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### 2.3.3 Actions panel

1. Refer/Return to Supervisor: Utilized to submit determination to supervisor for review and approval.
2. Submit Void Determination/Void Determination: Utilized to complete the two-step process for voiding a determination. When completing this process on the 'Initial Determination' tab, all 'Redeterminations' will be voided as well.
3. Link Income/Assets Verification: Utilized to launch Link Income/Assets Verification page. User should ensure all supporting documentation is uploaded and linked to the IV-E determination before approval. Refer to CFOP 170-15, Chapter 4, Attachment 7 regarding uploading documents.
4. Link Legal Document: Utilized to launch Select Legal Document page. User should ensure any additional legal documents such as a motion or petition are linked to the determination before approval.
5. Eligibility Worksheet: The Eligibility Worksheet provides a summary of the eligibility determination including the calculations for several AFDC components.

### Section 3 – IV-E Foster Care Eligibility – Redetermination

Title IV-E foster care eligibility redeterminations are required for children determined ‘Eligible’ on the Initial determination. Please refer to CFOP 170-15, Chapter 4 for Title IV-E Foster Care policy for when ‘Redeterminations’ are required. The Title IV-E Eligibility Determination Due report in FSFN BOE must be utilized to identify when a ‘Redetermination’ is due for legal findings.

#### 3.1 General Information

1. Redeterminations will appear in order, most current at the top, based on ‘Effective From’ date.
2. FSFN will autogenerate a redetermination in the following instances:
  - a. Upon the approval of each out-of-home placement. Note: When a placement change resulted in a Redetermination system-generated and such placement is ended as ‘Made in Error’, the single system-generated redetermination will be voided.
  - b. As of the 14<sup>th</sup> month from the ‘Effective From’ date on the Initial Determination tab or the most recent Redetermination Question 4 Date. (Court Ordered Removal)
  - c. As of the 181<sup>st</sup> date where Question 5B on the Initial Determination tab is ‘Pending Judicial Finding’ and a Redetermination has not been completed with Question 2 as ‘Yes’. (Voluntary Removal)
  - d. When a licensed provider has an entry on the ‘Compliance History’ page documenting non-compliance with background screening for an entire calendar month, two redeterminations are generated: one starting the month of the non-compliance and one starting the month the provider is back in compliance.
  - e. As of the 15<sup>th</sup> day a child is placed in a Non-Specified Setting CCA.

#### 3.2 Redetermination Tab

Basic
Initial Determination
Redeterminations

	Eligibility Determination	Effective From	Entry Date	Completed?	Date Completed	Void Redetermination	Void Date	Status Change
<input checked="" type="radio"/>	Eligible, Not Reimbursable	05/15/2021	06/10/2021	Yes	06/10/2021		00/00/0000	<a href="#">View</a>
<input type="radio"/>	Eligible and Reimbursable	12/03/2020	12/03/2020	Yes	12/03/2020		00/00/0000	<a href="#">View</a>
<input type="radio"/>	Eligible, Not Reimbursable	11/20/2020	12/03/2020	Yes	12/03/2020		00/00/0000	<a href="#">View</a>

Insert

**Question 1**  
Is the child under age 18? If No, ineligible.

Yes  No

**Question 3**  
Does the Court Order indicate the Department has placement and care responsibility for the child? If No, Eligible Non-Reimbursable.

Yes  No

**Question 4**  
 Is there a court order or Official Court Transcript containing a finding that reasonable efforts to finalize permanency plan (REFPP) within the first 12 months from the child's removal and every 12 months from the Latest REFPP finding? If No, Eligible, Not Reimbursable.  
 Yes  No  N/A

**Question 5**  
 As of the Redetermination Effective Date, is the child receiving SSI? If Yes, Eligible, Non Reimbursable.  
 Yes  No SSI Begin Date:

**Question 6A**  
 If the child is in a Child Caring Institution on the Redetermination Effective From date, is it a specified setting?  
 Yes  No  N/A

**Question 6B**  
 Has the child been in the non-specified setting greater than 14 days?  
 Yes  No  N/A

**Question 7**  
 As of the Redetermination Effective From date, is the child placed in a Qualified Residential Treatment Program (QRTP)?  
 Yes  No

**Question 7-A1**  
 Was a Suitability assessment completed prior to or within 30 days of placement begin date?  Yes  No  N/A

**Question 7-A2**  
 Did the Suitability assessment recommend therapeutic group care?  Yes  No  N/A

**Question 7-A3**  
 Has the child been in a QRTP more than 30 days after not recommending therapeutic group care?  Yes  No  N/A

**Question 7-B1**  
 Did the Court review a QRTP placement prior to or within 60 days of placement begin date?  Yes  No  N/A

**Question 7-B2**  
 Did the Court approve a QRTP placement?  Yes  No  N/A

**Question 7-B3**  
 Has the child been in a QRTP more than 30 days after court denied the placement?  Yes  No  N/A

**Question 7-C1**  
 Was a determination made that the child is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster home?  Yes  No  N/A

**Question 7-C2**  
 Has the child been in a QRTP more than 30 days after this determination?  Yes  No  N/A

**Placements in Current Removal Episode**

From	To	Placement Name	Reimbursable	Licensed	Licensed Effective	Licensed End	Service Type

**Eligibility Notes**

**3.2.1 Questions**

- Question 1 – System derived from a comparison of the ‘Effective From’ date to the child’s date of birth documented on the Person Management page.
- Question 2 (voluntary only) – User selected based on review of court orders. If ‘Yes’, the Date field is required and must link court order with Best Interest finding through the hyperlink ‘Select Legal Document’ hyperlink. The order must be uploaded as a Legal Document. Before

linking 'Legal Document', select 'View' to ensure the correct order was uploaded. Select 'Pending Judicial Finding' if redetermination is being completed with an 'Effective From' date within 180 days from removal and court order with finding has not been obtained.

3. Question 3 (court ordered only) – User selected based on review of court orders. If 'Yes', and response to Question 3 on the Initial determination was 'No', 'Select Legal Document' hyperlink appears for user to link the order containing the finding that the Department has placement and care responsibility of the child. The order must be uploaded as a Legal Document. Before linking 'Legal Document', select 'View' to ensure the correct order was uploaded.
4. Question 4 (court ordered only) – User selected based on review of court orders for a finding of reasonable efforts to finalize the permanency plan. If 'Yes', the date field becomes enabled for the user to document the date of the judicial finding (date of hearing if referenced in order or Judge's signature date). The 'Select Legal Document' hyperlink appears for user to link the order containing the finding that the Department has made reasonable efforts to finalize the permanency plan. The order must be uploaded as a Legal Document. Before linking 'Legal Document', select 'View' to ensure the correct order was uploaded. If the 13 month period from the prior finding has not lapsed, select 'N/A'. If the 13 month period from the prior finding has lapsed, select 'No'.
5. Question 5 – System derived based on the Assets and Employment module if the child has an Unearned Income entry of 'Supplemental Security Income (SSI) that is effective as of the 'Effective From' date. The SSI Begin Date will populate with the Effective Date of the record Unearned Income entry.
6. Question 6A – System derived based on the licensure of the OOH placement Provider that was in effect as of the Redetermination Effective From date. If the provider is licensed as a foster home or not licensed, the response will be 'N/A'. If the provider is licensed as a CCA with a subtype of At-Risk Home, Maternity, or Safe House or has the QRTP credential, the response will be 'Yes'. If the provider has any other licensure type, the response will be 'No'.
7. Question 6B – If Q6A is 'Yes' and the child's placement began with the provider greater than 14 days, the response will be 'Yes'. If the child's placement began with the provider equal to or less than 14 days, the response will be 'No'. If Q6A is 'No' or 'N/A', the response will be 'N/A'.
8. Question 7 – System derived based on the licensure of the OOH placement Provider that was in effect as of the Redetermination Effective From date. If the provider is licensed a QRTP credential, the response will be 'Yes'. Otherwise, response will be 'No'.
9. Question 7-A1 – Dynamically displays if response to Q7 is 'Yes'. System derived based 'Yes' if a record exists on the Medical Mental Health record – Mental Health Profile tab where the Evaluation Type = 'Suitability' and the Completed Date is either less than the Placement Begin Date but after the ending of prior QRTP placement or within 30 days of the Placement Begin Date. 'No' if the current system date is beyond 30 days of the Placement Begin Date regardless of the Redetermination Effective From date and a record does not exist on the Medical Mental Health record – Mental Health Profile tab where Evaluation Type = 'Suitability'. 'N/A' if the Redetermination Effective From date is still within 30 days of the Placement Begin Date and current system date is also within 30 days of the Placement Begin Date and a record does not

exist on the Medical Mental Health record – Mental Health Profile tab where Evaluation Type = ‘Suitability’ or the child is not in a QRTP Placement.’

10. Question 7-A2 – Dynamically displays if response to Q7 is ‘Yes’. System derived ‘Yes’ if Suitability Assessment meets the criteria for Question 7-A1 = ‘Yes’ and Placement Recommendation = ‘Therapeutic Group Care’. ‘No’ if Suitability Assessment meets the criteria for Question 7-A1 = ‘Yes’ and Placement Recommendation = ‘Non-Residential Placement’ or ‘Psychiatric Residential Treatment’. ‘N/A’ if Question 7-A1 = ‘No’ or ‘N/A’ or child is not in a QRTP placement.
11. Question 7-A3 – Dynamically displays if response to Q7 is ‘Yes’. System derived ‘Yes’ if Redetermination Effective From date is more than 30 days from the Completed Date of the Suitability Assessment that meets the criteria for Question 7-A1 = ‘Yes’ and Question 7-A2 = ‘No’. ‘No’ if Redetermination Effective From date is within 30 days from the Completed Date of the Suitability Assessment that meets the criteria for Question 7-A1 = ‘Yes’ and Question 7-A2 = ‘No’. ‘N/A’ if Question 7-A1 = ‘No’ or ‘N/A’ or Question 7-A2 = ‘Yes’ or child is not in a QRTP placement.
12. Question 7-B1 – Dynamically displays if response to Q7 is ‘Yes’. System derived ‘Yes’ if Legal Action Initiated = ‘Motion – Residential Treatment’ with a Result = ‘Placed’ or ‘Placement Denied’ and Completed Date that is either prior to QRTP ‘Placement Begin Date’ and after the ending of a prior QRTP placement or ‘Completed Date’ is within 60 days of the QRTP ‘Placement Begin Date’. ‘No’ if Redetermination Effective From date is beyond 60 days and record does not exist meeting the criteria for Question 7-B1 = ‘Yes’. ‘N/A’ if Redetermination Effective From date is within 60 days of Placement Begin Date and record does not yet exist meeting the criteria for Question 7-B1 = ‘Yes’ or child is not in a QRTP placement.
13. Question 7-B2 – Dynamically displays if response to Q7 is ‘Yes’. System derived ‘Yes’ if Question 7-B1 = ‘Yes’ and record meeting the criteria in Question 7-B1 has a Result= ‘Placed’. ‘No’ if Question 7-B1 = ‘Yes’ and record meeting the criteria in Question 7-B1 has a Result = ‘Placement Denied’. ‘N/A’ if Question 7-B1 = ‘No’ or ‘N/A’ or child is not in a QRTP placement.
14. Question 7-B3 – Dynamically displays if response to Q7 is ‘Yes’. System derived ‘Yes’ if Redetermination Effective From date is more than 30 days from the Completed Date of the Legal Action Initiated that met the criteria for Question 7-B1 = ‘Yes’ and Question 7-B2 = ‘No’ and child is still placed in the QRTP placement. ‘No’ if Redetermination Effective From date is less than 30 days from the Completed Date of the Legal Action Initiated that met the criteria for Question 7-B1 = ‘Yes’ and Question 7-B2 = ‘No’ and child is still placed in the QRTP placement. ‘N/A’ if Question 7-B1 = ‘No’ or ‘N/A’ or Question 7-B2 = ‘Yes’ or child is not in a QRTP placement.
15. Question 7-C1 – User entered field based on review of the Meeting module for a Multidisciplinary Staffing that resulted in a recommendation for child to be placed in a setting other than the QRTP.
16. Question 7-C2 – Conditionally enabled and required if Q7-C1 is ‘Yes’. User entered field based on the date of the Meeting that met the criteria for Q7-C1.

17. Placements in Current Removal Episode – System derived data that derives from both the out-of-home placement page, the provider License page, and based on the Maintain Service Type page. The table reflects all of the out-of-home placements within the removal episode. The eligibility status is based on the placement that was in effect as of the ‘Effective From’ date.
18. Eligibility Notes – User entered field that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### **3.2.2 Actions panel**

1. Refer/Return to Supervisor: Utilized to submit determination to supervisor for review and approval.
2. Submit Void Determination/Void Determination: Utilized to complete the two-step process for voiding a redetermination. User must select the radio button for the redetermination that requires a void. When the process is completed, all redeterminations with an Effective From date after the selected redetermination will also be voided.

## Section 4 – TANF Eligibility

The ‘TANF-Eligibility’ page is user created through ‘Create Case Work’ or ‘Create Financial Work’ icons and can be accessed under the Eligibility icon in FSFN. The ‘TANF-Eligibility’ page is utilized for investigations, ongoing services and Guardianship Assistance Program (GAP). Please refer to CFOP 170-15, Chapter 3 for TANF eligibility policy including when a TANF determination is required for investigations and ongoing service and CFOP 170-15, Chapter 8 for TANF eligibility policy for GAP. The TANF Eligibility Determination Due report in FSFN BOE must be utilized to identify when a TANF determination is due.

