



(Eligibility Month)

(Eligibility Year)

Month the petition was filed which led to a Court Ordered Removal of the child or the month the Voluntary Placement Agreement was signed.

**Child's Name:**

**DOB:**

**Date Child Entered FC:**

**ESTABLISHING JULY 1996 AFDC ELIGIBILITY**

**A. Enumeration**

**Does the child have a valid Social Security Number?**

**Verification of Social Security Number:**

**Yes** Social Security Number:

**KSSA or SOLQ** on (date)

Claim Number, if different:

Social Security Card or copy of Social Security Card

**No** Date form SS-5 sent:

Child's Mother:

Citizenship:

Child's Father:

Identify:

**B. Age**

Child's Current Age:

**Is the child under 18 years of age or 18 years of age, but attending secondary school (or the equivalent) and expected to complete the program before the age of 19?**

**Yes** **Go to Section C.**

**No** **STOP** – The child is ineligible under Title IV-E foster care.

**C. Living With and Removed From a Specified Relative**

**1. Was the child living with a specified relative at the initiation of court proceedings, i.e., petition month, or the date the Voluntary Placement Agreement (VPA) was signed and was removed from this specified relative?**

**Yes** Name of relative:

\*Relationship:

(This is the removal home.) **Go to Section D.**

**No** **Go to C2.**

**2. Was the child living with a specified relative within six months of the petition month or the date the VPA was signed and removed from this specified relative?** Reminder: Exclude interim caregivers, e.g., child was with his mother within six months of the petition and was removed from his mother.

**Yes** Name of relative:

\*Relationship:

(This is the removal home.) **Go to Section D.**

**No** **STOP** – The child is ineligible under Title IV-E foster care.

**\* Verification and Documentation of Relationship:**



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**D. Deprivation**

**Was the child deprived of parental support or care in the removal home during the eligibility month?**

**No STOP** – The child is ineligible under Title IV-E foster care.

**Yes** Specify the deprivation reason and whether the deprivation applies to the father and/or mother.

**Reason:**

Continued Absence from Removal Home

Death

Incapacity (physical or mental)

Unemployment of Principal Wage Earner

**Deprivation Applies To:**

Father

Mother

**Verification and documentation of deprivation:**

**E. Financial Need (Countable Income and Countable Resources)**

- If the removal home is parent's home (biological, adoptive), consider the countable income and countable resources of the required AFDC assistance unit members, e.g., foster child, parents, eligible siblings
- If the removal home is specified relative other than a parent, e.g., grandmother, aunt, etc., consider the countable income and countable resources of the foster child only (and eligible siblings if living in the removal home).

Income			Resources	
	TYPE	Gross AMOUNT	TYPE	Gross AMOUNT
Foster Child				
Parent(s)				
Stepparent				
Eligible Siblings:				

Complete form CS-0634, AFDC Budget Sheet, if any member listed above has countable income.

**Is total countable income equal to or less than the 1996 AFDC Need standards?**

**Yes Go to Section E2.**

**No STOP** – The child is ineligible under Title IV-E foster care.

**Are total countable resources less than the \$10,000 Resource limit?**

**Yes** July 16, 1996 AFDC Financial need is established.

**No STOP** – The child is ineligible under Title IV-E foster care.

**Verification and documentation of resources/income and other comments:**

*If child meets the July 16, 1996 AFDC requirements, **Go to Title IV-E Reimbursability Determination, Monthly Criteria.***



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