### 4.1 TANF Determination

Florida Safe Families Network
Hand Book Print Audit Spell Check Help

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**Eligibility**

Case Name: [SAMPLE\\_CASE](#) Case ID: 2037686 Child Name: [SAMPLE\\_CHILD](#)

Investigation ID: Removal Date:  Eligibility ID:

Actions

[Approval](#)  
[Request for TANF Funds/Eligibility Determination-5244](#)

---

**Eligibility Information**

Effective From:  Effective To:  Entry Date:  Approval Date:  Completed By:

Is The Child Eligible?  Pending  Eligible  Ineligible  No Response Received

Based On The Information below, the child income is.  Less than 200% of the FPL- Child is Eligible  At or above 200% of the FPL- Child is Ineligible

---

**Household Information**

Name	Person ID	SSN	DOB	Age	Gender	Eligibility Applies To	US Citizen Or Qualified Non Citizen
<a href="#">PARENT_ONE</a>	8537753	404196857	09/19/1987	34	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">PARENT_TWO</a>	11842141	633477149	09/15/1950	71	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>

---

**Questions**

Question1: Was (were) the child(ren) living with a Parent or other Specified Relative at the time of investigation or at the time of the request for services? If Yes, go to question 2. If No, Ineligible.  Yes  No

Relationship to Child:  Parent/Relative Name:

Question2: Is (are) the child(ren) currently residing in the State of Florida? If Yes, go to question 3. If No, Ineligible.  Yes  No

Question3: Is the family currently receiving assistance under the Temporary Cash Assistance Program or the Relative Caregiver Program? If Yes, Eligible. If no, go to question 4.  Yes  No

Question4: Family Income.  Unable to Obtain

What is the family Size? Family Size:  Estimated Family Income:

---

[Assets & Employment](#)

[Eligibility Notes](#)

#### 4.1.1 Eligibility Information

1. Effective From: System derived from the first unpaid out-of-home placement. User editable – this field must reflect the start date of the living arrangement, out-of-home placement, or Guardianship Assistance Agreement, as appropriate.

2. Effective To: System derived as 364 days from the Effective Date. This date should not be modified.
3. Is The Child Eligible?: System derived based on the responses to Questions 1-4. If Question 1, 2, 3 or 5 are 'No' or when Question 4 is 'Yes' and the income in the 'Amount' field exceeds the 200% FPL limit or when the 'No Response Received' box is checked, the status will be 'Ineligible'.
4. No Response Received: User selected. When checked, the eligibility status will be 'Ineligible'.
5. Based on the information below, the child income is: System derived answer from the combination of the Question 4 'Family Size' and Estimated Family Income' fields and the FPL chart values for the fiscal year associated with the Effective Date. If 'Unable to Obtain' box is checked, the determination will be 'Ineligible'.

#### 4.1.2 Household Information

Chart that provides demographic information for active participants in the FSFN case. The Eligibility Applies To and citizenship checkbox columns are critical to the eligibility determination.

1. Name: Name of the active participant in the case
2. Person ID: FSFN Person ID of the active participant in the case
3. Eligibility Applies To: System populated checkbox for the child the TANF-Eligibility was created.
4. US Citizen or Qualified Non Citizen: System derived from the citizenship fields on the child's Person Management page.

#### 4.1.3 Questions

1. Question 1: User selected based on the relation to the individual the child was living with as of the Effective Date.
2. Relationship to Child: Enable/required if Question 1 response is 'Yes'. User selected from list based on relation of parent/relative to child.
3. Parent/Relative Name: Required field and enabled if 'Yes' is selected. Pre-fills based upon the selection in the 'Relationship to Child' dropdown. If Mother or Father is selected from the 'Relationship to Child' drop down, the system will pre-fill the Mother or Father's name from the child's Person Management page, Additional tab. System derived if person is selected from the Person Search hyperlink. User entered text field if the relationship is Other; if the mother/father name doesn't populate, then the user will need to add the information on the Person Management record and then launch the Eligibility page again.
4. Question 2: System derived based on the child's Primary Residence address on Person Management, whether ended or not, "as of" the Effective From date documented on the TANF; system derived as 'Yes' if the Primary Residence is in the state of Florida; system derived as 'No' if the Primary Residence is a state other than Florida.
5. Question 3: User selected radio buttons based on determination of assistance received by parent/relative on behalf of the child.
6. Question 4: Enabled if Question 3 is 'No'.

7. What is the family size: System derived based on the number of participants the user selects under the 'Assets & Employment' expando. This determines the FPL family size income limit the income is compared to.
8. Estimated Family Income: System derived by calculating the total of "Unearned Income" where the "Include in Eligibility Calculations" is flagged AND the Employment Income (displayed as monthly conversion amount) for the participants the user selects under the 'Assets & Employment' expando.



Question4: Family Income.  Unable to Obtain

What is the family Size? Family Size:  Estimated Family Income:

**Assets & Employment**

- PARENT.ONE
- PARENT.TWO
- SAMPLE.SIBLING
- SAMPLE.CHILD

9. Assets & Employment: Expando which lists the active participants in the case with an associated checkbox. User selected. If a case TANF is created and the child is not in an Out of Home Placement as of the Effective From date of the TANF, all Asset & Employment participant checkboxes are enabled; if selected, income will pull in for the Mother (Relationship on Maintain Case = Mother, Mother – Birth, Mother – Adoptive, Mother – Step), Father (Relationship on Maintain Case = Father, Father – Birth, Father – Legal, Father – Adoptive, Father – Step), Sibling (Relationship on Maintain Case = Sister, Sister – Half, Sister – Step, Brother, Brother – Half, Brother – Step), or Guardian (Relationship on Maintain Case = Guardian/Non-Custodial Parent). If a case TANF is created and the child is in an Out of Home Placement as of the Effective From date of the TANF, all Asset & Employment participant checkboxes are disabled and only the child for whom the TANF is being documented will have their checkbox system derived as selected. If the Effective Date is changed, the TANF dynamically updates accordingly.
10. Eligibility Notes – User entered field that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

#### 4.1.4 Actions panel

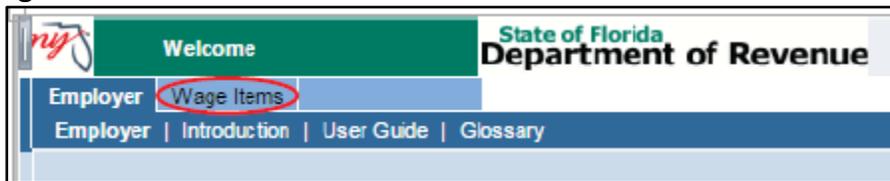
1. Approval: Hyperlink utilized by a supervisor to approve determination.
2. Submit Void Determination: Displayed once determination is approved. Hyperlink utilized to submit a determination for the first of the two step void process. Hyperlink dynamically changes to 'Void Determination' after the first step.
3. Request for TANF Funds/Eligibility Determination – 5244: Hyperlink to a form template that may be utilized for information gathering..

## Section 5 – Utilization of Systems for Information Verification

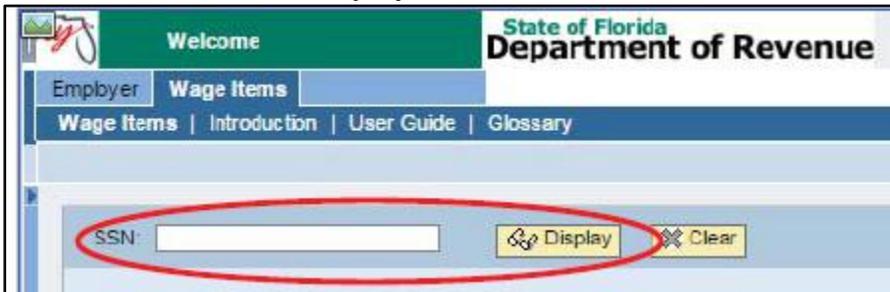
Department of Children & Families (DCF) has allocated user access to several systems for CBC Revenue Maximization staff to utilize in gathering and verifying information. Please refer to CFOP 170-15 Chapter 4 for policy requirements for the usage of systems.

**5.1 SUNTAX** SUNTAX is a system maintained by DOR that provides information owned by DEO such as employer information, employee wages reported by employers, and reemployment taxes paid by employers. Access is granted through an Interagency Agreement between DCF, Department of Revenue (DOR), and Department of Economic Opportunity (DEO). Access to the system is for official business purposes only which is to verify IV-E or TANF eligibility for clients. Access is limited and must be requested through the Office of Child Welfare (OCW) Security Officer. Printing, dissemination, sharing or copying or passing of information from SUNTAX to unauthorized users is not permitted. Information obtained shall be summarized in the Eligibility Notes of the Determination.

1. Once access is granted, go to <https://suntax.state.fl.us/irj/portal> to log in.
2. Select 'Wage Items' tab.



3. Enter the client's SSN and select 'Display'.



4. View employer list in the upper portion of the page.

Employer List

UT Account #	Legal Entity Name	Status	Type	First Qtr.	Last Qtr.

Row 0 of 0

5. Select an employer to view wage information in the lower portion of the page.

Note: Quarters are established as Calendar Quarters. Example: QTR 1 = January - March

**Password Reset**

The system allows for password resets based on your email address. From the main Login screen, use the Logon Problems? [Get Support](#) option.

Password Requirements (must be changed every 30 days):

- at least eight (8) characters
- at least two (2) numbers
- first character cannot be a number
- different than the last five passwords

**5.2 CONNECT** CONNECT is DEO’s Reemployment Assistance System. The system administers and records reemployment assistance program services such as unemployment benefits denied and paid. Access is granted through an Interagency Agreement between DCF, Department of Revenue (DOR), and Department of Economic Opportunity (DEO). Access to the system is for official business purposes only which is to verify IV-E or TANF eligibility for clients. Access is limited and must be requested through the Office of Child Welfare (OCW) Security Officer. Printing, dissemination, sharing or copying or passing of information from SUNTAX to unauthorized users is not permitted.

1. Once access is granted, go to <https://staff.connect.myflorida.com/Staff/Core/Login.ASP>, log in, and acknowledge the authorized access notice.

2. Select 'Searches' link.

The screenshot shows the 'Staff Home' page with a blue header. Below the header, there are several menu items. The 'Searches' link is highlighted with a red rectangular box. The text for 'Searches' reads: 'Search for Claimants, Employers, Third Party Administrators (TPAs), Event Log, Owner/Officer Information, and Employment and Wage Detail Information.'

3. Select 'Claimant' link.

The screenshot shows the 'Searches' page with a blue header. Below the header, there are two menu items: 'Claimant' and 'Employer'. The 'Claimant' link is highlighted with a red rectangular box. The text for 'Claimant' reads: 'Search for Claimants.'

4. Search for a client using their SSN or other identifying information if SSN is unknown.

The screenshot shows the 'Search for Claimant' form with a blue header. The form contains several input fields: 'Claimant ID' (with the value '92108'), 'Last Name', 'First Name', 'Middle Initial', 'Gender' (a dropdown menu with 'Select one'), 'Phone Number' (with a format '( )- - ext'), 'City', and 'State' (a dropdown menu with 'Select one'). The 'SSN' field is highlighted with a red rectangular box, and the 'Search by last 4 digits' checkbox is also highlighted with a red rectangular box. At the bottom of the form, there are two buttons: 'Search' and 'Reset', both highlighted with red rectangular boxes.

5. View Results.

Claimant Home Inbox View and Maintain Account Information Determination, Pending Issue and Decision Summary Explore Available Supports and Services FAQs Workforce Registration Initial Skills Review Read the Benefit Rights Information Handbook Benefit Charges Collections Home - Claimant Eligibility Issues Manage Claimant Account	<b>Claimant Information</b>			<a href="#">Change Claim</a> <a href="#">Change Claimant</a> <a href="#">Leave Claimant</a>
	Name: <b>Donaldson, Donald</b>		Claimant ID: <b>92108</b>	Claim ID: <b>2013-01</b>
	Effective Date: <b>06/09/2013</b>		Benefit Year End: <b>06/08/2014</b>	Claim Status: <b>Active</b>
	<b>Monetary Information</b>			
	Weekly Benefit Amount:	\$0	Balance:	\$0
	Maximum Benefit Amount:	\$0	<a href="#">Earnings Disregard</a> *:	\$0
	Benefit Year Begin Date:	6/9/2013	File Date:	06/10/2013
			Monetary Status:	Pending
			Most Recent Base Period Employer: <b>TARGET AIR SYSTEMS INC</b>	
	<b>Requested Benefit Payment Information</b>			
Last Week Signed:	Waiting Week:	6/9/2013-6/15/2013	Current Program Type: <b>Regular UC</b>	
Last Week Paid:	Service Language:	<b>English</b>	Pending Issue(s): <b>Yes</b>	
Last Reopen Week:	Work Search Status:	<b>Seeking</b>	Current Overpayment: <b>No</b>	
<b>Event Log Search</b>				
Process Type: All				
Create Date From: / / (mm/dd/yyyy) To: / / (mm/dd/yyyy)				
Created By: <input checked="" type="checkbox"/> Claimant <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> System				
View Transactions For: <input checked="" type="radio"/> This Claim <input type="radio"/> All Claims				
<input type="button" value="Search"/>		<input type="button" value="Reset"/>		
<input type="button" value="Add Note"/>				

Password Reset

The system allows for password resets based on your User ID. From the main Login screen, use the **Forgot Password** option.

**Password Requirements (must be changed every 30 days):**

- at least 8 characters in length
- no more than 35 characters in length
- not previously used within this system
- does not contain a space (e.g. " ")
- contains at least three (3) of the following:
  - uppercase character (e.g. A-Z)
  - lowercase character (e.g. a-z)
  - numeric digit (e.g. 0-9)
  - non-alphanumeric character (e.g. !, @, #, \$, %, ^, & or \*)

**Additionally, a new password should not:**

- spell a word or series of words that can be found in a standard dictionary
- spell a word with a number added to the beginning and/or end
- be based on any personal information such as name, pet, birthday, etc.

For additional guidance, refer to DEO’s [Quick Reference Guide](#).



**5.3 CCIS** CCIS is the Florida Clerks of Court Comprehensive Case Information System which is a secured single point of search for state wide court case information, documents filed, and child support payments made through the Clerk of Court.

1. Once access is granted, go to [www.flccis.com](http://www.flccis.com) and log in.
2. For dependency or child support case search, utilize Person Search or Case Search.

COMPREHENSIVE CASE INFORMATION SYSTEM POWERED BY CIVITEK CCIS

Search Reports Child Support Help Logout

Person Search Case Search Date Range Search

Last Name: \* First Name/MI: County: UCN Court Type:

Business Name: \* OR

Filters (Optional. These filters will narrow down the results list.)

Date Case Filed

From: To: SSN: Date Of Birth:

Exclude Attorneys  Exclude Judges  Exclude Law Enforcement

Search Reset

\* Required Fields.

COMPREHENSIVE CASE INFORMATION SYSTEM POWERED BY CIVITEK CCIS

Search Reports Child Support Help Logout

Person Search Case Search Date Range Search

County: \* Year: \* Court Type: \* Sequence #: \* Party Identifier: % Branch Location: %

OR

UCN: \* OR Citation: \*

Search Reset

\* Required Fields.

3. Enter search criteria as desired and select **‘Search’**. A search grid will appear when there is more than once person/case that matches the criteria entered. Identify the correct person/case and select **‘View Selections’**.
4. If only one case matches the criteria, the case detail is displayed.

**Case Information** Logout  
testjudge  
Expand All

Case Number	Filed Date	County	Case Type	Status
122014CF000012CFAXMX	01/07/2014	COLUMBIA	Felony 22-A	CLOSED

Charge Seq #	Description	Date	Phase
1	ASSAULT	01/27/2014	Court Adjudicated Guilty
2	RESISTING OFFICER WITHOUT VIOLENCE	01/27/2014	Court Adjudicated Guilty
3	TRESPASS, OCCUPIED STRUCTURE CONVEYANCE	01/27/2014	Court Adjudicated Guilty

Party Name	Party Type	Attorney	Bar ID	Withdrawal Date
JUDGE	JUDGE			
DEFENDANT	DEFENDANT		1000	
SHERIFF, COLUMBIA COUNTY	VICTIM			

**Dockets** Page: 1 of 10

Image	Document #	Action Date	Description	Pages
		05/08/2014	ORDER OF REVOCATION OF PROBATION	1
		05/05/2014	ORDER APPOINTING PUBLIC DEFENDER	1
		05/01/2014	JAIL CREDIT TIME CERTIFICATE-52 DAYS	1
		04/30/2014	Assessment 8 assessed at sum \$50.00	
		04/30/2014	Compliance Criminal Fail to PF has been created with due date of 5/1/2014	
		04/30/2014	Assessment 9 assessed at sum \$100.00	
		04/30/2014	Compliance Criminal Fail to PF has been created with due date of 5/1/2014	
		04/30/2014	Assessment 9 Total Assessed \$100.00 Balance Remaining \$100.00	
		04/30/2014	Assessment 9 Total Assessed \$100.00 Balance Remaining \$100.00	
		04/30/2014	Assessment 9 Total Assessed \$100.00 Balance Remaining \$100.00	

**Court Events**

- Sentences
- Warrants / Capias / Summons
- Financial Summary

5. For child support case payment search, select **‘Child Support’** tab.

COMPREHENSIVE CASE INFORMATION SYSTEM POWERED BY CIVITEK CCIS

Search - Reports - **Child Support** Help - Logout

6. Select 'Child Support Inquiry' link.

[TCATS](#) | [CSE](#)

Please click on the link below.

<b>Child Support Inquiry</b>	Inquiry of child support cases and payments.
<b>Electronic Disbursement</b>	Electronic Disbursement.

7. Enter search criteria as desired and select 'Search'.

Search By Depository Number

County:  Depository Number:

- OR -

Search By SDU Payment ID

SDU Payment ID:

- OR -

Search By SSN Number

SSN:  (no dashes)

- OR -

Search By Name

Last Name:  First Name:  MI:  Date of Birth:

County:

- OR -

Search By Uniform Case Number

County:  Year:  Court Type:  Sequence Number:  Party Identifier:  Branch Location:

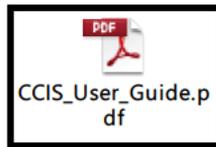
8. Select Case Number for desired case to view case details.

CASE NUMBER	COUNTY	PETITIONER
[REDACTED] <a href="#">XXMB</a> [REDACTED] A]	Palm Beach	[REDACTED] LY JO
<a href="#">5020</a> [REDACTED] <a href="#">GXXMB</a> [REDACTED] G]	Palm Beach	CHILDREN & FAMILIES , DEPARTMENT OF
[REDACTED] <a href="#">XXMB</a> [REDACTED] H]	Palm Beach	[REDACTED] DNEN
[REDACTED] <a href="#">XXMB</a> [REDACTED] I]	Palm Beach	[REDACTED] NANCY

9. View case details.

CASE NUMBER	FILE DATE	COUNTY	CASE TYPE	UIFSA	STATUS		
	04/27/2016	Palm Beach	IV-D	No	Active		
<b>PETITIONER</b> Name: CHILDREN & FAMILIES , DEPARTMENT OF Address: 1317 WINEWOOD BOULEVARD BUILDING 2 - 4TH FLOOR TALLAHASSEE , FL 32399-0700 Phone: DOB: SEX: M			<b>RESPONDENT</b> <div style="background-color: gray; width: 100px; height: 20px;"></div> DOB: SEX: M				
DEPENDENTS:		NAME	BIRTH DATE	EMANCIPATION DATE			
<a href="#">Case Balance Details</a>							
RECEIPTS			DISBURSEMENTS				
POST DATE	AMOUNT	PAYMENT ID	STATUS	CHECK DATE	AMOUNT	CHECK NUMBER	STATUS
06/27/2019	\$619.38	<a href="#">082720190669908001160000</a>	Respolled	02/24/2020	\$2,518.00	<a href="#">411502849681</a>	Applied
06/13/2019	\$619.38	<a href="#">0813201906530508001190000</a>	Respolled	08/29/2019	\$619.38	<a href="#">414502674261</a>	Applied

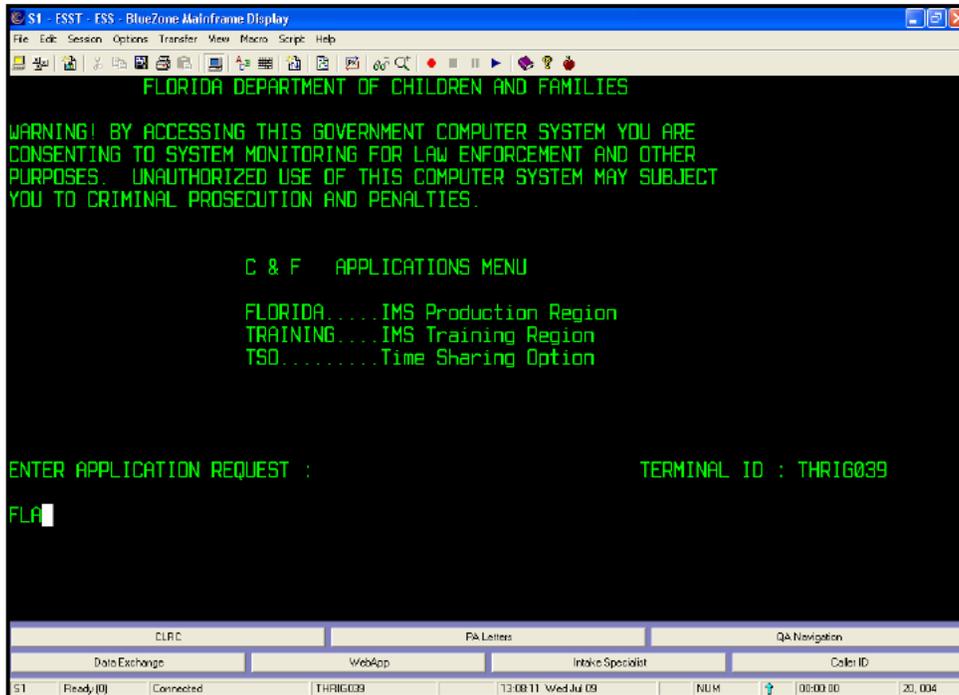
For additional usage guidance, refer to [CCIS User Guide](#).



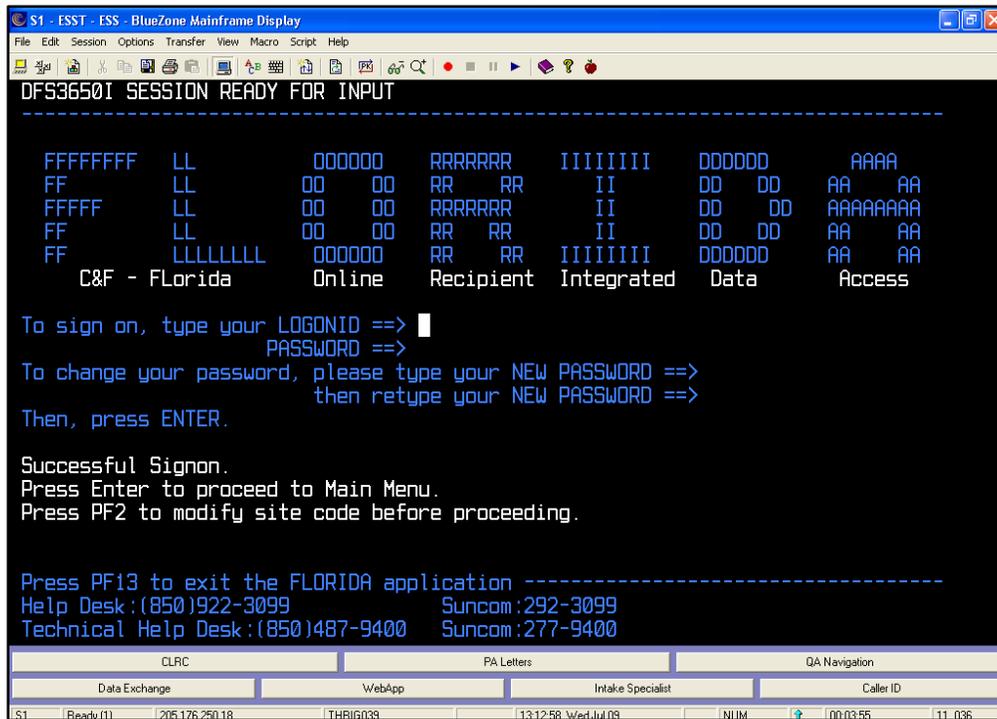
**5.4 FLORIDA** FLORIDA is ESS’s Florida Online Recipient Integrated Data Access system which administers public assistance benefits and records all applications for benefits including the eligibility determination. FLORIDA has established interfaces with other Florida agencies to validate information such as DEO and Bureau of Vital Statistics as well as utilization of The Work Number by Equifax.

5.4.1 General Usage

1. Once access is granted, open the BlueZone Session Manager icon, type FLA and use the <Enter> key.



- Log in with credentials and use the <Enter> key to proceed to Main Menu.



- To navigate to a screen, enter the screen code in the NEXT TRAN space and an identifier (Case Number or SSN) in the PARMs space, then use the <Enter> key.



### 5.4.2 Screen Summary

This section provides a summary of the screens in FLORIDA which are commonly used to gather information pertinent to a Title IV-E Eligibility Determination. It also identifies the screens that must be reviewed and obtained to upload into the FSFN File Cabinet.

1. Below are screens that provide household and demographic information.

Title IV-E Eligibility/AFDC FLORIDA Screens			
TRAN Code	Function Description	Summary	Recommended/Optional
AIAN	Application Entry Benefit Selection	Displays details for American Indian/Alaska Native individuals.	Recommended, if Y on AIRE
AIAP	Absent Parent General	Displays demographic and other information for the non-custodial parent	Optional
AICI	Case Information	Displays case address information	Optional
AICZ	Alien Refugee Information	Displays information on noncitizens - Country of origin, Entry Date, INS number, Status, Sponsor	Recommended, if applicable
AIHH	Household Relationships	Displays the relationship between household members	Optional
AIIA	Individual Attributes	Displays SSN Application Date, Citizenship, Place of Birth, Marital Status	Recommended
AIIC	Individual Living Arrangements	Displays living arrangement and temporary absence status - Type 32 represents RCG benefits	Optional
AIID	Individual Demographics	Displays demographic information, SSN verification	Recommended
AILG	AKA Names/SSN Registration	Displays alias name and social security number information	Optional
AIOH	Household Relationships	Displays the relationship of Dependents outside of the household	Optional
AIRE	Race/Ethnicity	Displays race/ethnicity information	Optional
AISA	School Attendance	Displays school attendance information	Recommended, if otherwise unknown
AISI	Alien Sponsor Information	Displays information on Sponsor(s) of noncitizen	Recommended, if Y on AICZ
MNOV	Birth Verification	Displays birth certification information	Recommended, if not available in FSFN

2. Below are screens that provide income information.

Title IV-E Eligibility/AFDC FLORIDA Screens			
TRAN Code	Function Description	Summary	Recommended/Optional
AALS	Lump Sum	Displays lump sums received or due to be received	Recommended, if Y on AAAQ
AFDP	Child Support Payments (Outside the Household)	Displays dependent care or child support payments for a dependent outside of the house.	Recommended, if Y on AFDQ
AFEI	Employment Information	Displays employment information and reason for refusing/leaving work (Use FS/CASH amount)	Recommended, if Y on AFEQ
AFEQ	Employment Questions	Displays response to Employment Questions	Recommended
AFIN	Earned Income	Displays Pay Dates and Gross Income for each date	Recommended, if Y on AFEQ
AFIQ	Unearned Income Questions	Displays response to Unearned Income Questions	Recommended
AFMI	Monthly Unearned Income	Displays unearned income sources and amounts	Recommended, if Y on AFIQ
AFRE/AFBP	Room and Board Earnings	Displays income received from any roomers or boarders living in the home.	Recommended, if applicable
AFSE	Self Employment Questions	Displays self-employment information	Recommended, if Y on AFEQ
AIAC	Absent Parent Court Order	Displays child support information as to non-custodial parent	Optional
AIAE	Absent Parent Employment	Displays absent parent employment and insurance information	Optional
AIAF	Armed Forces	Displays military service information	Optional
ASEQ	SSI Eligibility Questions	Displays response to SSI eligibility questions	Recommended
ASEV	SSI Eligibility Verification	Displays SSI verification, begin & end dates for current/former recipients	Recommended, if ASEQ identifies a
CLRC	Running Record Comments	Displays comments by staff for a specific case	Recommended
AIAE	Absent Parent Court Order	Displays child support information as to non-custodial parent	Optional

3. Below are screens that provide asset information.

Title IV-E Eligibility/AFDC FLORIDA Screens			
TRAN Code	Function Description	Summary	Recommended/Optional
AAAQ	Asset Questions	Displays response to Asset Questions	Recommended
AABE	Business Assets	Displays business information for self-employed individuals	Recommended, if Y on AAAQ
AALA	Liquid Assets	Displays liquid assets such as checking acct, savings acct, burial values	Recommended, if Y on AAAQ
AALI	Life Insurance Assets	Displays life insurance asset information	Recommended, if Y on AAAQ
AARC	Real / Personal Property Assets Con't	Displays real & personal property additional information	Recommended, if Y on AAAQ
AARP	Real / Personal Property Assets	Displays real & personal property information	Recommended, if Y on AAAQ
AAVH	Vehicle Assets	Displays vehicle asset information	Recommended, if Y on AAAQ

4. Below are screens that provide other miscellaneous information.

Title IV-E Eligibility/AFDC FLORIDA Screens			
TRAN Code	Function Description	Summary	Recommended/Option
AFDE	Dependent Care Expenses	Displays care expenses information	Recommended, if Y on
AFDQ	Dependent Care Questions	Displays responses to Dependent Care Questions	Recommended
AFMC	Medical Insurance Coverage	Displays information about the individuals who are covered under insurance entered on AFMD	Optional
AFMD	Medical Insurance Coverage	Displays private/third-party insurance coverage	Optional
AIAE	Absent Parent Employment	Displays absent parent employment and insurance information	Optional
CLRC	Running Record Comments	Displays comments by staff for a specific case	Recommended
CRPC	Prior Contact Check	Obtain ACCESS Case Number	Optional
IQAA	Assistance Group Inquiry	Overview of benefits approved on case	Optional
IQEL	Individual Eligibility History	Displays history of cases	Optional

For additional usage guidance, refer to the DCF Intranet @ <http://www.dcf.state.fl.us/ess/guides/> and the following training resources.



FLORIDA SCREENS  
TRAINING.pdf



FLORIDA\_Guide201  
4.pdf



FLORIDA  
Noncitizen Guide.pc



Noncitizen FSFN  
Guide.pdf



DEO Screens for  
CBC profile.pdf



DataExchangeRefer  
enceGuide.pdf

## Section 6 – Adoption Eligibility (IV-E)

The determination of eligibility for adoption assistance and funding source must be completed prior to execution of the signed Adoption Assistance Agreement and adoption finalization. A Title IV-E Eligibility Determination (foster care) must be completed in FSFN before processing an Adoption Eligibility. Please refer to CFOP 170-15, Chapter 4 for adoption eligibility policy and CFOP 170-12 for Adoptions policy.

### **6.1 Information Gathering & FSFN Documentation**

Prior to initiating the ‘Adoption Eligibility’ determination in FSFN, certain information and documentation must be obtained.

1. Proof the child is a US Citizen or Qualified Noncitizen, under 18 years of age, and never emancipated.  
FSFN: Person Management page
2. All applicable legal documentation must be obtained regarding the parental surrenders, petition and order for termination of parental rights.  
FSFN: Uploaded as Legal Documents, Termination of Parental Rights entry in Legal Record with a ‘Result’ of Granted.
3. Approved Adoption Home Study within one year.  
FSFN: Unified Home Study completed in FSFN or uploaded to FSFN Provider File Cabinet (only if home study completed through ICPC or contractor without FSFN access)  
Image Category: Required Signed Documents & Image Type: Other Signed Documents
4. Proof of Special Needs criteria: Child Cannot Return Home, Hard to Place Factor(s), and Reasonable Efforts to Place Without Subsidy. If documentation does not support all three components of a child meeting Special Needs criteria, do not proceed with processing adoption assistance benefits.  
FSFN: Adoption Information page must document the efforts made to place the child without subsidy, TPR dates (populates from Legal Record), and the child’s hard to place factor(s).
5. Proof of completed background screenings. ICPC: Refer to the ICPC IV-E Safety Requirements letter and form to obtain sufficient background screening documentation.  
FSFN: Upload to Provider File Cabinet (clearance letter, locals, DJJ and abuse checks only)  
Image Category: Provider Household Documents & Image Type: Other Provider Household Documents

### **6.2 Adoption IV-E Eligibility Determination**

1. The Adoption Eligibility page is generated upon the creation of the Adoption Subsidy Agreement Information (AAA) page in FSFN. On the AAA:
  - a. Enter all required and additional applicable fields. The Date Signed should be entered as the date of creation.

- b. Do not enter the Effective Date/Date of Agreement.
- c. The Date Signed and Effective Date/Date of Agreement date should be updated/entered after the signed AAA is fully executed (signed).

<b>Participant and Adoptive Parent(s) Information</b> Case Participant: <input type="text"/> Person Id: 106588041 Create Date/Time: 10/09/2020 11:48 AM Parent 1: <input type="text" value="Adoptive Parent 1"/> Parent 2: <input type="text" value="Adoptive Parent 2"/>		<b>Actions</b> <a href="#">Adoption Assistance Agreement</a> <a href="#">Adoption Subsidy Termination Notice</a> <a href="#">Adoption Subsidy Disclaimer</a>
<b>Adoption Subsidy Agreement Information</b>		
Agreement Type: Adoption Assistance Agreement Fiscal Agency: <input type="text"/> Service Category: Adoption Service Type: Pre-Adoption Placement <b>Adoption Subsidy Type:</b> Maintenance: IV-E with Medicaid <a href="#">IV-E Adoption Eligibility</a> Provider Name: <input type="text"/> <a href="#">Search</a> Do the adoptive parent(s) and child elect to opt into the Extension of Maintenance Adoption Subsidy Program? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Reason Agreement Terminated: <input type="text"/> Date: <input type="text" value="00/00/0000"/>	Agreement Signed by both the adoptive parent(s) and a Department representative: <input checked="" type="radio"/> Yes <input type="radio"/> No Date Signed: <input type="text" value="02/18/2018"/> Effective Date/ Date of Agreement: <input type="text" value="00/00/0000"/> Basic Subsidy Rate: <input type="text" value="\$417.00"/> Enhanced Subsidy Amount: <input type="text" value="\$0.00"/> <b>Agreement Amount:</b> <input type="text" value="\$417.00"/> Legal Cost: <input type="text" value="\$1,000.00"/> Other Non-recurring Expenses: <input type="text"/>	
<b>Enhanced Subsidy Justification</b> NA		
<input type="button" value="Save"/> <input type="button" value="Close"/>		

2. Complete, but do not Approve, the Adoption Eligibility page to obtain a presumptive eligibility determination for execution of the AAA.
  - a. **Effective Date:** Enter the date of creation. This date must be updated prior to approval. The Effective Date of the Adoption Eligibility should equal the Effective Date of the AAA.
  - b. **Child is:** The radio button will dynamically update upon the completion of question 4.
  - c. **Background Checks:** A 'Yes' response is required for system to dynamically display the various sections of the eligibility determination. If background screening for adoptive parent(s) and household members are not completed within the timeframes established in 65C-16, F.A.C., do not proceed with processing adoption eligibility.

<b>Eligibility Information</b> IV-E Foster Care Eligibility Status: Eligible and Reimbursable IV-E Adoption Eligibility Status: <input checked="" type="radio"/> Pending <input type="radio"/> Eligible <input type="radio"/> Ineligible Effective Date: <input type="text" value="04/12/2022"/> Eligibility Voided: <input type="text"/> Void Date: <input type="text"/>				Approval Date: <input type="text"/> Approved By: <input type="text"/>
		Child is: <input type="radio"/> Applicable <input checked="" type="radio"/> Not Applicable		
<b>Background Checks</b> Are the required Federal and State background checks completed and up to date? <input type="radio"/> Yes <input type="radio"/> No				

### 6.2.1 Section A

<b>Section A</b> <b>1. Age</b> Is this child under 18 years of age? <input checked="" type="radio"/> Yes <input type="radio"/> No Was the child emancipated prior to the date of finalization? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>2. Citizenship/ Immigration Status</b> 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): <input type="text"/>	
<b>3. Adoption Assistance Agreement</b> 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? <a href="#">Adoption Subsidy Agreement Information</a> <input checked="" type="radio"/> Yes <input type="radio"/> No	

1. Question 1: System derived based on age as of the Effective Date and Legal Action of ‘Case Closure – Legal’ with a Result of “Emancipation” in the Legal Record.
2. Question 2: System derived from Person Management page.
3. Question 3: System derived from the response on the Adoption Subsidy Agreement Information page of the “Agreement Signed by both the adoptive parent(s) and a Department representative” question.

### 6.2.2 Section B (Applicable Child)

**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 - 12/31/2017	any age	<input type="checkbox"/> 01/01/2018 - 09/30/2018	2
<input type="checkbox"/> 10/01/2018 - 09/30/2019	2	<input checked="" type="checkbox"/> 10/01/2019 - 09/30/2020	2
<input type="checkbox"/> 10/01/2020 - 09/30/2021	2	<input type="checkbox"/> 10/01/2021 - 09/30/2022	2
<input type="checkbox"/> 10/01/2022 - 09/30/2023	2	<input type="checkbox"/> 10/01/2023 - 06/30/2024	2
<input type="checkbox"/> 07/01/2024 - 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?  Yes  No  
 Is the sibling an applicable child meeting either the age or time in foster care requirement?  Yes  No  
 Name of sibling who is an Applicable Child and is being placed with this child for adoption: Dzopvi, [REDACTED] SSN: [REDACTED]

1. Question 4: One of the three criteria must be met to be an Applicable Child. The Federal Fiscal Year selected should be the timeframe in which the AAA will be executed.
2. Question 5: All three components for Special Needs must be documented. If the child does not meet all three components, the child is not eligible for ANY adoption assistance benefits.

**Special Needs Determination**  
**5. Special Needs Determination for an Applicable Child**  
 Does documentation in agency records, dated prior to finalization, show that the Applicable Child meets all three special needs criteria?  Yes  No

**5a. 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?

Documentation supporting the determination:

**5b. 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  Medical or disability requirements for Supplemental Security Income (SSI)  
 Intellectual Disability  Physical Disability  Visual/ Hearing Impaired  At Risk of Medically Diagnosed Condition

**5c. 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:

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)

3. **Question 6:** For an Applicable Special Needs child to be IV-E Eligible, one of the following Eligibility Paths must be met. Select all that apply.
- a. At the time adoption proceedings were initiated, the child was in the care of the department pursuant to-
    - i. A court-ordered removal of the child with a judicial determination that continuation in the home would be contrary to the welfare of the child; or
    - ii. A voluntary placement agreement or voluntary relinquishment
  - b. The child meets all medical and disability requirements of supplemental security benefits; or
  - c. The child was residing in a foster care with their minor parent, and the minor parent was in foster care pursuant to 1.(a) or 1.(b); or
  - d. The child was IV-E eligible in a prior adoption.

Eligibility Path for the Applicable Child with Special Needs	
<b>6. Eligibility Path for the Applicable Child with Special Needs</b>	
Is the Applicable Child with special needs eligible for title IV-E subsidy?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>6a. Judicial/voluntary removal or voluntary relinquishment:</b> Does documentation in agency records, dated prior to finalization, show that the child was in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home or a voluntary placement agreement or a voluntary relinquishment?	
How is this criteria met?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Documentation supporting the determination:	The child was removal pursuant to an order containing a finding of contrary to the welfare of the child to remain in the home.
<b>6b. SSI:</b> Does documentation in agency records, dated prior to finalization, show that the child meets all medical and disability requirements for the Title XVI with respect to eligibility for SSI benefits?	
How is this criteria met?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Documentation supporting the determination:	Shelter Order uploaded/linked to foster care eligibility determination.
<b>6c. Child of a minor parent:</b> Does documentation in agency records, dated prior to finalization, show that the child was residing in a foster family home or child care institution with his/her minor parent and the minor parent was removed from home pursuant to either: (1) an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home; or (2) a voluntary placement agreement or voluntary relinquishment?	
How is this criteria met?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Documentation supporting the determination:	SSI recipient prior to adoption finalization
<b>6d. Previous Adoption:</b> Does documentation in agency records, dated prior to finalization, show that the child was adopted previously? <b>Note:</b> This excludes international adoptions	
Was the child eligible for title IV-E Adoption Assistance in the prior adoption?	<input checked="" type="radio"/> Yes <input type="radio"/> No
How is this criteria met?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Documentation supporting the determination:	Child was previously adopted and family was receiving Title IV-E Adoption Assistance as to the adoption.
Documentation supporting the determination:	Adoption Assistance Agreement from prior adoption.

### 6.2.3 Section C (Not Applicable Child)

1. Question 7: All three components for Special Needs must be documented. If the child does not meet all three components, the child is not eligible for ANY adoption assistance benefits.

**Special Needs Determination**

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

Does documentation in agency records, dated prior to finalization, show that the Not 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?

Documentation supporting the determination:

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:

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)

2. Question 8: For a Not Applicable Special Needs child to be IV-E Eligible, one of the following Eligibility Paths must be met. Select all that apply.
  - a. The child meets all requirements of supplemental security benefits; or
  - b. The child was IV-E eligible in a prior adoption; or
  - c. The child was residing in foster care with their minor parent and the minor parent’s board payment covered the cost of the child; or
  - d. The child was removed and placed in foster care through a voluntary placement agreement to which federal payment was provided or court-ordered removal with a judicial determination that continuation in the home would be contrary to the welfare of the child, and met AFDC criteria.

**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

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?  Yes  No

Had a payment been made on his/her behalf?  Yes  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?  Yes  No

8.4. Child meets Title IV-E & AFDC criteria: Does the child's removal episode meet Title IV-E Foster Care eligibility requirements?  Yes  No

Was the child voluntarily relinquished to the Department or Private Agency?  Yes  No       Department  Private Agency

### 6.2.4 Section D (Eligibility Screening Decision)

**Section D (Eligibility Screening Decision)**

Is the child potentially eligible for Title IV-E adoption subsidy?  Yes  No

If no, why is the child ineligible?

Is the child eligible for Non-recurring expenses of Adoption?  Yes  No

Comments:

The notes should summarize the determination and each criteria met.

1. The response to ‘Is the child potentially eligible for Title IV-E adoption subsidy?’ will system derived based on the responses throughout the determination.
2. The user must select the appropriate response to ‘Is the child eligible for Non-recurring expenses of Adoption?’.
3. Comments: User entered field that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### 6.3 Finalizing Determination

1. The presumptive adoption eligibility determination is utilized in the execution of the signed AAA. Once the AAA is executed, the FSFN AAA shall be reviewed and updated to reflect the signed AAA.
  - a. At minimum, the Date Signed and Effective Date/Date of Agreement must be updated.
2. The Effective Date on the Adoption Eligibility page is then updated to reflect the Effective Date/Date of Agreement on the AAA.

**Eligibility Information**

IV-E Foster Care Eligibility Status:

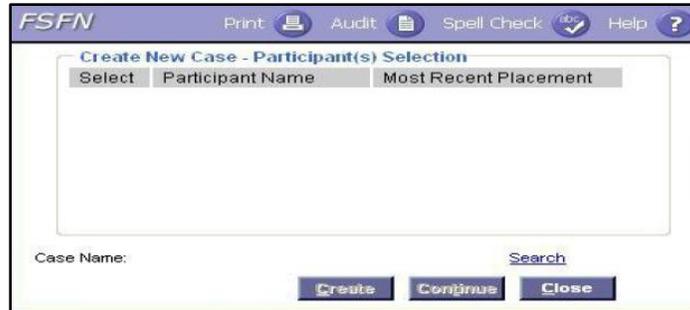
IV-E Adoption Eligibility Status:  Pending  Eligible  Ineligible      Approval Date: 08/26/2020      Approved By: HKVMXVI, ██████████

Effective Date: 06/18/2020      Eligibility Voided:       Void Date: 00/00/0000      Child is:  Applicable  Not Applicable

3. Create and approve Non-Placement Service for the adoption subsidy payment to the adoptive parent(s). If the AAA is executed the same date as adoption finalization, complete step 4 first.
4. Upon adoption finalization, complete the Create Post Adoption Case process.
  - a. Discharge out-of-home placement
  - b. Submit Medicaid ‘Closure’ row for processing
  - c. Deactivate child for reason of ‘Adoption Finalized’

Options: Go

- Actions
- Create Background Checks
- Delink Intake
- Split Case
- Create New Case after Finalization
- Text



5. Repeat step #3 in the Post Adoption case.
6. In Post Adoption case, submit a Medicaid 'Initial' to update the child's Medicaid case with new name and payee information.
7. Complete the Case Closure process for the dependency case if no other children are receiving services.

## Section 7 – Adoption TANF

An Adoption TANF determination is completed with a child is determination eligible for assistance and funding source cannot be Title IV-E based on the ‘Ineligible’ Adoption Eligibility determination in FSFN. Please refer to CFOP 170-15, Chapter 4 for adoption TANF eligibility policy and CFOP 170-12 for Adoptions policy. The TANF Eligibility Determination Due report in FSFN BOE must be utilized to identify when an Adoption TANF ‘Initial’ or ‘Redetermination’ is due.

### 7.1 Initial Adoption TANF Determination

1. Upon approval of the ‘Adoption Eligibility’ determination in FSFN with an IV-E Adoption Eligibility Status of ‘Ineligible’, an Adoption TANF page is system generated under the Eligibility icon.

**Eligibility Information**

IV-E Foster Care Eligibility Status: Eligible and Reimbursable

IV-E Adoption Eligibility Status:  Pending  Eligible  Ineligible      Approval Date: 09/21/2021

Effective Date: 01/14/2020      Eligibility Voided:       Void Date: 00/00/0000

✓ Eligibility

✓ [Adoption TANF 01/26/2021 03/14/2021 SAMPLE\\_CHILD](#)

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**Child Information**

Case Name: Child Name: Person...

Person ID: 910007142 SSN:   Date Applied for:  

DOB: 08/25/2011 Age: 8 Gender: Male Race:   Ethnicity:

**Actions**

[Approval](#)

[Maintenance Adoption Subsidy TANF Form - 6263](#)

---

**Eligibility Information**

Determination Type:  Initial  Redetermination      **TANF Adoption Eligibility Status:**  Pending  Eligible  Ineligible       Determination Voided

Effective Date: 07/03/2020      Effective To: 07/02/2021      Worker:        Approved Date:  

Based on the information below, the child's income is:  Less than 200% of the FPL-Child is Eligible  At or above 200% of the FPL-Child is Ineligible  No Response Received

---

**Question 1:** Will the child be living in the State of Florida? If No, child is Ineligible.  Yes  No

**Question 2:** Is the child a U.S. citizen or a qualified non-citizen? If No, child is Ineligible. Yes - US Citizen

**Question 3:** Is the child a special needs child? If No, child is Ineligible. [Adoption Information](#)  Yes  No

**Question 4:** Does the child have any income? [Assets and Employment](#)  Yes  No

Amount:

**Question 5:** Has the specified degree of relationship been met? If No, child is Ineligible.

Yes  No      Relationship to Child:        Parent/Relative Name:  

---

**Eligibility Notes**

### 7.1.1 Eligibility Information

1. Determination Type: System derived as 'Initial' for the first Adoption TANF tied to the 'Ineligible' Adoption Eligibility page. All subsequent Adoption pages will populate the 'Redetermination' radio button.
2. TANF Adoption Eligibility Status: System derived based on the responses to Questions 1-5. If Question 1, 2, 3 or 5 are 'No' or when the child's income is At or Above 200% of the FPL or when the 'No Response Received' box is checked, the status will be 'Ineligible'.
3. Based on the information below, the child income is: System derived answer from the combination of the family size and the income information entered in Question 4 and the FPL chart values for the fiscal year associated with the Effective Date. If 'No' is selected for the Child's Income question the system will calculate the value at zero dollars and the child will meet the FPL criteria.
4. No Response Received: User selected. When checked, the eligibility status will be 'Ineligible'.
5. Effective Date: System derived from the 'Effective Date' on the Adoption Eligibility page that was approved as 'Ineligible' This date should not be modified.
6. Effective To: System derived as 364 days from the Effective Date. This date should not be modified.
7. Question 1: User selected based on child's state of residence.
8. Question 2: System derived from the citizenship fields on the child's Person Management page.
9. Question 3: System derived from various sources. The child has "African American" selected as an ethnicity or race on their Person Management page; The child is of age 8 or older based on the date of birth entered on their Person Management page; The child has a Medical Condition on their Medical/Mental Health page that is the Category "Intellectual/Developmental" and the Type is: Borderline Intellectual Functioning, Down Syndrome, Hydrocephalus, Intellectual Disability (Mental Retardation, all degrees), or Microcephaly; Category "Medical/Physical" and the Type is Arthritis, Brittle Bones/Osteogenesis Imperfectus, Cerebral Palsy, Chronic Motor Tic Disorder, Club Foot, Diplegia, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Paralysis -Paraplegic, Quadriplegic, Diplegic, Poliomyelitis, Rheumatoid Arthritis (juvenile), or Spina Bifida; Category "Behavioral/Mental Health" and any type; Category "Medical/Physical" and the Type is: Hearing Loss (ICD-9: 389), Visual Disturbances (ICD-9: 368), Blindness and Low Vision (ICD-9: 369), Cataracts, Congenital anomaly of the eye, Deaf, Diabetic Retinopathy, Glaucoma, Retinal Detachment and Defects (ICD-9: 361); or The "Sibling Group", "At risk of medically diagnosed condition", "Medically Fragile" or "Developmental Delay" checkboxes are selected on the Background tab of the child's Adoption Information page.
10. Question 4: System derived based on the Employment or Unearned Income entries on the child's Assets & Employment record.
11. Amount: System derived by calculating the total of "Unearned Income" where the "Include in Eligibility Calculations" is flagged AND the Employment Income (displayed as monthly conversion amount).
12. Question 5: User selected based on child state of residence.

13. Relationship to Child: User selected from list based on relation of adoptive parent(s) to child.
14. Parent/Relative Name: System derived if a person is selected using search; if the name doesn't populate, then the field will become a user entered text field.
15. Eligibility Notes – User entered field that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### 7.1.2 Actions panel

1. Approval: Hyperlink utilized by a supervisor to approve determination.
2. Submit Void Determination: Hyperlink utilized to submit a determination for the first of the two step void process. Hyperlink dynamically changes to 'Void Determination' after the first step.
3. Maintenance Adoption Subsidy TANF Form – 5253: hyperlink to a form template that may be utilized to provide to adoptive parents for information gathering.

## 7.2 Adoption TANF Redetermination

Please refer to CFOP 170-15, Chapter 4 for adoption TANF eligibility for when an Adoption TANF Redetermination is required.

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**Child Information**

Case Name: [CASE\\_SAMPLE](#) Child Name: [SAMPLE\\_CHILD](#)

Person ID: 107221815 SSN: Date Applied for:

DOB: 02/03/2008 Age: 14 Gender: Male Race: White Ethnicity: Hispanic/Latino

**Actions**

[Approval](#)

[Maintenance Adoption Subsidy TANF Form - 5263](#)

[TANF MAS Annual Redetermination Form](#)

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**Eligibility Information**

Determination Type:  Initial  Redetermination **TANF Adoption Eligibility Status:**  Pending  Eligible  Ineligible  Determination Voided

Effective Date:  Effective To:  Worker: Nzxxwlmzow, Jennifer W Approved Date:

Based on the information below, the child's income is:  Less than 200% of the FPL-Child is Eligible  At or above 200% of the FPL-Child is Ineligible  No Response Received

**Question 1:**  
Will the child be living in the State of Florida? If No, child is Ineligible.  Yes  No

**Question 2:**  
Is the child a U.S. citizen or a qualified non-citizen? If No, child is Ineligible. Yes - US Citizen

**Question 3:**  
Is the child a special needs child? If No, child is Ineligible. [Medical Mental Health](#)  Yes  No

**Question 4:**  
Does the child have any income? [Assets and Employment](#)  Yes  No

Amount:

**Question 5:**  
Has the specified degree of relationship been met? If No, child is Ineligible.

Yes  No Relationship to Child:  Parent/Relative Name:

---

**Redetermination**

Is the child living in the State of Florida? if No, Child is Ineligible  Yes  No

---

**Eligibility Notes**

### 7.2.1 Eligibility Information

1. Determination Type: System derived as 'Redetermination'.
2. TANF Adoption Eligibility Status: System derived based on the responses to Questions 3, 4, and the Redetermination question related to the child's state of residence. If Question 3 or the Redetermination question is 'No' or when the child's income is At or Above 200% of the FPL or when the 'No Response Received' box is checked, the status will be 'Ineligible'.
3. Based on the information below, the child income is: System derived answer from the combination of the family size and the income information entered in Question 4 and the FPL chart values for the fiscal year associated with the Effective Date. If 'No' is selected for the Child's Income question the system will calculate the value at zero dollars and the child will meet the FPL criteria.
4. No Response Received: User selected. When checked, the eligibility status will be 'Ineligible'.
5. Effective Date: System derived as the day after the 'Effective To' date on the most recently approved Adoption TANF. User editable.
6. Effective To: System derived as 364 days from the Effective Date. This date should not be modified.
7. Question 1: System defaults response from prior Adoption TANF based on Effective Date'. User editable based on child's current state of residence. This response should be updated to be accurate despite it not being included in the eligibility status determination. This response should match the response for the 'Redetermination' question.
8. Question 2: System derived from the citizenship fields on the child's Person Management page.
9. Question 3: System derived from based on the response to Question 3 on the 'Initial' Adoption TANF. If the most current 'Initial' Adoption TANF page was created prior to the Adoption TANF having the Initial and Redetermination buttons, the answer for Q3 on the earliest Adoption TANF record within the case is used to populated Question 3 on the Redetermination. The 'earliest' Adoption TANF is determined based on the Effective Date of the earliest approved Adoption TANF Eligibility.
10. Question 4: System derived based on the Employment or Unearned Income entries on the child's Assets & Employment record.
11. Amount: System derived by calculating the total of "Unearned Income" where the "Include in Eligibility Calculations" is flagged AND the Employment Income (displayed as monthly conversion amount).
12. Question 5: User selected based on child state of residence.
13. Relationship to Child: User selected from list based on relation of adoptive parent(s) to child.
14. Parent/Relative Name: User editable text field.
15. Redetermination: System derived based on the child's Primary Residence on Person Management, whether ended or not, "as of" the Effective Date documented; system derived as 'Yes' if the Primary Residence is in the state of Florida; system derived as 'No' if the Primary Residence is a state other than Florida.

16. Eligibility Notes – User entered field that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### **7.2.2 Actions panel**

1. Approval: Hyperlink utilized by a supervisor to approve determination.
2. Submit Void Determination: Hyperlink utilized to submit a determination for the first of the two step void process. Hyperlink dynamically changes to 'Void Determination' after the first step.
3. TANF MAS Annual Redetermination: Hyperlink to a form template that may be utilized to provide to adoptive parents for information gathering for the Redetermination.

## Section 8 – Private Adoptions

Private adoptions are those in which the child is permanently committed to a private agency or attorney for the purposes of Adoption. The determination of eligibility for adoption assistance and the administration of benefits are the responsibility of DCF/CBC. This determination must be completed prior to adoption finalization in order to accept the file and for the family to be eligible for adoption assistance benefits.

### **8.1 Information Gathering**

Prior to accepting the case and initiating documentation in FSFN, sufficient information and documentation must be received by the private agency/attorney.

1. Documentation/Verification the child is a US Citizen or Qualified Noncitizen, under 18 years of age, and never emancipated
2. Confirmation that the private agency is licensed by the Department. Utilize the following link to confirm: <http://www.adoptflorida.org/docs/Licensed-Adoption-Agencies.pdf>
  - a. If the private agency is not licensed or the child is permanently committed to an attorney, in order to accept the file and to be eligible for adoption assistance benefits, at least one of the following must be true:
    - i. the child must be determined to be SSI eligible (prior to the adoption)
    - ii. the child must have been receiving adoption benefits in a previous adoption and it dissolved as a result of a termination of parental rights or adoptive parent death AND it is determined that the child continues to meet Special Needs criteria for the subsequent adoption.
3. All applicable legal documentation must be obtained regarding the parental surrenders, motion/petition for permanent commitment, and order of permanent commitment.
4. Approved Adoption Home Study within one year
5. Proof of Special Needs criteria: Child Cannot Return Home, Hard to Place Factor(s), and Reasonable Efforts to Place Without Subsidy
  - a. Documentation of Reasonable Efforts to Place Without Subsidy must be provided by the agency/attorney. The parent selection of the adoptive parents is not sufficient.
  - b. If documentation does not support all three components of a child meeting Special Needs criteria, do not proceed with processing adoption assistance benefits.
6. Documentation of completed background screenings. The same screening criteria applies as for dependency cases.
  - a. Refer to the ICPC IV-E Safety Requirements letter and form to obtain sufficient background screening documentation.

## 8.2 FSFN Processing

1. If the biological parent(s) have an existing FSFN case shell, the existing case should be utilized. Add the child to the existing case, if necessary. If the birth family is not known to FSFN, create a Service Referral to create a FSFN case and the birth family as FSFN Participants.

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

2. Create the FSFN Adoption Information page and document all applicable sections. At minimum:
  - a. **General tab:** Document all AFCARS fields (red labels)
    - i. Child Placed By: As per AFCARS guidance
  - b. **General tab:** Document Reasonable Efforts to Place Without Subsidy questions.
    - i. If response is 'No' to "Were efforts made to place the child without provision of subsidy or medical assistance?" the child must be placed with a relative for family to be eligible for adoption assistance benefits.
  - c. **General tab:** Document Expressed Intent to Adopt
    - i. Date of Expressed Intent: Date Adoption Petition signed by Adoptive family
    - ii. Link the Provider ID of the Adoptive family, not the agency/attorney
  - d. **Birth Family tab:** Mother Married at Child's Birth
  - e. **Background tab:** Primary Basis for Special Needs and Description of Child's Condition
    - i. If Hard to Place Factor is a diagnosed disability, the condition must be entered in the Medical/Mental Health profile for the child. This is for accurate selection of the Primary Basis of Special Needs.

Medical Profile	Medications	Mental Health Profile	Medical History	Disability Information										
<p><b>Medical/Mental Health Conditions</b></p> <p>Has the child been clinically diagnosed as having a disability(ies): Yes</p> <table border="1"> <thead> <tr> <th>Diagnosed Condition Category *</th> <th>Diagnosed Condition Type *</th> <th>Begin Date *</th> <th>End Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Medical/Physical</td> <td>Fetal drug addiction</td> <td>06/18/2015</td> <td>00/00/0000</td> <td>Delete</td> </tr> </tbody> </table>					Diagnosed Condition Category *	Diagnosed Condition Type *	Begin Date *	End Date	Action	Medical/Physical	Fetal drug addiction	06/18/2015	00/00/0000	Delete
Diagnosed Condition Category *	Diagnosed Condition Type *	Begin Date *	End Date	Action										
Medical/Physical	Fetal drug addiction	06/18/2015	00/00/0000	Delete										

General	Birth Family	Background	Removal/Placement	Matches	Available Status																
<b>General Appearance</b> Gender: Female      DOB: 03/15/2019 Race: Black/African American      Ethnicity: African American/Black		<b>Family/Medical History on File</b> <input checked="" type="checkbox"/> Birth Mother <input checked="" type="checkbox"/> Birth and Delivery Records <input type="checkbox"/> Birth Father <input type="checkbox"/> N/A Child Being TPR'd from Adoptive Parent(s)																			
<b>Adoption Information</b> <input type="checkbox"/> Life Book Available <input checked="" type="checkbox"/> Birth Certificate in File <input checked="" type="checkbox"/> Social Security Card in File <input type="checkbox"/> Adoption Reunion Registry Brochure - Birth Parents <input type="checkbox"/> Adoption Reunion Registry Brochure - Adoptive Parents Child has been Previously Adopted: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unable to Determine At Legal Risk: <input type="text" value="N/A"/> Child Placed By: <input type="text" value="Birth Parent"/> Child Placed From: <input type="text" value="In State"/> Adoption Placement Type: <input type="text" value="Non-Relative"/>		<b>Relationship of Adoptive Parent to Child:</b> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input checked="" type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step Parent Were efforts made to place the child without provision of subsidy or medical assistance? <input checked="" type="radio"/> Yes <input type="radio"/> No List efforts made: <input type="text" value="Private agency provided documentation from the Adoption Information Center and that no families were willing to adopt child without subsidy."/> Were the prospective parent(s) willing to adopt without subsidy? <input type="radio"/> Yes <input checked="" type="radio"/> No																			
<b>Expressed Intent to Adopt</b> <table border="1"> <thead> <tr> <th>Prospective Parent(s)</th> <th>Date of Expressed Intent</th> <th>Provider ID</th> <th>Provider Name</th> <th>Expressed Intent Withdrawn</th> <th>Reason</th> <th>Description</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/> Yes    <input type="radio"/> N/A</td> <td>05/04/2020</td> <td>100248072</td> <td>[REDACTED]</td> <td>00/00/0000</td> <td></td> <td></td> <td>Delete</td> </tr> </tbody> </table>						Prospective Parent(s)	Date of Expressed Intent	Provider ID	Provider Name	Expressed Intent Withdrawn	Reason	Description	Action	<input checked="" type="radio"/> Yes <input type="radio"/> N/A	05/04/2020	100248072	[REDACTED]	00/00/0000			Delete
Prospective Parent(s)	Date of Expressed Intent	Provider ID	Provider Name	Expressed Intent Withdrawn	Reason	Description	Action														
<input checked="" type="radio"/> Yes <input type="radio"/> N/A	05/04/2020	100248072	[REDACTED]	00/00/0000			Delete														
TPR Dates      Sibling Information Options: <input type="text"/> <input type="button" value="Go"/> <input type="button" value="Save"/> <input type="button" value="Close"/>																					

General	Birth Family	Background	Removal/Placement	Matches	Available Status
Moderate Intensive					
<b>Physical</b> Minimal Moderate Intensive					
<b>Characteristics</b> Emotional: <input type="text"/> Intellectual: <input type="text"/> Behavioral: <input type="text"/> Exceptional Education Needs: <input type="text"/> Physical: <input type="text"/> Visual or Hearing Disabilities: <input type="text"/> Other Condition Requiring Special Care: <input type="text" value="Intensive"/>					
<b>Special Needs:</b> Primary Basis for Special Needs: <input type="text" value="Member of Minority Group"/>					
<b>Description of Child's Condition</b> <input type="text" value="NA"/>					

3. Create Private Adoption page

- a. Select radio button for either Private Agency or Private Attorney and search/link Provider for the agency or attorney the child is permanently committed. (Note: The private agency or attorney must be created as a FSFN Provider first, if not already.)
- b. Adoption Details section is not completed at this time.
- c. Complete the Birth Mother and Birth Father demographic information
- d. Do NOT select the 'Complete' box at this time.

**Florida Safe Families Network** Hand Book Print Audit

**Demographics**

Case ID: 101750902 Child Name: Applicable, Child SSN: Date Completed:  Complete

Case Name: Private Adoption, Person ID: 106442491 Date of Birth: 05/14/2013 Completed By:

**Private Adoption Entity Information**

Private Agency  Private Attorney Name: Adoption By Shepherd Care CPA [Search](#)

**Address**

Street/Route: Street

Street: 5935 Gzug HG Unit Designator: Building:

Route:

FL City: Hollywood County: Broward Non-Florida County:

City: Hollywood State: FL ZIP: 33021-4566 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 Father:**

4. Create a Legal Record, if one does not exist, and enter Legal Actions as to the filing of the parental surrenders, filing of Termination of Parental Rights Petition, and granting of the Termination of Parental Rights. These actions are available for entry by rev max profiles. (Note: Not applicable for Intervention Private Adoptions in which the TPR occurred while the child was under the Placement & Care Responsibility of the Department.)

<b>General Information</b>					
Case Participant:	Not Applicable, Child	Worker:	Kviva, Jennifer W	Last Updated By:	Kviva, Jennifer W
Legal Action Category:	Full List	Legal Action Initiated:	Filing - Voluntary Surrender	Date Updated:	01/15/2020 12:11 PM
Scheduled Date:	00/00/0000 00:00 AM PM	Completed Date:	10/03/2019 00:00 AM PM	Device Type:	FSFN
Result:	Filed	County:	Leon	Circuit:	2

<b>General Information</b>					
Case Participant:	Not Applicable, Child	Worker:	Kviva, Jennifer W	Last Updated By:	Kviva, Jennifer W
Legal Action Category:	Full List	Legal Action Initiated:	Termination of Parental Rights Petition - Private	Date Updated:	01/15/2020 8:38 AM
Scheduled Date:	00/00/0000 00:00 AM PM	Completed Date:	11/01/2019 00:00 AM PM	Device Type:	FSFN
Result:	Filed	County:	Leon	Circuit:	2

<b>General Information</b>					
Case Participant:	Not Applicable, Child	Worker:	Kviva, Jennifer W	Last Updated By:	Kviva, Jennifer W
Legal Action Category:	Full List	Legal Action Initiated:	Termination of Parental Rights - Private	Date Updated:	01/15/2020 8:36 AM
Scheduled Date:	00/00/0000 00:00 AM PM	Completed Date:	12/20/2019 00:00 AM PM	Device Type:	FSFN
Result:	Granted - All Parents	County:	Leon	Circuit:	2

5. Complete/Approve the Title IV-E Eligibility Determination in FSFN (foster care eligibility) that system-generated with the creation of the Private Adoption placement.
  - a. APPLICABLE CHILD – follow these guidelines for completing the IV-E foster care eligibility

- i. **Removal Home:** Identify Parent(s)
- ii. **Assistance Group:** Child Only
- iii. **Date AFDC Applies:** Not Populated
- iv. **All User Entered Questions:** Answered as No
- v. **Link Legal Documents:** Upload and link Relinquishment documents as a Legal Document – Court Report

**Eligibility**

Child Name: [Applicable Child](#)      Person ID: 106442491      Eligibility ID: 900010161      Episode End Date: 00/00/0000

Case Name: [Private Adoption](#)      Case ID: 101750902      IV-E Rmvl Dt: 01/07/2020      Private Adoption

Do not refer to Child Support Enforcement:       Reason:

**Basic**    **Initial Determination**    **Redeterminations**

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**Eligibility Information**

**Eligibility Determination:**     Pending     Eligible and Reimbursable     Eligible, Not Reimbursable     Ineligible

Entry Date: 01/07/2020      Effective From: 01/07/2020      Date AFDC Applies: 00/00/0000      [Legal Select](#)

Determination Voiced      Date Voiced: 00/00/0000       Determination Complete      Date Completed: 00/00/0000

Determination N/A      Reason:

- b. NOT APPLICABLE CHILD – follow these guidelines for completing the IV-E foster care eligibility
  - i. **Removal Home:** Identify Parent(s)
  - ii. **Assistance Group:** Identify as a Constructive Removal
  - iii. **Date AFDC Applies:** Populate with Legal Entry of Termination of Parental Rights Petition-Private or Termination of Parental Rights-Private if no petition filed.
  - iv. **All User Entered Questions:** Answered as appropriate for situation
  - v. **Link Legal Documents:** Upload and link Relinquishment documents as a Legal Document – Court Report

**Eligibility**

Child Name: [Not Applicable Child](#)      Person ID: 106442491      Eligibility ID: 900010161      Episode End Date: 00/00/0000

Case Name: [Private Adoption](#)      Case ID: 101750902      IV-E Rmvl Dt: 01/07/2020      Private Adoption

Do not refer to Child Support Enforcement:       Reason:

**Basic**    **Initial Determination**    **Redeterminations**

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**Eligibility Information**

**Eligibility Determination:**     Pending     Eligible and Reimbursable     Eligible, Not Reimbursable     Ineligible

Entry Date: 01/07/2020      Effective From: 01/07/2020      Date AFDC Applies: 11/01/2019      [Termination of Parental Rights Petition - Private](#)

- 6. Create the Adoption Subsidy Agreement Information (AAA) page.
  - a. Enter all required fields. The Date Signed should be entered as the date of creation.

- b. Do not enter the Effective Date/Date of Agreement.
- c. The Date Signed and Effective Date/Date of Agreement date should be updated/entered when the signed AAA is executed.

**Participant and Adoptive Parent(s) Information**

Case P: [REDACTED] Person ID: 105588041 Create Date/Time: 10/09/2020 11:48 AM

Parent 1: [Adoptive Parent 1] Parent 2: [Adoptive Parent 2]

**Adoption Subsidy Agreement Information**

Agreement Type: Adoption Assistance Agreement Agreement Signed by both the adoptive parent(s) and a Department representative:  Yes  No

Fiscal Agency: [Communities Connected for Kids] Date Signed: [02/18/2018]

Service Category: [REDACTED] Effective Date/ Date of Agreement: [00/00/0000]

Service Type: [Pre-Adoption Placement] Basic Subsidy Rate: [\$417.00]

Adoption Subsidy Type: [Maintenance: IV-E with Medicaid] [IV-E Adoption Eligibility](#) Enhanced Subsidy Amount: [\$0.00]

Provider Name: [REDACTED] Search Agreement Amount: [\$417.00]

Do the adoptive parent(s) and child elect to opt into the Extension of Maintenance Adoption Subsidy Pr:  Yes  No  N/A

Reason Agreement Terminated: [REDACTED] Date: [00/00/0000] Legal Cost: [\$1,000.00]

Other Non-recurring Expenses: [REDACTED]

**Enhanced Subsidy Justification**

NA

[Save](#) [Close](#)

- 7. Complete, but do not Approve, the Adoption Eligibility page that system-generated with the creation of the AAA to obtain a presumptive eligibility determination.

**Eligibility Information**

IV-E Foster Care Eligibility Status:  Pending  Eligible  Ineligible

IV-E Adoption Eligibility Status:  Pending  Eligible  Ineligible

Approval Date: [REDACTED] Approved By: [REDACTED]

Effective Date: [06/18/2020] Eligibility Voided:  Void Date: [00/00/0000] Child is:  Applicable  Not Applicable

**APPLICABLE CHILD –**

- a. Question 4: One of the three criteria must be met to be an Applicable Child. The Federal Fiscal Year selected should be the timeframe in which the AAA is executed. The Effective Date of the Adoption Eligibility should equal the Effective Date of the AAA.

**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 - 12/31/2017	any age	<input type="checkbox"/> 01/01/2016 - 09/30/2018	2
<input type="checkbox"/> 10/01/2018 - 09/30/2019	2	<input checked="" type="checkbox"/> 10/01/2019 - 09/30/2020	2
<input type="checkbox"/> 10/01/2020 - 09/30/2021	2	<input type="checkbox"/> 10/01/2021 - 09/30/2022	2
<input type="checkbox"/> 10/01/2022 - 09/30/2023	2	<input type="checkbox"/> 10/01/2023 - 06/30/2024	2
<input type="checkbox"/> 07/01/2024 - 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?  Yes  No

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

Name of sibling who is an Applicable Child and is being placed with this child for adoption: [Dzopvi, [REDACTED]] SSN: [REDACTED]

b. Question 5: All three components for Special Needs must be documented.

**Special Needs Determination**

**5. Special Needs Determination for an Applicable Child**

Does documentation in agency records, dated prior to finalization, show that the Applicable Child meets all three special needs criteria?  Yes  No

**5a. 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?

Documentation supporting the determination:

**5b. 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

<input checked="" type="checkbox"/> African-American	<input type="checkbox"/> Sibling Group	<input type="checkbox"/> Emotional Disability	<a href="#">Medical/Mental Health</a>	<a href="#">Adoption Information</a>
<input type="checkbox"/> Age 8 or older	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Medically Fragile	<input checked="" type="checkbox"/> Medical or disability requirements for Supplemental Security Income (SSI)	
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Visual/ Hearing Impaired	<input type="checkbox"/> At Risk of Medically Diagnosed Condition	

**5c. 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:

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)

c. For an Applicable, Special Needs child to be IV-E Eligible, one of the following Eligibility Paths must be met. Select all that apply.

- i. At the time adoption proceedings were initiated, the child was in the care of the department or licensed private child placement agency pursuant to-
  - 1. A court-ordered removal of the child with a judicial determination that continuation in the home would be contrary to the welfare of the child; or
  - 2. **A voluntary placement agreement or voluntary relinquishment**
- ii. The child meets all medical and disability requirements of supplemental security benefits; or
- iii. The child was residing in a foster care with their minor parent, and the minor parent was in foster care pursuant to 1.(a) or 1.(b); or
- iv. The child was IV-E eligible in a prior adoption

**Eligibility Path for the Applicable Child with Special Needs**  
**6. Eligibility Path for the Applicable Child with Special Needs**  
 Is the Applicable Child with special needs eligible for title IV-E subsidy?  Yes  No

**6a. Judicial/voluntary removal or voluntary relinquishment:** Does documentation in agency records, dated prior to finalization, show that the child was in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home or a voluntary placement agreement or a voluntary relinquishment?  Yes  No

How is this criteria met?

Documentation supporting the determination:

**6b. SSI:** Does documentation in agency records, dated prior to finalization, show that the child meets all medical and disability requirements for the Title XVI with respect to eligibility for SSI benefits?  Yes  No

How is this criteria met?

Documentation supporting the determination:

**6c. Child of a minor parent:** Does documentation in agency records, dated prior to finalization, show that the child was residing in a foster family home or child care institution with his/her minor parent and the minor parent was removed from home pursuant to either: (1) an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home; or (2) a voluntary placement agreement or voluntary relinquishment?  Yes  No

**6d. Previous Adoption:** Does documentation in agency records, dated prior to finalization, show that the child was adopted previously?  Yes  No  
 Note: This excludes international adoptions

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?  Yes  No

How is this criteria met?

Documentation supporting the determination:

Private Agency

**Eligibility Path for the Applicable Child with Special Needs**  
**6. Eligibility Path for the Applicable Child with Special Needs**  
 Is the Applicable Child with special needs eligible for title IV-E subsidy?  Yes  No

**6a. Judicial/voluntary removal or voluntary relinquishment:** Does documentation in agency records, dated prior to finalization, show that the child was in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home or a voluntary placement agreement or a voluntary relinquishment?  Yes  No

How is this criteria met?

Documentation supporting the determination:

**6b. SSI:** Does documentation in agency records, dated prior to finalization, show that the child meets all medical and disability requirements for the Title XVI with respect to eligibility for SSI benefits?  Yes  No

How is this criteria met?

Documentation supporting the determination:

**6c. Child of a minor parent:** Does documentation in agency records, dated prior to finalization, show that the child was residing in a foster family home or child care institution with his/her minor parent and the minor parent was removed from home pursuant to either: (1) an involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home; or (2) a voluntary placement agreement or voluntary relinquishment?  Yes  No

**6d. Previous Adoption:** Does documentation in agency records, dated prior to finalization, show that the child was adopted previously?  Yes  No  
 Note: This excludes international adoptions

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?  Yes  No

How is this criteria met?

Documentation supporting the determination:

Attorney

**NOT APPLICABLE CHILD –**

a. Question 5: All three components for Special Needs must be documented.

**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?

Documentation supporting the determination:

**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

<input checked="" type="checkbox"/> African-American	<input type="checkbox"/> Sibling Group	<input type="checkbox"/> Emotional Disability	<a href="#">Medical/Mental Health</a>	<a href="#">Adoption Information</a>
<input type="checkbox"/> Age 8 or older	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Medically Fragile		
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Visual/ Hearing Impaired	<input type="checkbox"/> 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:

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)

- b. For an Applicable, Special Needs child to be IV-E Eligible, one of the following Eligibility Paths must be met. Select all that apply.
- i. The child was removed and placed in foster care through a voluntary placement agreement to which federal payment was provided or court-ordered removal with a judicial determination that continuation in the home would be contrary to the welfare of the child, and met AFDC criteria; or
  - ii. The child meets all requirements of supplemental security benefits; or
  - iii. The child was residing in foster care with their minor parent and the minor parent’s board payment covered the cost of the child; or
  - iv. The child was IV-E eligible in a prior adoption

Per the Children’s Bureau (CB), the guidance outlined in the CB’s Child Welfare Policy Manual 8.2B.13 remains intact since FFPSA has delayed the phase-in of Applicable Child. Thus, to meet Eligibility Path a., there must be a petition to the court to remove the child from the home within six months of the time the child lived with the Specified Relative and there is a subsequent judicial determination to the effect that remaining in the home would be contrary to the child’s welfare.

- c. Responses for 8.4 questions:
- i. Select the radio buttons to indicate if the child was relinquished/permanently committed to the ‘Department’ or ‘Private Agency’. Select ‘No’ if the child is permanently committed to an attorney.
  - ii. **Date of Voluntary Relinquishment:** System populates date from the “Filing – Voluntary Surrender” legal action with a Result = ‘Filed’ in the Legal Record.

- iii. **8.4c(1)**: System populates response and date from the “Termination of Parental Rights Petition - Voluntary”, “Voluntary Amended, or “Termination of Parental Rights Petition – Private” legal action with a Result = ‘Filed’ in the Legal Record.
- iv. **8.4c(2)**: User entered.
- v. **8.4c(3)**: System populated from question #6b on the foster care eligibility page
- vi. **8.4c(4)**: System populated from question #7 on the foster care eligibility page
- vii. **8.4c(5)**: System populated from question #8 on the foster care eligibility page

**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:**  
Does documentation in agency records, dated prior to finalization, show that the child was adopted previously?  
**Note:** This excludes international adoptions  Yes  No

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?  Yes  No

Had a payment been made on his/her behalf?  Yes  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?  Yes  No

**8.4. Child meets Title IV-E & AFDC criteria:** Does the child's removal episode meet Title IV-E Foster Care eligibility requirements?  Yes  No

Was the child voluntarily relinquished to the Department or Private Agency?  Yes  No  Department  Private Agency

**8.4c Voluntary Relinquishment (Surrenders)** [Private Adoption](#) [Legal Record](#)

Date of Voluntary Relinquishment:

**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?  Yes  No Date of Petition:

**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?  Yes  No Date of court order with CTW language:

**8.4c(3)** At the time of relinquishment for adoption, was there deprivation of parental support or care?  Yes  No

Deprivation Type:

**8.4c(4)** At the time of the child's most recent removal, were the resources available to the family below \$10,000?  Yes  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?  Yes  No

Private Agency

**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:**  
Does documentation in agency records, dated prior to finalization, show that the child was adopted previously?  
**Note:** This excludes international adoptions  Yes  No

Was the child eligible for title IV-E Adoption Assistance in the prior adoption?  Yes  No

Had a payment been made on his/her behalf?  Yes  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?  Yes  No

**8.4. Child meets Title IV-E & AFDC criteria:** Does the child's removal episode meet Title IV-E Foster Care eligibility requirements?  Yes  No

Was the child voluntarily relinquished to the Department or Private Agency?  Yes  No  Department  Private Agency

**8.4c Voluntary Relinquishment (Surrenders)** [Private Adoption](#) [Legal Record](#)

Date of Voluntary Relinquishment:

**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?  Yes  No Date of Petition:

**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?  Yes  No Date of court order with CTW language:

**8.4c(3)** At the time of relinquishment for adoption, was there deprivation of parental support or care?  Yes  No

Deprivation Type:

**8.4c(4)** At the time of the child's most recent removal, were the resources available to the family below \$10,000?  Yes  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?  Yes  No

Attorney

8. The presumptively adoption eligibility determination is utilized in the execution of the AAA. Once the AAA is executed, FSFN AAA shall be reviewed and updated to reflect the signed AAA.
  - a. At minimum, the Date Signed and Effective Date/Date of Agreement must be updated.

**Participant and Adoptive Parent(s) Information**

Case Participant:  Person Id: 106588041 Create Date/Time: 10/09/2020 11:48 AM

Parent 1:  Parent 2:

**Actions**

[Adoption Assistance Agreement](#)

[Adoption Subsidy Termination Notice](#)

[Adoption Subsidy Disclaimer](#)

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**Adoption Subsidy Agreement Information**

Agreement Type:

Fiscal Agency:

Service Category:

Service Type:

Adoption Subsidy Type:  [IV-E Adoption Eligibility](#)

Provider Name:  [Search](#)

Do the adoptive parent(s) and child elect to opt into the Extension of Maintenance Adoption Subsidy Program?  Yes  No  N/A

Reason Agreement Terminated:  Date:

Agreement Signed by both the adoptive parent(s) and a Department representative:  Yes  No

Date Signed:

Effective Date/ Date of Agreement:

Basic Subsidy Rate:

Enhanced Subsidy Amount:

Agreement Amount:

Legal Cost:

Other Non-recurring Expenses:

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**Enhanced Subsidy Justification**

9. The Effective Date on the Adoption Eligibility page is updated to reflect the Effective Date/Date of Agreement on the AAA.

**Eligibility Information**

IV-E Foster Care Eligibility Status:  Pending  Eligible  Ineligible

IV-E Adoption Eligibility Status:  Pending  Eligible  Ineligible

Approval Date: 08/26/2020 Approved By: HKVMXVI,

Effective Date:  Eligibility Voided:  Void Date:  Child is:  Applicable  Not Applicable

10. Create/approve Non-Placement Service for the adoption subsidy payment to the adoptive parents. If the AAA is executed the same date as adoption finalization, complete step 13 first.
11. Submit Medicaid 'Initial' row through FSFN to start adoption Medicaid benefits for the child.

**Florida Safe Families Network**

Basic: Header Case Name: SSN: DOB: Actions

Current Medicaid Number: FLORIDA Case Number: FSFN Person ID: [FLORIDA Changes](#)

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**Summary** FLORIDA

**Eligibility Information**

Last IV-E Determination Date: 06/18/2020 Last IV-E Adoption Determination Date: 08/26/2020

IV-E Eligibility Status:  Eligible and Reimbursable Adoption IV-E Eligibility Status:  Eligible

Child Receives Medicaid Assistance Adoption Assistance State:

Child Receives SSI

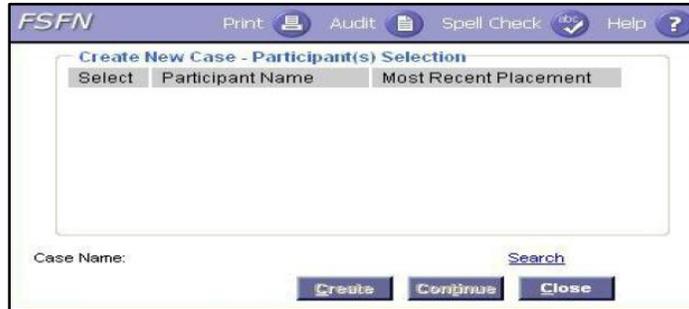
**Medicaid Eligibility History**

Action	Program Type	Medicaid Number	FLORIDA Case Number	Status	Eligibility From	Close Date	Submitted to FLORIDA by	Date/Time Submitted to FLORIDA	Date/Time Received from FLORIDA	
Initial	MCFE			Approved	08/14/2019			06/29/2019 2:28 PM	06/25/2019 5:00 PM	<a href="#">View</a>
Change	MCFE			Approved	08/14/2019			07/03/2019 12:21 PM	07/02/2019 3:03 PM	<a href="#">View</a>

[Insert](#)

[Save](#) [Close](#)

12. Upon adoption finalization, update the Adoption Details fields on the Private Adoption placement page and select the 'Complete' checkbox.
13. Complete the Create Post Adoption Case process.



14. Repeat steps #10 and #11 in the Post Adoption case.
15. Complete the Case Closure process for the dependency/bio case if no other children are receiving services.

### 8.3 Interventions

A private adoption through intervention occurs when a private agency or attorney files a motion to intervene on an open dependency case in which the department has custody of the child. Refer to F.A.C 65C-16.019.

#### 8.3.1 Actions Prior to an Intervention

1. DCF shall evaluate the preliminary home study completed and provided by the private adoption entity.
2. At the time of the intervention hearing, DCF shall inform the court as to whether it opposes or supports the motion for intervention. The Department shall oppose the adoption entity's intervention if the adoption entity fails to provide the Department with the intervention preliminary home study.

#### 8.3.2 Intervention Granted

1. If the court grants the intervention, the CBC shall terminate their supervision and Discharge the Out-of-Home placement.
  - a. Ending Purpose: Discharge from Removal Epsd
  - b. End Reason: Dismissed by Court

- c. Discharge Reason: Transfer to Licensed Private Agency (Private Agency) or Transfer to Another Agency (Attorney)
- 2. The CBC must maintain a case record until finalization including home study, monthly supervision reports by the private agency/attorney, and other documentation as to the placement of the child.
- 3. CLS shall maintain a legal case record including home study, monthly supervision reports by the private agency/attorney, and other legal documentation.
- 4. The CBC shall not close the case in FSFN until finalization of the adoption.
- 5. If adoption assistance benefits are requested, the same FSFN case shell is utilized to open the Private Adoption placement and process eligibility determinations.
- 6. To process eligibility, follow the guidelines as outlined in Section 6.1 and 6.2 except for the completion of the IV-E foster care eligibility. The foster care eligibility should be completed based on the removal circumstance of the child by the Department.
  - a. **IV-E Removal Date and Effective Date:** Do not change from system-populated dates.
  - b. **Removal Home:** Identify Parent(s) as to removal by department
  - c. **Assistance Group:** Identify the same as removal episode prior to the Intervention
  - d. **Date AFDC Applies:** Populate the same as removal episode prior to the Intervention
  - e. **All User Entered Questions:** Answered as appropriate as to removal episode prior to the Intervention

## Section 9 – Extended Foster Care Eligibility

A title IV-E foster care eligibility determination is required for each removal episode of a young adult in Extended Foster Care (EFC). The Title IV-E Eligibility Determination page is system-generated under the Eligibility icon in FSFN with the approval of an Out-of-Home placement which begins a removal episode. Please refer to CFOP 170-15, Chapter 7 for EFC eligibility policy. The Title IV-E Eligibility Determination Due report in FSFN BOE must be utilized to identify when an ‘Initial’ determination is due.



### 9.1 Transition to EFC from Court Ordered Removal

1. When a young adult enters EFC directly from a removal episode that started prior to the young adult being 18, the same Title IV-E Eligibility Determination page in FSFN will continue to be utilized to complete ongoing Redeterminations. FSFN will recognize the age of the person by comparing the DOB from Person Management to the ‘Effective From’ date and will dynamically update the Redetermination questions.

Basic	Initial Determination	Redeterminations						
<input checked="" type="radio"/>	Eligibility Determination	Effective From	Entry Date	Completed?	Date Completed	Void Redetermination	Void Date	Status Change
<input checked="" type="radio"/>	Eligible and Reimbursable	04/22/2022	04/22/2022		00/00/0000		00/00/0000	<a href="#">Edit</a>
<input type="radio"/>	Eligible and Reimbursable	06/01/2021	10/19/2021	Yes	10/19/2021	<a href="#">Submit Void</a>	00/00/0000	<a href="#">View</a>
<input type="radio"/>	Eligible and Reimbursable	12/28/2020	01/05/2021	Yes	01/05/2021	Voided	01/06/2021	<a href="#">View</a>
<input type="radio"/>	Eligible and Reimbursable	12/25/2020	01/06/2021	Yes	01/06/2021	<a href="#">Submit Void</a>	00/00/0000	<a href="#">View</a>
<input type="radio"/>	Eligible and Reimbursable	10/01/2020	12/29/2020	Yes	12/30/2020	<a href="#">Submit Void</a>	00/00/0000	<a href="#">View</a>
<a href="#">Insert</a>								

**Question 1**  
Is the Young Adult under the age of 21? If No, ineligible.  
 Yes  No

**Question 3**  
Does the Court Order indicate the Department has placement and care responsibility for the young adult? If No, Eligible Non-Reimbursable.  
 Yes  No

**Question 4**  
Is there a court order or Official Court Transcript containing a finding that reasonable efforts to finalize permanency plan (REFPP) within the first 12 months from the young adult's removal and every 12 months from the Latest REFPP finding? If No, Eligible, Not Reimbursable.  
 Yes  No  N/A

**Question 5**  
As of the Redetermination Effective Date, is the Young Adult receiving SSI? If Yes, Eligible, Non Reimbursable.  
 Yes  No      SSI Begin Date:



### 9.2.1 Basic Tab

1. In the Demographic Information group box, the DOB, Age, and SSN fields populate based on data entered on the child’s Person Management page. Ensure accuracy and update as needed.
2. The fields in the Voluntary Placement Agreement - Removal from Home Information and Removal Home Address group boxes will not populate.
3. In the AFDC Information group box, the Assistance Group (AG) checkbox for the young adult will be automatically select and the Role will be selected as ‘Child’. If the young adult has minor child(ren) residing in their custody, the young adult’s child will also be selected with a Role of ‘Dependent’.
4. In the AFDC Information group box, the ‘Unable To Obtain Income/Asset Verification’ checkbox should only be selected if it is confirmed there is income or an asset for the removal month in which information obtained is not sufficient to document the wages, amount, or value in FSFN on the Assets & Employment page.
  - Selecting this checkbox will automatically result in an ‘Ineligible’ IV-E eligibility determination.
  - Refer to CFOP 170-15, Chapter 4-13 for policy on the efforts that must be documented prior to utilizing this functionality.

### 9.2.2 Eligibility Information

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

**Eligibility**  
 Young Adult Name: [YOUNG ADULT](#) Person ID: 3038752 Eligibility ID: 1290928 Episode End Date: 00/00/0000  
 Case Name: [YOUNG ADULT CASE](#) Case ID: 102159802 IV-E Rmvl Dt: 09/19/2019 **Eligibility: Extended Foster Care(EFC)**  
 Do not refer to Child Support Enforcement:  Reason:

**Basic** | **Initial Determination** | Redeterminations

**Eligibility Information**  
**Eligibility Determination:**  Pending  Eligible and Reimbursable  Eligible, Not Reimbursable  Ineligible  
 Entry Date: 04/25/2022 Effective From: 09/19/2019 Date AFDC Applies: 09/19/2019  
 Determination Voided Date Voided: 00/00/0000  Determination Complete Date Completed: 00/00/0000  
 Determination N/A Reason:

**Question 1:**  
 Is the Young Adult under the age of 21? If Yes, go to Question 2A. If No, ineligible.  
 Yes  No

**Question 2A:**  
 Does the Young Adult meet the EFC program requirements? If No, the Young Adult is Ineligible.  
 Yes  No [Link EFC Program Eligibility](#)

**Question 2B:**  
 Is the Young Adult a U.S. citizen or Qualified Non Citizen? If Yes, go to Question 5A. If No, Ineligible.  
 Yes, US Citizen  Yes, Qualified Non-Citizen Non-Citizen ID:   No

**Question 5A:**  
 Was the Voluntary Placement Agreement signed by the Young Adult or legal guardian, and a representative of the Department?  
 Yes  No Date of VPA: 09/19/2019

**Actions:**  
[Refer/Return to Supervisor](#)  
[Eligibility Referral History](#)  
[Link Income/Assets Verification](#)  
[Eligibility Worksheet](#)

**Text:**  
[IV-E Foster Care Eligibility Verification](#)

1. The ‘Eligibility Determination’ radio buttons will system derive based on the responses to each of the questions and SLA Service Type setup of the provider the young adult is placed with as of the ‘Effective From’ date. The status will start as ‘Ineligible’ until the ‘Date AFDC Applies’ is

populated. Upon saving the page, the status changes to ‘Pending’ until all the questions are answered.

2. The ‘Effective From’ date should not be changed from the date which system populates.
3. The ‘Date AFDC Applies’ is system derived from the ‘Voluntary Placement Agreement Date’ field on the out-of-home placement page. If this date is incorrect, it must be corrected on the out-of-home placement page.

**Voluntary Licensed Care Information**

Voluntary Placement Agreement Date:

4. Do not utilize the ‘Determination N/A’ functionality.

**9.2.3 Questions**

1. Question 1 – System derived from a comparison of the ‘Date AFDC Applies’ to the young adult’s date of birth documented on the Person Management page. If the ‘Date AFDC Applies’ is not documented, this question will not populate.
2. Question 2A – User must utilize the ‘Link EFC Program Eligibility’ hyperlink to select the program eligibility determination indicating the young adult is ‘Approved-Eligible’ for the program.

<i>Florida Safe Families Network</i>						
Print  Audit  Spell Check						
<b>Case Information</b>						
FSFN Case Name: YOUNG ADULT, CASE		FSFN Case ID: 102159802			Eligibility ID: 1290928	
<b>Young Adult Program Eligibility Records</b>						
Select	Date Applied	Effective/ Enrolled Date	EFC Eligibility Determination	Termination/Redetermination Reason	Termination/ Redetermination Date	Action
<input checked="" type="radio"/>	08/06/2019	09/19/2019	Approved - Eligible			<a href="#">View</a>

3. Question 2B – System derived from the citizenship fields on the young adult’s Person Management page.
4. Question 5A – System derived from the out-of-home placement page from the ‘Voluntary Placement Agreement Date’ field.
5. Question 5B – User selected based on review of court orders. If ‘Yes’, the date field becomes enabled for the user to document the date of the order within 180 calendar days of the removal and the ‘Select Legal Document’ hyperlink appears. User must link to the Legal Document that contains the order with the judicial finding. If the finding has not been obtained and 180 calendar days has not lapsed since removal, select the ‘Pending Judicial Finding’ option. ‘No’ should only be selected if the judicial finding was not obtained and 180 calendar days has lapsed.
6. Question 6A – User selected as ‘Yes’ with the ‘Relationship to Young Adult’ value of ‘Young Adult/Self’.
7. Question 6B – User selected based on review of the removal home. The ‘Deprivation Type’ selection of “Underemployment Parent” and “Unemployment Parent” will system generate when criteria is met based on data from the Assets and Employment module. These two types

should not be user selected. If it is believed deprivation is met based off either of these reasons, data must be updated on the Assets and Employment module.

8. Assistance Group – System derived based on participants selected on the Basic tab.
9. Standard Filing Unit (SFU) – System derived based on participants selected on the Basic tab with additional logic. Please refer to AFDC Income and Assets Calculations Flowchart.
10. Step 1 – System derived resulting amount after the first step of the income calculations based off entries in the Assets and Employment module. Please refer to AFDC Income and Assets Calculations Flowchart.
11. Step 2 – System derived resulting amount after the second step of the income calculations based off entries in the Assets and Employment module. Please refer to AFDC Income and Assets Calculations Flowchart.
12. Assets – System derived resulting amount after the asset calculations based off entries in the Assets and Employment module. Please refer to FSFN Tip Sheets and AFDC Income and Assets Calculations Flowchart describing the require data entry and calculations.
13. Placements in Current Removal Episode – System derived data derives from both the out-of-home placement pages and based on the Maintain Service Type page. The eligibility status is based on the placement that was in effect as of the ‘Effective From’ date.
14. Question 9 – System derived based on the Assets and Employment module if the young adult has an Unearned Income entry of ‘Supplemental Security Income (SSI) that is effective as of the ‘Effective From’ date.
15. AFDC Criteria – System derived based on Q1, Q2B, Q6A, Q6B, Q7, Q8, and the removal Address on Basic tab reflecting Florida residence.
16. Eligibility Notes – User entered that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

#### **9.2.4 Actions panel**

1. Refer/Return to Supervisor – Utilized to submit determination to supervisor for review and approval.
2. Link Income/Assets Verification – Utilized to launch Link Income/Assets Verification page. User should ensure all supporting documentation is uploaded and linked to the IV-E determination before approval. Refer to CFOP 170-15, Chapter 4, Attachment 7 regarding uploading documents.
3. Eligibility Worksheet – The Eligibility Worksheet provides a summary of the eligibility determination including the calculations for several AFDC components.

### 9.3 Redetermination

Title IV-E foster care eligibility redeterminations are required for young adult determined ‘Eligible’ on the ‘Initial Determination’. The Title IV-E Eligibility Determination Due report in FSFN BOE must be utilized to identify when a ‘Redetermination’ is due for the 180-day Best Interest finding, if not documented on the ‘Initial’ determination. As all young adults should be placed in approved SLA placements, which are reimbursable settings, the common ‘Redetermination’ for an EFC VPA removal would be for SSI starting and ending.

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

**Eligibility**

Young Adult Name: [YOUNG ADULT](#) Person ID: 3038752 Eligibility ID: 1290928 Episode End Date: 00/00/0000

Case Name: [YOUNG ADULT CASE](#) Case ID: 102159802 IV-E Rmvl Dt: 09/19/2019 Eligibility: Extended Foster Care(EFC)

Do not refer to Child Support Enforcement:  Reason: Not Applicable - Young Adult

**Actions:**

- [Refer/Return to Supervisor](#)
- [Eligibility Referral History](#)
- [Link Income/Assets Verification](#)
- [Eligibility Worksheet](#)

**Text:**

**Redeterminations**

Eligibility Determination	Effective From	Entry Date	Completed?	Date Completed	Void Redetermination	Void Date	Status Change
<a href="#">Insert</a>							

**Question 1**  
Is the Young Adult under the age of 21? If Yes, go to Question 2. If No, ineligible.  
 Yes  No

**Question 2**  
For the Voluntary removal, was a judicial finding made within 180 days of signing the VPA that it is in the young adult's best interest to remain in out of home care?  
 Yes   No  N/A  Pending Judicial Finding

**Question 4**  
As of the Redetermination Effective Date, is the Young Adult receiving SSI? If Yes, Eligible, Non Reimbursable.  
 Yes  No SSI Begin Date:

**Placements in Current Removal Episode**

From	To	Placement Name	Reimbursable	Licensed	Licensed Effective	Licensed End	Service Type
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Eligibility Notes

#### 9.3.1 Questions

- Question 1** – System derived from a comparison of the ‘Date AFDC Applies’ to the young adult’s date of birth documented on the Person Management page.
- Question 2** – User selected based on review of court orders. If ‘Yes’, the date field becomes enabled for the user to document the date of the order within 180 calendar days of the removal and the ‘Select Legal Document’ hyperlink appears. User must link to the Legal Document that contains the order with the judicial finding. If the finding has not been obtained and 180 calendar days has not lapsed since removal, select the ‘Pending Judicial Finding’ option. ‘No’ should only be selected if the judicial finding was not obtained and 180 calendar

days has lapsed. A 'No' response will result in the eligibility status being determined as "Ineligible"

3. Question 4 – System derived based on the Assets and Employment module if the young adult has an Unearned Income entry of 'Supplemental Security Income (SSI) that is effective as of the 'Effective From' date.
4. Placements in Current Removal Episode – System derived data derives from both the out-of-home placement pages and based on the Maintain Service Type page. The eligibility status is based on the placement that was in effect as of the 'Effective From' date.
5. AFDC Criteria – System derived based on Q1, Q2B, Q6A, Q6B, Q7, Q8, and the removal Address on Basic tab reflecting Florida residence.
6. Eligibility Notes – User entered that should summarize all the aspects of the determination and provide a clear picture to any reviewer.

### **9.3.2 Actions panel**

1. Refer/Return to Supervisor – Utilized to submit determination to supervisor for review and approval.